

1979

DN2784 A075 995 550
LOCATION: NRC NRCDN2784
FILE ROOM NUMBER 2 ULN
ROW DN SHELF 2784 - DN2784
SEND TO: NYC NYCRC9991

ALIEN NAME: SIEMASZKO *W 796* MICHAL
PRIORITY:
P/A: SEC*245
REQ-DATE: 05/20/2002
PRINT DATE: 05/21/2002

1 OF
NYC

INS 1-130 \$ 110

INS 1-435 A \$ 220

INS NONE

A75995550

Nr	FCO	Date	Initials	Vert.	Date	Initials
✓	Esc	5-18-98	VT4138	✓	5-18-98	Moyell
Cl	FCO	Date	Initials	Vert.	Date	Initials
Cl	FCO	Date	Initials	Vert.	Date	Initials
Cl	FCO	Date	Initials	Vert.	Date	Initials
Fl	By FCO	To FCO	Date	Initials		
FC	By FCO	Changed FCO	Date	Initials		
Fl	By FCO	To FCO	Date	Initials		
FC	By FCO	Changed FCO	Date	Initials		
Fl	By FCO	To FCO	Date	Initials		
FC	By FCO	Changed FCO	Date	Initials		
CONG A		Into A			At FCO	
Date		Initials				

Compare ATTORRECTION 5-22-98

Consolidated

Eac 98086 52276

5-18-98

VT4138

UNITED STATES DEPARTMENT OF JUSTICE

IMMIGRATION AND NATURALIZATION SERVICE

COVER SHEET

RECORD OF PROCEEDING

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

INSTRUCTIONS

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



Department of Homeland Security

Citizenship and Immigration Services

**26 Federal Plaza
New York, NY 10278**

December 8, 2003

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

DECISION

Dear Mr. Siemaszko:

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

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

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

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

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

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

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

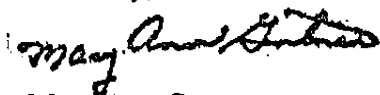
Any motion should be hand-delivered to this office, Room 8-800.

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

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

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

Sincerely,



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

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



Department of Homeland Security

Citizenship and Immigration Services

26 Federal Plaza
New York, NY 10278

December 8, 2003

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

DECISION

Dear Ms. Siemaszko:

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

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


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

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

Therefore, your Petition for Alien Relative is denied.

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

Sincerely,



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 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:
 MICHAL SIEMASZKO
 373 68TH STREET
 APT. 3
 BROOKLYN, NY
 11220

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 if YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

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:
 URSZULA SIEMASZKO
 373 68TH STREET
 APT. 3
 BROOKLYN, NY
 11220

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 if YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

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 & COVEN
 505 FIFTH AVENUE
 NEW YORK, NY
 10017

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 if YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

CIMFTD
COMMAND:

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

05/20/02
15:42:31

A#: 075995550 NAME: SIEMASZKO

,MICHAL

DOB: 02071979

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

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

FILE LOCATED IND: R (FILE REQUESTED)

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

ACCESSION NUMBER: 0000
INS BOX NUMBER:

PERSON/ACTION: SEC*245

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

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

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

U.S.I.N.S.

FEE RECEIPT

A CENTURY OF SERVICE

12/07/01

N.Y.C.

0*#

SIEMASZKO.M #

FR PRINT \$ 25.00

I 485 \$ 220.00

I 765 \$ 100.00

I 130 \$ 110.00

SUB TTL 455.00

TTL ANT **455.00**

MO 245.00

MO 110.00

MO 100.00

CHANGE 0.00

• 4 ITEMS

0079004

11:07

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

START HERE - Please Type or Print

Part 1. Information About You.

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

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

I am applying for an adjustment to permanent resident status because:

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

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

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

Continued on back

FOR INS USE ONLY

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

Section of Law

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

Country Chargeable

Eligibility Under Sec. 245

- Approved Visa Petition
- Dependent of Principal Alien
- Special Immigrant
- Other

Preference

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

To be Completed by Attorney or Representative, if any

- Fill in box if G-28 is attached to represent the applicant.

VOLAG #
ATTY State License #

0979 021
1 485
12/07/01
11:06
228.00

0979 001
11:06
25.00

Part 3. Processing Information.

A. City/Town/Village of Birth Krakow	Current Occupation Programmer
Your Mother's First Name Zofia	Your Father's First Name Zbigniew

Give your name exactly how it appears on your Arrival /Departure Record (Form I-94)

SIEMASZKO MICHAL

Place of Last Entry Into the U.S. (City/State) New York, NY	In what status did you last enter? (Visitor, student, exchange alien, crewman, temporary worker, without inspection, etc.) B1/B2
Were you inspected by a U.S. Immigration Officer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Consulate Where Visa Was Issued Krakow
Nonimmigrant Visa Number 08793877	Marital Status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Date Visa Was Issued (month/day/year) 05/07/1996	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female

Have you ever before applied for permanent resident status in the U.S.? No Yes If you checked "Yes," give date and place of filing and final disposition.

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

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

Family Name Siemaszko	Given Name Urszula	Middle Initial B	Date of Birth (month/day/year) 03/31/1979
Country of Birth Poland	Relationship Wife	A # US CITIZEN	Applying with You? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth	Relationship	A #	Applying with You? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth	Relationship	A #	Applying with You? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth	Relationship	A #	Applying with You? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth	Relationship	A #	Applying with You? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

NONE

Part 3. Processing Information. (Continued)

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

1. Have you ever, in or outside the U. S.:
 - a. knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested? Yes No
 - b. been arrested, cited, charged, indicted, fined or imprisoned for breaking or violating any law or ordinance, excluding traffic violations? Yes No
 - c. been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action? Yes No
 - d. exercised diplomatic immunity to avoid prosecution for a criminal offense in the U. S.? Yes No
2. Have you received public assistance in the U.S. from any source, including the U.S. government or any state, county, city or municipality (other than emergency medical treatment), or are you likely to receive public assistance in the future? Yes No
3. Have you ever:
 - a. within the past ten years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future? Yes No
 - b. engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? Yes No
 - c. knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the U.S. illegally? Yes No
 - d. illicitly trafficked in any controlled substance, or knowingly assisted, abetted or colluded in the illicit trafficking of any controlled substance? Yes No
4. Have you ever engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or funds for, or have you through any means ever assisted or provided any type of material support to, any person or organization that has ever engaged or conspired to engage, in sabotage, kidnapping, political assassination, hijacking or any other form of terrorist activity? Yes No
5. Do you intend to engage in the U.S. in:
 - a. espionage? Yes No
 - b. any activity a purpose of which is opposition to, or the control or overthrow of, the government of the United States, by force, violence or other unlawful means? Yes No
 - c. any activity to violate or evade any law prohibiting the export from the United States of goods, technology or sensitive information? Yes No
6. Have you ever been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party? Yes No
7. Did you, during the period from March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist or otherwise participate in the persecution of any person because of race, religion, national origin or political opinion? Yes No
8. Have you ever engaged in genocide, or otherwise ordered, incited, assisted or otherwise participated in the killing of any person because of race, religion, nationality, ethnic origin or political opinion? Yes No
9. Have you ever been deported from the U.S., or removed from the U.S. at government expense, excluded within the past year, or are you now in exclusion or deportation proceedings? Yes No
10. Are you under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act for use of fraudulent documents or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the U.S. or any immigration benefit? Yes No
11. Have you ever left the U.S. to avoid being drafted into the U.S. Armed Forces? Yes No
12. Have you ever been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement and not yet complied with that requirement or obtained a waiver? Yes No
13. Are you now withholding custody of a U.S. citizen child outside the U.S. from a person granted custody of the child? Yes No
14. Do you plan to practice polygamy in the U.S.? Yes No

Continued on back

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

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

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

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

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

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

Part 5. Signature of Person Preparing Form, If Other Than Above. (Sign Below)

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

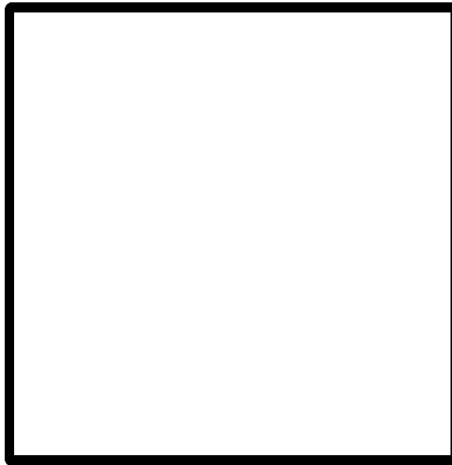
<i>Signature</i>	<i>Print Your Name</i>	<i>Date</i>	<i>Daytime Phone Number</i>

*Firm Name
and Address*

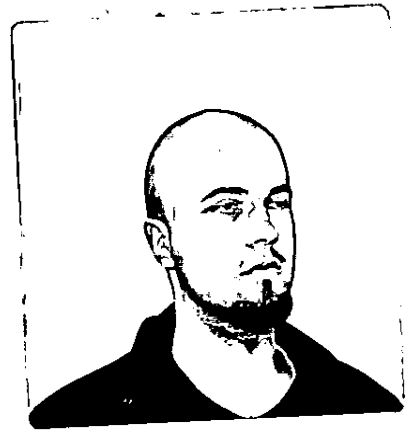
2)

(b)(6)

URSZULA SIEMASZKO



MICHAL SIEMASZKO



MICHAL SIEMASZKO



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

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

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

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

Show below last occupation abroad if not shown above. (Include all information requested above.)

NONE

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:	SIGNATURE OF APPLICANT	DATE
<input type="checkbox"/> NATURALIZATION <input type="checkbox"/> OTHER (SPECIFY):	<i>Michal Siemaszko</i>	12/01/2001
<input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT	If your native alphabet is other than roman letters, write your name in your native alphabet here:	

Submit all four pages of this form.

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

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

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

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

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

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

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

Show below last occupation abroad if not shown above. (Include all information requested above.)

NONE

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:	SIGNATURE OF APPLICANT	DATE
<input type="checkbox"/> NATURALIZATION <input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT <input type="checkbox"/> OTHER (SPECIFY):	<i>Hubert Siemaszko</i>	12/04/2001

Submit all four pages of this form.

If your native alphabet is other than roman letters, write your name in your native alphabet here:

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

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

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

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

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

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

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

Show below last occupation abroad if not shown above. (Include all information requested above.)

NONE

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:	SIGNATURE OF APPLICANT	DATE
<input type="checkbox"/> NATURALIZATION <input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT <input type="checkbox"/> OTHER (SPECIFY):	<i>Michal Siemaszko</i>	12/01/2001

Submit all four pages of this form.

If your native alphabet is other than roman letters, write your name in your native alphabet here:

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

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

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

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

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

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

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

Show below last occupation abroad if not shown above. (Include all information requested above.)

NONE

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR: <input type="checkbox"/> NATURALIZATION <input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT <input type="checkbox"/> OTHER (SPECIFY):	SIGNATURE OF APPLICANT <i>Michal Siemaszko</i>	DATE 12/04/2001
Submit all four pages of this form.		If your native alphabet is other than roman letters, write your name in your native alphabet here:

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

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

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

G.E.S. TRANSLATION SERVICES

836 MANHATTAN AVENUE, BROOKLYN, NEW YORK 11222 • 718.389.8453

CERTIFICATE OF ACCURACY

STATE OF NEW YORK,)

COUNTY OF KINGS)

ss.:

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

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

That she has carefully made the attached translation Number 1124 977 1.2 JM from Polish into English; and

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

Bozena Brzozowski

Bozena Brzozowski

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

[Signature]

Notary Public

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

[STATE EMBLEM OF THE POLISH PEOPLE'S REPUBLIC]

THE POLISH PEOPLE'S REPUBLIC

Province of

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

OFFICE OF VITAL RECORD in

-4-

Abridged Transcript of a Birth Certificate

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

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

CRACOW, Dated: February 14, 1979

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

s[pace for] s[seal]
[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]

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



POLSKA RZECZPOSPOLITA LUDOWA

URZĄD STANU CYWILNEGO

Województwo Dzielniczy Kraków - hrowedna

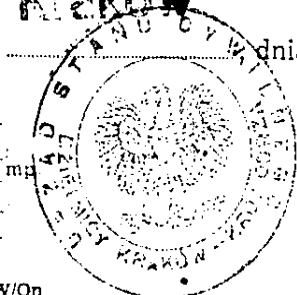
URZĄD STANU CYWILNEGO w

Odpis skrócony aktu urodzenia

- 1. Nazwisko **Siemaszko**
- 2. Imię (imiona) **Michał Hubert**
- 3. Data urodzenia **siedmiu lutego**
tysiąc dziewięćset siedemdziesiąt siedem / **17.2.1979**
- 4. Miejsce urodzenia **Kraków**
- 5. Nazwisko i imię **Siemaszko Zbigniew Benedykt**
(ojca) _____ zawód _____
- 6. Nazwisko-rodowe (ojca) _____
- 7. Imię i nazwisko rodowe **Tomczyk Zofia Maria**
(matki) _____ zawód _____

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

Kraków 14 lutego 1979 r.



KIEROWNIK
Urzędu Stanu Cywilnego

St. Referent

Krzyszyna Szczepaniak

Departure Number

627145696 06

Immigration and
Naturalization Service

I-94
Departure Record

JAN-5-2000
ADJ OF STATUS
FILE 1-698-2945

14. Family Name SIEMASZKO	
15. First (Given) Name MICHAEL	16. Birth Date (Day/Mo/Yr) 070279
17. Country of Citizenship POLAND	

EMPLOYMENT AUTHORIZATION
 DEPARTMENT OF JUSTICE

Name: **SEEMASZEL, MICHAEL H.**
 NO75995560



Signature: *Michael Seemaszel*

Valid from: **06/24/1999** to **02/07/1979**
06/24/1999 02/07/1979

Provision of Law: **714A.12(C)(9)**

Terms & Conditions: **NONE**

ISSUED: **06/24/1999**

FORM I-688B JAN 89

U.S. DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE

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

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

**** ALIEN NO: A075995550

THE ABOVE RECEIPT AND ALIEN NUMBER MUST ACCOMPANY ALL INQUIRIES!

RECEIVED 100.00 IN THE FORM OF C

FROM:

MICHAL

HUBERT SIEMASZKO

APPLICANT:

MICHAL

HUBERT SIEMASZKO

FORM: I765

REF NO:

G-711-EDP-1

INITIAL ISSUE

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

04/20/99 N Y C

75995550*#

SIEMASZKO #

I-765 N 100.00

SUBTTL 100.00

TTLAMT **100.00**

PER CK 100.00

CHANGE 0.00

1 #ITEMS

0071004 5 10:31

THE UNITED STATES OF AMERICA

RECEIPT NUMBER EAC-98-086-52276		CASE TYPE: I130 IMMIGRANT PETITION FOR RELATIVE FIANCE(E), OR ORPHAN	
RECEIPT DATE January 29, 1998	PRIORITY DATE January 14, 1998	PETITIONER SIEMASZKO, ZBIGNEW B. (b)(6)	
NOTICE DATE May 11, 1998	PAGE 1 of 1	BENEFICIARY SIEMASZKO, MICHAL	
ZBIGNEW B. SIEMASZKO 520 POWELL ST STATEN ISLAND NY 10312		Notice Type: Approval Notice Section: Unmarried child under 21 of permanent resident 203(a)(2)(A) INA	

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 adjustment 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 local INS office.

If the person for whom you are petitioning decides to apply for an immigrant visa outside the United States based on this petition, the petitioner should file Form I-824, Application for Action on an Approved Application or Petition, with this office to request that we send the petition to the Department of State National Visa Center (NVC).

The NVC processes all approved immigrant visa petitions that require consular action. The NVC also determines which consular post is the appropriate consulate to complete visa processing. It will then forward the approved petition to that consulate.

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



DO NOT WRITE IN THIS BLOCK - FOR EXAMINING OFFICE ONLY

Case ID#	Action Stamp TERMINATED CTM 1 DENIED 8 CFR 203.2(b)(23) CTM 12/8/02 JAN 18 2002	Fee Stamp RECEIVED - 57 INFORMATION JAN 18 2002
A#		
G-28 or Volag #		
Section of Law: <input type="checkbox"/> 201 (b) spouse <input type="checkbox"/> 201 (b) child <input type="checkbox"/> 201 (b) parent <input type="checkbox"/> 203 (a)(1) <input type="checkbox"/> 203 (a)(2) <input type="checkbox"/> 203 (a)(4) <input type="checkbox"/> 203 (a)(5)	Petition was filed on _____ (Priority date) <input type="checkbox"/> Personal Interview <input type="checkbox"/> Pet. <input type="checkbox"/> Ben. <input type="checkbox"/> A File Reviewed <input type="checkbox"/> Field Investigations <input type="checkbox"/> 204 (a)(2)(A) Resolved	RECEIVED MAIL ROOM DEC - 5 PM 2:30 NEW YORK, N.Y. HALL & HATZ, SYC 10076 Previously Forwarded <input type="checkbox"/> Stateside Criteria <input type="checkbox"/> I-485 Simultaneously <input type="checkbox"/> 204 (h) Resolved
AM CON: _____	SECTION 245	
Remarks:		

A. Relationship

(b)(6)

1. The alien relative is my

- Husband/Wife
 Parent
 Brother/Sister
 Child

B. Information about you

C. Information about your alien relative

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

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

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

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

4. Date of Birth (Mo/Day/Yr) 03-31-79

5. Sex Male Female

6. Marital Status Married Single Widowed Divorced

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

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

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

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

4. Date of Birth (Mo/Day/Yr) 02-07-79

5. Sex Male Female

6. Marital Status Married Single Widowed Divorced

8. Date and Place of Present Marriage (if married)
 07-08-2000 Flushing, NY (b)(6)

7. Other Names Used (including maiden name)
 NONE

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

10. Alien Registration Number (if any)
 US CITIZEN

9. Social Security Number 022-70-1811

10. Alien Registration Number (if any)

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

13. Has your relative ever been in the U.S.?
 Yes No

14. If your relative is currently in the U.S., complete the following: He or she last arrived as a (visitor, student, stowaway, without inspection, etc.)
 B1/B2

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

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

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

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

16. Has your relative ever been under immigration proceedings?
 Yes No Where _____ When _____
 Exclusion Deportation Recission Judicial Proceedings

INITIAL RECEIPT	RESUBMITTED	RELOCATED		COMPLETED		
		Rec'd	Sent	Approved	Denied	Returned

0079 004 12/07/01 11:06 110.00

C. (continued) Information about your alien relative

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

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

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

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

18. Your relative's address abroad

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

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

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

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

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

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

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

Your relative is in the United States and will apply for adjustment of status to that of a lawful permanent resident in the office of the Immigration and Naturalization Service at New York NY (City) (State). If your relative is not eligible for adjustment of status, he or she will apply for a visa abroad at the American Consulate in Krakow Poland (City) (Country).

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

D. Other Information

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

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

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

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

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

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

Signature of Person Preparing Form if Other than Above

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

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

G-28 ID Number _____

Volag Number _____

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

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

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

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

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

1. Name of relative (Family name in CAPS)	(First)	(Middle)
SIEMASZKO	Michal	Hubert
2. Other names used by relative (Including maiden name)		
NONE		
3. Country of relative's birth	4. Date of relative's birth (Month/Day/Year)	
Poland	02/07/1979	
5. Your name (Last name in CAPS) (First)	(Middle)	6. Your phone number
SIEMASZKO	Urszula Balbina	[REDACTED]

Action Stamp	SECTION	DATE PETITION FILED
	<input type="checkbox"/> 201 (b)(spouse)	(b)(6)
	<input type="checkbox"/> 201 (b)(child)	
	<input type="checkbox"/> 201 (b)(parent)	
	<input type="checkbox"/> 203 (a)(1)	<input type="checkbox"/> STATESIDE
	<input type="checkbox"/> 203 (a)(2)	<input type="checkbox"/> CRITERIA GRANTED
	<input type="checkbox"/> 203 (a)(4)	
	<input type="checkbox"/> 203 (a)(5)	SENT TO CONSUL AT;

CHECKLIST

Have you answered each question?

**Have you signed the petition?
Have you enclosed:**

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

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

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

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

CITY AND COUNTRY OF BIRTH Debica, Poland		
---	--	--

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

FORMER HUSBANDS OR WIVES (if none, so state) FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE
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APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST						FROM		TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR	PRESENT TIME	
373 68th Street, Apt.3	Brooklyn	New York	US	03	1999				

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

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

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

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

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

(b)(6)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(b)(6)

B-2000-4-002246

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

License Number

B20003083

Certificate of Marriage Registration

This is To Certify That **MICHAL H. SIEMASZKO**
residing at **373 68TH STREET, Apt. 3, BROOKLYN, NY, 11220**
born on **02/07/1979** at **KRAKOW, , Poland**
and **URSZULA B. SZPAK**
residing at **New Surname: SZPAK-SIEMASZKO**
373 68TH STREET, Apt. 3, BROOKLYN, NY, 11220
born on **03/31/1979** at **DEBICA, , Poland**

Were Married

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

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

CERTIFIED THIS DATE AT THE CITY CLERK'S OFFICE

Brooklyn


N.Y.

July 12,

2000

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




Carlos Cuevas
City Clerk of the City of New York

CET-F

B 04648

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

December 4, 2001

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

To Whom It May Concern:

RE: ADJUSTMENT OF STATUS APPLICATION

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

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

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

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

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

My Wife's original Certificate of Naturalization;

Copy of my Birth Certificate, with translation of same;

Copy of my I-94 and Passport Visa Page;

Copy of our Marriage Certificate;

Copy of my last EAD;

5 photographs of myself, 1 of my Wife;

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

Sincerely,

Michal Siemaszko

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

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

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

COVER SHEET

RECORD OF PROCEEDING

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

INSTRUCTIONS

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

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


Helen DiGenio
COTR

UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE

COVER SHEET

RECORD OF PROCEEDING

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4. See AM 2710 for detailed instructions.

NOTICE OF ENTRY OF APPEARANCE AS ATTORNEY OR REPRESENTATIVE

-045

In re: SIEMASZKO, Zbigniew B., Petitioner SIEMASZKO, Michal Beneficiary	DATE <hr/> FILE No.
--	------------------------

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

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

Check Applicable Item(s) below:

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

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

PURSUANT TO THE PRIVACY ACT OF 1974, I HEREBY CONSENT TO THE DISCLOSURE TO THE FOLLOWING NAMED ATTORNEY OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY IMMIGRATION AND NATURALIZATION SERVICE SYSTEM OF RECORDS: LEBENKOFF & COVEN
(Name of Attorney or Representative)

THE ABOVE CONSENT TO DISCLOSE IS IN CONNECTION WITH THE FOLLOWING MATTER:

NAME OF PERSON CONSENTING SIEMASZKO, Zbigniew B.	SIGNATURE OF PERSON CONSENTING 	DATE ✓ 1/12/98
---	------------------------------------	-------------------


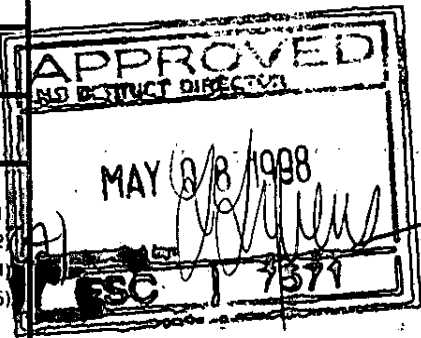
(NOTE: Execution of this box is required under the Privacy Act of 1974 where the person being represented is a citizen of the United States or an alien lawfully admitted for permanent residence.)

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

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

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

DO NOT WRITE IN THIS BLOCK - FOR EXAMINING OFFICE ONLY

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

A. Relationship

(b)(6)

1. The alien relative is my
 Husband/Wife Parent Brother/Sister Child

B. Information about you

1. Name (Family name in CAPS) (First) (Middle)
SIEMASZKO Zbignew B.

2. Address (Number and Street) (Apartment Number)
520 Powell St.
 (Town or City) (State/Country) (ZIP/Postal Code)
Staten Island N.Y. 10312

3. Place of Birth (Town or City) (State/Country) (b)(6)
Pila Poland

4. Date of Birth (Mo/Day/Yr) 5. Sex
7/26/57 Male Female

C. Information about your alien relative

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

2. Address (Number and Street) (Apartment Number)
520 Powell St.
 (Town or City) (State/Country) (ZIP/Postal Code)
Staten Island N.Y. 10312

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

4. Date of Birth (Mo/Day/Yr) 5. Sex 6. Marital Status
Feb. 7, 1979 Male Female Married Single
 Widowed Divorced

7. Other Names Used (including maiden name)
NONE

8. Date and Place of Present Marriage (if married)

9. Social Security Number 022 70 1811 10. Alien Registration Number (if any)
A# 15995550

11. Names of Prior Husbands/Wives 12. Date(s) Marriage(s) Ended

13. Has your relative ever been in the U.S.?
 Yes No

14. If your relative is currently in the U.S. complete the following: He or she last arrived as a (visitor, student, stowaway, without inspection, etc.)
B-2

Arrival/Departure Record (I-94) Number 961 077701015 Date arrived (Month/Day/Year)
Jan. 3, 1997

Date authorized stay expired, or will expire, as shown on Form I-94 or I-95
12/25/97

15. Name and address of present employer (if any)
not employed
 Date this employment began (Month/Day/Year)

16. Has your relative ever been under immigration proceedings?
 Yes No Where _____ When _____
 Exclusion Deportation Recission Judicial Proceedings

INITIAL RECEIPT

RESUBMITTED

RELOCATED

COMPLETED

Rec'd	Sent	Approved	Denied	Returned

C. (continued) Information about your alien relative

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

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

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

(Number and Street)	(Town or City)	(State)
520 Plwell St.	Staten Island	N.Y.

18. Your relative's address abroad

(Number and Street)	(Town or City)	(Province)	(Country)	(Phone Number)
26-44 Baltycka	Krakow	Poland		

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

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

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

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

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

- Your relative will apply for a visa abroad at the American Consulate in _____ (City) _____ (Country)
- Your relative is in the United States and will apply for adjustment of status to that of a lawful permanent resident in the office of the Immigration and Naturalization Service at New York N.Y. (City) (State). If your relative is not eligible for adjustment of status, he or she will apply for a visa abroad at the American Consulate in Krakow Poland (City) (Country)

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

D. Other Information

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

2. Have you ever filed a petition for this or any other alien before? Yes No

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

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

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

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

Signature: [Signature] Date: 1/12/98 Phone Number: [Redacted]

Signature of Person Preparing Form if Other than Above

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

LEBENKOFF & COVEN, Esqs. 505 Fifth Ave. New York, N.Y. 10017 (Address) Lebenkoff (Signature) 1/13/98 (Date)

G-28 ID Number _____

Volag Number _____

(b)(6)

[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]

POLSKA RZECZPOSPOLITA LUDOWA

Województwo

URZĄD STANU CYWILNEGO

Bielskiy Kraków Kraków

URZĄD STANU CYWILNEGO w

Odpis skrócony aktu urodzenia

1. Nazwisko Siemaszko
2. Imię (imiona) Michał Hubert
3. Data urodzenia siedmego lutego
tyśiąc dziewięćset siedemdziesiątego dziewiątego (9.02.1979)
4. Miejsce urodzenia Kraków
5. Nazwisko i imię (ojca) Siemaszko Zbigniew
Benedykt zawód
6. Nazwisko rodowe (ojca) Siemaszko
7. Imię i nazwisko rodowe (matki) Zofia Maria Tomvajk
zawód

Poświadczam zgodność powyższego odpisu

z treścią aktu urodzenia Nr

775-79

dnia

1986-01-03

197

r.

KIEROWNIK
Urzędu Stanu Cywilnego

[Signature]



Pu-M-3 zpn., nr 320 W/ON
LDD Z-d 2, z. 177/1500/83, n. 1 080 JGO SZC. A5

The Greenpoint English School, Inc.

TRANSLATION SERVICE

CERTIFICATE OF ACCURACY

STATE OF NEW YORK)

)ss.:

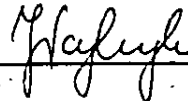
COUNTY OF KINGS)

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;

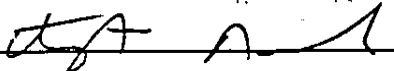
That she has carefully made the attached translation Number 112497F2.2 JM from Polish to English ; and

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
Commission Expires Oct. 20, 1998

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

Every care is taken to insure the accuracy of all translations. However, THE GREENPOINT ENGLISH SCHOOL, INC., its divisions, affiliates, agents and employees shall not be liable for any damages due to error or negligence in translation or typing.

(b)(6)

(b)(6)

MAIL ROUTING SLIP

TO: UNIT/FCO:

UNIT SUPERVISOR:

DATE: ⁰¹12-06-⁰¹03

PFA

A FILE NUMBER (IF APPLICABLE):

NFTS LOCATION

LAST ACTIVITY DATE ON RAFACS:

HL 2/8

PLEASE INDICATE THE APPROPRIATE CATEGORY FOR THE ATTACHED MATERIAL:

NON ACTION

ACTION NEEDS TO BE TAKEN

PLEASE CHECK THE APPROPRIATE BOX CORRESPONDING TO THE ATTACHED MATERIAL:

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)

Date: _____ Unit: _____ Initials: _____

UNDELIVERABLE MAIL. (mail was returned from USPS as it could not be delivered)

INQUIRY LETTER (ex: Case Inquiry, Complaint letter regarding undocumented aliens, etc)

FORMS REQUEST

FILE IS LOCATED AT ANOTHER FCO. FORWARD MAIL TO FCO: _____

SYSTEM SEARCH

SPECIAL SEARCH

Search completion date: _____

Search completion date: _____

Unit/Initials: _____

Unit/Initials: _____

ALL SYSTEMS SEARCHED TO NO AVAIL, PLEASE FILE IN THE "ALPHA" SECTION

OTHER (PLEASE SPECIFY)

ROUTING UNIT:

Mailroom

DATE:

⁰¹12-06-⁰¹03

SIGNATURE

F.DAVIS

General Inquiry For A075995550				
File #	Seq	Office	Status/Last Action	Location
A075995550	000	NYC	Status: RECORD IN USE Last Action: 12/11/2003 12:49:50 PM Batch Audit	Sect: HL - POST DENIAL 4TH FL. Resp: 0218 - ROW L SHELF 218

RECEIVED
 MAIL ROOM
 2004 JAN - 6 AM 11: 44
 LHM & HATZ, SVC.
 NEW YORK, N.Y. 10278



Department of Homeland Security

Citizenship and Immigration
Services

26 Federal Plaza
New York, NY 10278

RECEIVED
MAIL ROOM
2003 DEC 19 PM 2:27
IMM & NAT'L SVC.
NEW YORK, N.Y., 10278

December 8, 2003

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

DECISION

Dear Ms. Siemaszko:

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

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

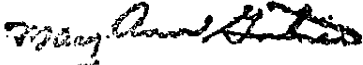
Title 8, Code of Federal Regulations, Section 103.2(b)(13) states in part:

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

Therefore, your Petition for Alien Relative is denied.

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

Sincerely,



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



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?

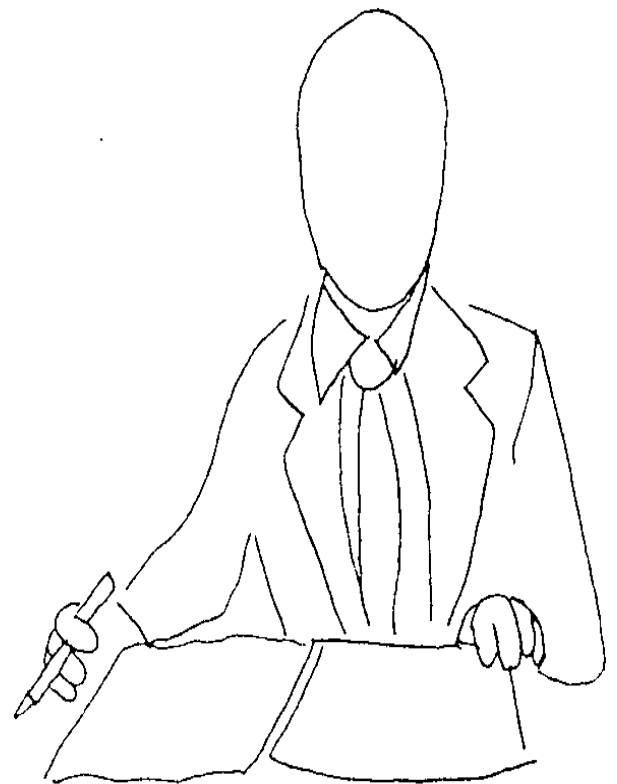
Any motion to reopen you file must state new facts to be proved and be supported by affidavits or other evidence. Any motion to reconsider you file must state the reasons for reconsideration and be supported by any relating precedent decisions. If you are an alien, a motion to reopen or reconsider a 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.

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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.

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.

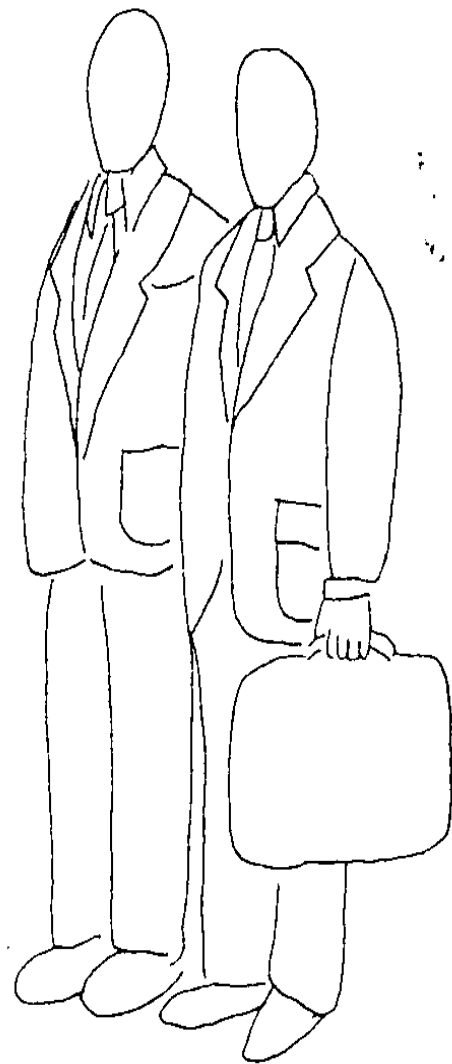
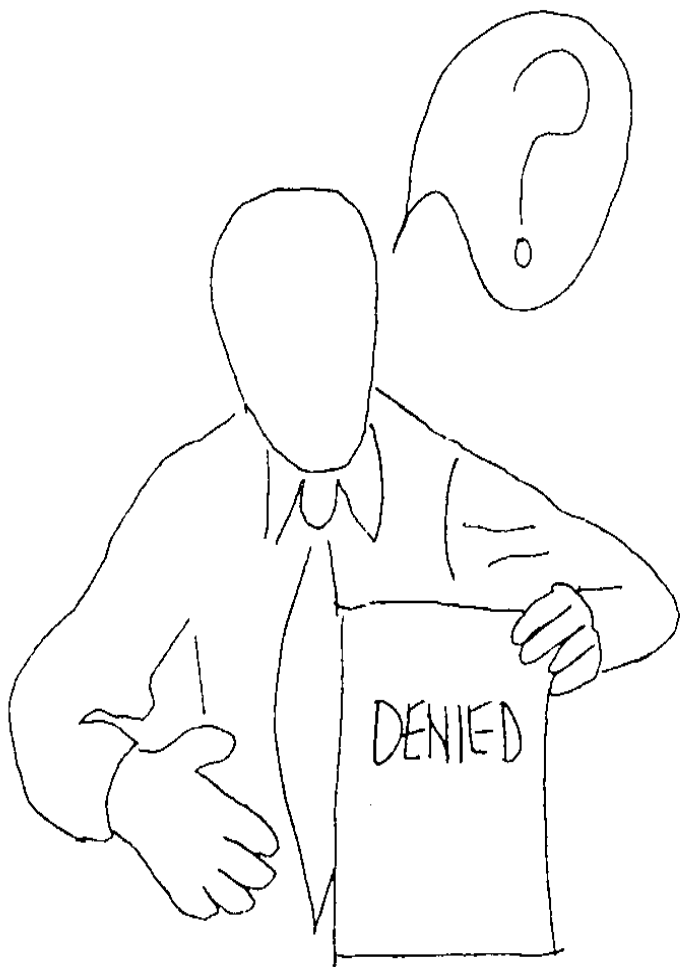
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Are You Allowed to Have an Attorney or Representative?

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

Or

Motion

How Can the Immigration and Nationality Act Affect You?

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

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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)

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:

URSZULA SIEMASZKO
373 68TH STREET
APT. 3
BROOKLYN, NY
11220

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
if YES, enter delivery address below: No

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number
(Transfer from service label)

7002 3150 0000 3595 2734

PS Form 3811, August 2001

Domestic Return Receipt

2ACPR1-03P-4081

MAIL ROUTING SLIP

TO: UNIT/FCO:

UNIT SUPERVISOR:

DATE: 12 30 03

PFA

A FILE NUMBER (IF APPLICABLE):

NFTS LOCATION

HL 218

LAST ACTIVITY DATE ON RAFACS:

PLEASE INDICATE THE APPROPRIATE CATEGORY FOR THE ATTACHED MATERIAL:

NON ACTION

ACTION NEEDS TO BE TAKEN

PLEASE CHECK THE APPROPRIATE BOX CORRESPONDING TO THE ATTACHED MATERIAL:

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Mailroom

DATE:

12 30 03

SIGNATURE

F.DAVIS



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File #	Seq	Office	Status/Last Action	Location
A075995550	000	NYC	Status: RECORD IN USE Last Action: 12/11/2003 12:49:50 PM Batch Audit	Sect: HL - POST DENIAL 4TH FL. Resp: 0218 - ROW L SHELF 218

NEW YORK, N.Y. 10278
DEC 17 2003
12:49:50 PM



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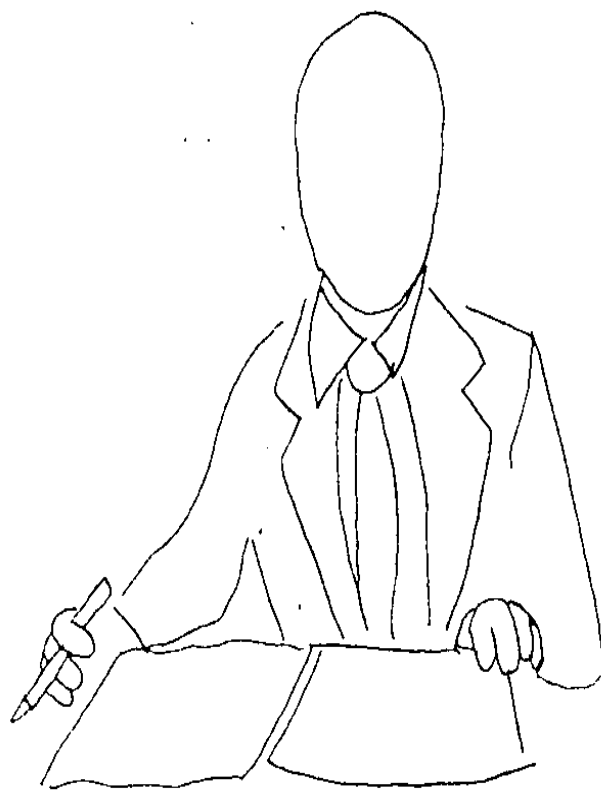
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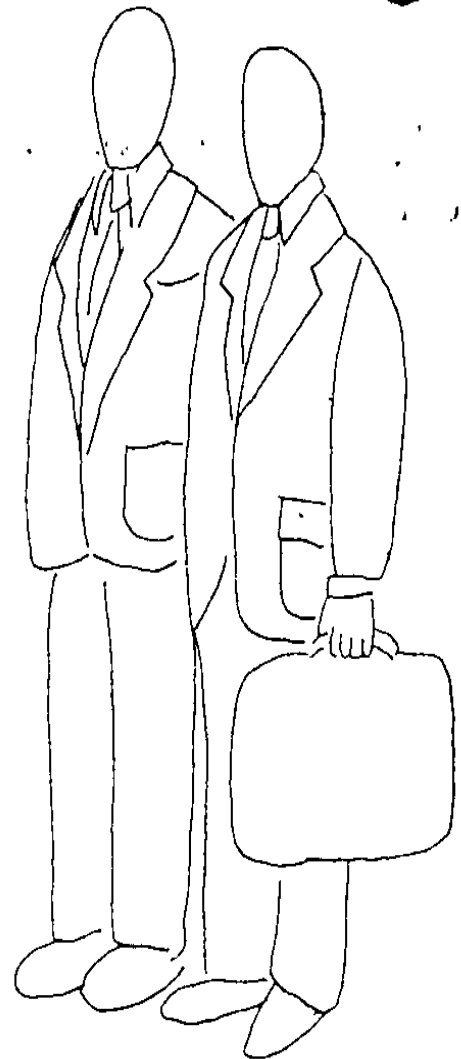
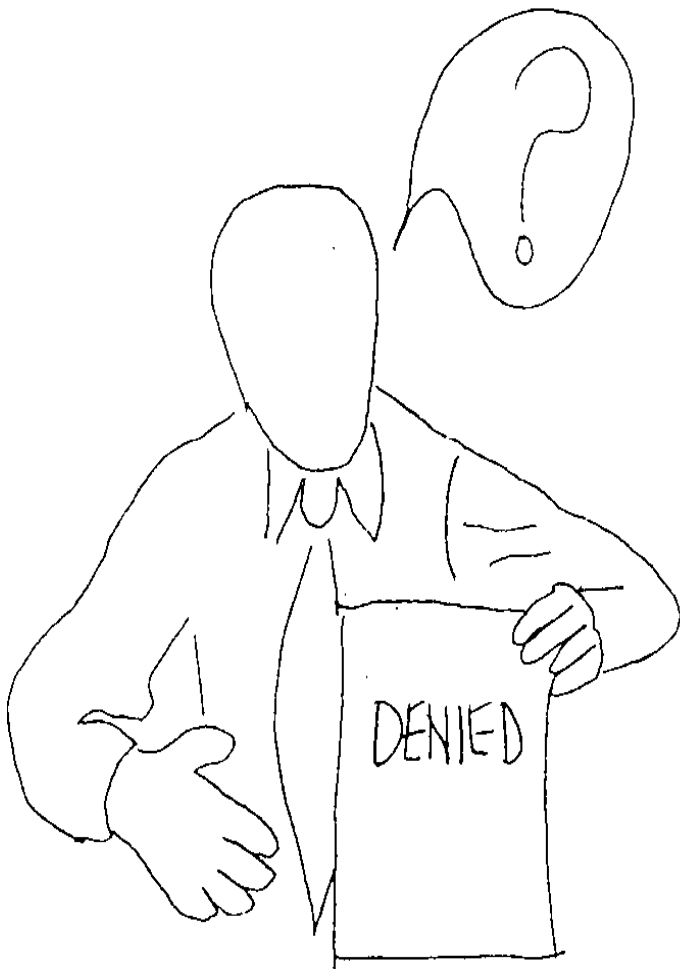
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U.S. Department of Justice
Immigration and Naturalization Service

Your Appeal Or Motion

**A Review of Your
Unfavorable Decision**

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

UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE

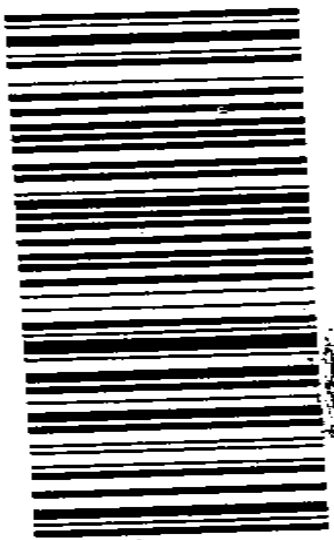
26 FEDERAL PLAZA
NEW YORK NEW YORK 10278

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, \$300

8TH FLOOR

CERTIFIED MAIL

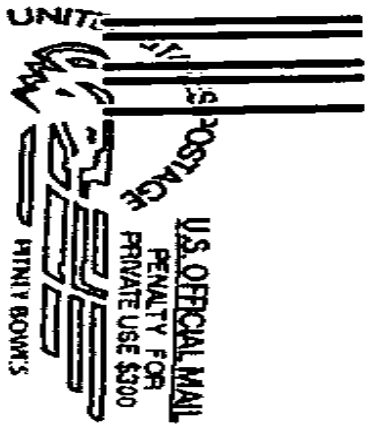
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.



7002 3150 0000 3595 2758

Handwritten address: 100 STEINSTRASSE, BROOKLYN, NY

DO NOT REMOVE THIS LABEL FROM MAIL



02 1A
0004201286
MAILED FROM ZIP CODE 10278

\$04.650

DEC 11 2003

2003 DEC 15 PM 2:33

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:

MICHAL SIEMASZKO
 373 68TH STREET
 APT. 3
 BROOKLYN, NY
 11220

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 if YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label)

7002 3150 0000 3595 2758

PS Form 3811, August 2001

Domestic Return Receipt

2ACPRI-03-P-4081



Department of Homeland Security

Citizenship and Immigration
Services

26 Federal Plaza
New York, NY 10278

December 8, 2003

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

DECISION

14
2/18

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



Department of Homeland Security

Citizenship and Immigration Services

**26 Federal Plaza
New York, NY 10278**

December 8, 2003

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

DECISION

Dear Mr. Siemaszko:

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

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

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

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

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

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

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

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

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

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

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

Sincerely,



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

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

UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE

26 FEDERAL PLAZA
NEW YORK NEW YORK 10278

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE: \$300

J.V. RT. 9
M.N.F.
12-12-09

LEBENKOFF & COVEN

CERTIFIED MAIL™

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE



7002 3150 0000 3595 2741

- A INSUFFICIENT ADDRESS
- C ATTEMPTED NOT KNOWN
- S NO SUCH NUMBER/ STREET
- NOT DELIVERABLE AS ADDRESSED
- UNABLE TO FORWARD
- OTHER

RTS
RETURN TO SENDER



02 1A
0004201286
MAILED FROM ZI



106174291709

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 & COVEN

- A INSUFFICIENT ADDRESS
 - C ATTEMPTED NOT KNOWN OTHER
 - S NO SUCH NUMBER/ STREET
 - NOT DELIVERABLE AS ADDRESSED
- UNABLE TO FORWARD

RTS
RETURN TO SENDER

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 if YES, enter delivery address below: No

Express Mail
 Return Receipt for Merchandise
 O.D.
 a Fee) Yes

2. Article number 7002 3150 0000 3595 274J
 (Transfer from service label)

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

I-485 Processing Worksheet

Number:

075 995 550

ding With Files

[Empty box]

Special Handling:	Due Date
Age Out	[]
Fiance(e)s (CF-1)	[]
Other: _____	[]

28 Filed

sis for Eligibility:

Family-Based

Employment-Based

Other:

IR-6

Application accepted as properly filed.

Initial / Date

[]

Correct Fee or Fee Waiver, Signature, Jurisdiction, Visa Availability)

Other Filings I-485 Supplement A Filed

I-130 Filed

I-131 Filed

I-765 Filed

Additional Evidence Received

[]

Case Denied for Lack of Prosecution

[]

Case placed in Record of Proceeding Order

[]

Case 81 Created and Sent

[]

Case 125A Copy Sent (If Applicable)

[]

Case a Petition / Diversity Visa File Requested

[]

Case scheduled for Fingerprinting

Waived

[]

Case file(s) Received, verified as pertaining to applicant

[]

Case fingerprint Result:

Control Number

Process Date

[]

[]

Case bond Result:

[]

[]

Case P Sheet / Other Investigative Information Interfiled

[]

Case initially Disqualifying Criminal History in Record*

[]

Case I/I-602 Filed

Approved

Denied

Case review

Waived

Failure to Appear

[]

[]

Withdrawn

[]

Continued (Note: Complete Processing Sheet page 2)

[]

Approved

[]

Denied

Discretionary*

Certified

CTM 12/8/03

Case Jurisdiction (Interview terminated and sent to Litigation)

[]

Case statement of Removal (Interview terminated and file forwarded)

[]

Case Supervisory Review (* denotes that this item requires a Supervisory Review)

Case NO-SHOW.

I-485 Processing Worksheet

Continued / Special Processing

A-Number:

[Empty box for A-Number]

Continued For:

- Documentation
- Fingerprint
- Visa Availability
- Relating Files
- Other

Other Comments:

[Lined area for Other Comments]

Additional Notes Attached

Interviewing Officer's Recommendation:

[Empty box for Interviewing Officer's Recommendation]

Appeal/Motion Filed

AAO

BIA

District Office

Approved

Denied

Remand

Initial / Date

[Empty box for Initial / Date]

[Empty box for Initial / Date]

[Empty box for Initial / Date]

NTA Issued

Case Transferred IN

Office:

[Empty box for Office]

[Empty box for Initial / Date]

Case Transferred OUT

Office:

[Empty box for Office]

[Empty box for Initial / Date]

Pending Cases

ENTER INFORMATION

A-NUMBER: 075995550

OR

CIDN NUMBER:

OR

TCN NUMBER:

OR

FBI NUMBER:

OR

LAST NAME:

FIRST NAME:

LOCAL ORI CODE:

DATE OF BIRTH: 00 / 00 / 0000

OR

LOCAL ORI CODE:

SEND DATE RANGE: 00 / 00 / 0000 TO 11 / 25 / 2003

OR

LOCAL ORI CODE:

RECEIVED DATE RANGE: 00 / 00 / 0000 TO 11 / 25 / 2003



PF6
PRIOR MENU

(b)(7)(e)

PF8
LOGOFF

Section I: General Guidelines for IBIS Queries, Record of IBIS Queries (ROIQ)

A-Number or Receipt Number:

75995550

Form Type:

I-485

(b)(7)(c)

(b)(7)(e)

NO.	Name (person / business)	DOB	Batch Number / Date	IBIS OK	IBIS DNR	IBIS REF
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SIEMASZKO, MICHAŁ 2/7/79

CATEGORY

A P B D

M F

2nd Check→

3rd Check→

[Redacted]

SIEMASZKA, WISZULA 3/31/79

CATEGORY

A P B D

M F

2nd Check→

3rd Check→

[Redacted]

SPAK, WISZULA 3/31/79

CATEGORY

A P B D

M F

2nd Check→

3rd Check→

[Redacted]

(b)(7)(e)

CATEGORY

A P B D

M F

2nd Check→

3rd Check→

Resolution Memorandum Completed

[Redacted]

CATEGORY

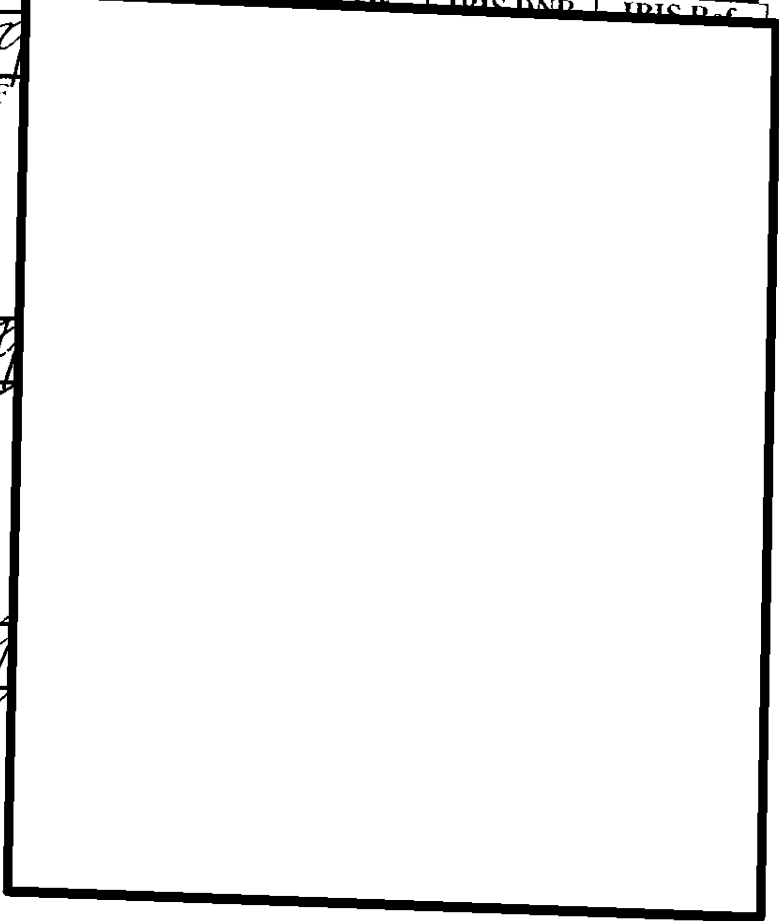
A P B D

M F

2nd Check→

3rd Check→

Resolution Memorandum Completed



A-Applicant
B-Beneficiary

P-Petitioner
D-Derivative /
Household Member

M-Male
F-Female

IBIS OK-No match for search criteria listed
IBIS DNR-Match exists but does not relate to queried
IBIS REF-Case referred for resolution of positive

14:53

TE II - PERSON SUBJECT QUER

112403 T2MRE903

TID= 7687

T2PRE918

NAME- LAST SIEMASZKO

(?) FIRST MICHAL

MI

INCLUDE NICKNAME

SOUNDEX

DATE OF BIRTH- (START) 02071979 -

(STOP) STC

NCIC QUERY Y

PASSPORT NBR

(?) CNTRY

SSN

DRIVER'S LIC

(?) STATE

CNTRY

AFN

PILOT'S LIC

(?) CNTRY

ATF PROFILE

CASE NBR

(?)

MISC NBR

(?)

PHONE

INTL PREFX

FINANCIAL ACCOUNT

(?)

CRIMINAL AFFILIATION

(?)

LIMIT RESULTS BY RACE

SEX

CTZN

OTTS TYPE

ADDRESS-

STATE

CNTRY

ALSO QUERY (ENTER 'X' TO SELECT AND STATE ID AS INDICATED)

NON-SUSPECTS

N NLETS-STATE(S)

N PROPERTY OWNED-STATE

N CRISSCROSS

CROSSINGS

SCNDRY INSP

INCIDENT LOGS

ARCHIVED RECS

FINANCIALS-

CTR

FBA

CSN

CMIR

QUERY RCN

LIMIT TO AGENCY/SUB-AGENCY (ASA)

TECS RECORD ID

NO MATCH FOUND.

(F1/F2=HELP) (F3=MAIN MENU) (F4=PREV MENU) (F9=ADDRESS QUERY) (F11=QUERY REASON)

NCIC QRY SENT - <F12>=VIEW MSG

14:53
TID= 7687

TECS II - NCIC/NLETS RECORD DISPLAY

112403 T2MRM401
T2PRM403

FROM NCIC ON 11/24/03 AT 14:53:40
1L01CQUQ41565600656
NYINSNYT5

PRESS ENTER TO CONTINUE



(b)(7)(e)

(F1/F2=HELP) (F3=MAIN MENU) (F4=PREV MENU) (F7=PREV SCREEN) (F8=NEXT SCREEN)

(b)(7)(c) (b)(7)(e)

(b)(7)(c)

(b)(7)(c)

(b)(7)(e)

File No.: A75995550

Date Filed: 12-7-01

Record of Action Taken on I-485/I-485A

ITEMS CHECKED

	Date Sent	60 days Tolled	Response	Remarks
G-325A Agency Checks				
FD-258 Fingerprints to FBI				

	Date	Initials	Remarks
Visa # Available:			
Central Index, NIS, NAILS			
I-693 Medical Examination (record date exam given)			
I-134 Affidavit of Support			
Marriage Certificate			
Birth Certificate			

ELIGIBILITY ISSUES

	Remarks	Initials
Inspected & Admitted (evidence)		
Section 245(c)		
Section 212(e)		
Other Ineligibility		
Waivers, Section 212(g)(h)(i)		
I-508 Waiver of Immunity		
Other Remarks		

Call to Visa Office (Date): _____ Initials: _____
(for quota number)

	Date completed	Date To ICF	Date To VISA Office	Date To Consul (For 203 (a) (8))
I-181				
I-89				

Completed Date Mailed (Served) Copy to Attorney

Denials:

I-290B _____

OSC/WA _____

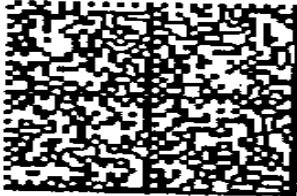
Decision: Grant: _____ Deny: _____ Initials: _____ Date: _____

Keep this sheet on top of all material in file until decision is made, then retain on non-record side of file.

12/19/03

U. S. Department of Justice
Immigration & Naturalization Service
26 Federal Plaza
New York, New York 10278

Official Business
Penalty for Private Use, \$300



02 1A
0004201286 JUN 06 2003
MAILED FROM ZIP CODE 10278



Handwritten: NY 100



RECYCLED PAPER

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CT164

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

PRESENT THIS LETTER AT THE WORTH STREET ENTRANCE

Michael H. SIEMASZKO
373 68th Street, #3
Brooklyn, NY 11220

File Number: A75995550

Date: 6/3/2003

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

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

RECEIVED
MAIL ROOM
2003 JUN 13 PM 1:07
HOMELAND SECURITY
NEW YORK, N.Y. 10278

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

WARNING:

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

I am unable to keep the appointment because:	
SIGNATURE	DATE

Attorney Name:
Attorney Address:

Very truly yours,

Mary Ann Gantner
Interim Director
New York District



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

Fingerprint Notification

Michael H. SIEMASZKO
373 68th Street, #3
Brooklyn, NY 11220

Date: 6/3/2003
A Number: A75995550
DOB 2/7/1979

Dear Applicant:

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

Address

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

Hours of Operation

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

Corner of Livingston Street and Elm Street

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

You are scheduled to be fingerprinted at the address above

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

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

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

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

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

Sincerely,

Mary Ann Gantner
Interim Director
New York District

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

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

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

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

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

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

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

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

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

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

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

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

- 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 these estimates, or suggestions for making this form simpler, you can write to the Immigration and Naturalization Service, 425 I Street, N.W., Room 5307, Washington, D.C. 20536. **DO NOT MAIL YOUR COMPLETED AFFIDAVIT OF SUPPORT TO THIS ADDRESS.**

CHECK LIST

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

For ALL sponsors:

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

For SOME sponsors:

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

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

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

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

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

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

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

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

A list of the programs and dates.

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

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

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

START HERE - Please Type or Print

Part 1. Information on Sponsor (You)

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

FOR AGENCY USE ONLY	
This Affidavit	Receipt
<input type="checkbox"/> Meets	
<input type="checkbox"/> Does not meet	
Requirements of Section 213A	
Officer's Signature	
Location	
Date	

Part 2. Basis for Filing Affidavit of Support

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

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

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

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

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

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

Part 4. Eligibility to Sponsor

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

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

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

A. Sponsor's Employment

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

B. Use of Benefits

Have you or anyone related to you by birth, marriage, or adoption living in your household or listed as a dependent on your most recent income tax return received any type of means-tested public benefit in the past 3 years?
 Yes No (If yes, provide details, including programs and dates, on a separate sheet of paper)

C. Sponsor's Household Size

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

List persons below who are included in lines 1 or 3 for whom you previously have submitted INS Form I-864, if your support obligation has not terminated.
 (If additional space is needed, use additional paper)

Name	A-Number	Date Affidavit of Support Signed	Relationship

Part 4. Eligibility to Sponsor (Continued)

D. Sponsor's Annual Household Income

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

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

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

Indicate most recent tax year.

_____ (tax year)

Sponsor's individual income

\$ _____

or

Sponsor and spouse's combined income
(If joint tax return filed; spouse must submit Form I-864A.)

\$ _____

Income of other qualifying persons.
(List names; include spouse if applicable.
Each person must complete Form I-864A.)

\$ _____

\$ _____

\$ _____

Total Household Income

\$ _____

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

E. Determination of Eligibility Based on Income

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

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

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

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

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

Part 5. Immigrant's Assets and Offsetting Liabilities

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

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

Part 6. Joint Sponsors

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

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

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

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

Notice of Change of Address.

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

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

Means-tested Public-Benefit Prohibitions and Exceptions.

Under section 403(a) of Public Law 104-193 (Welfare Reform Act), aliens lawfully admitted for permanent residence in the United States, with certain exceptions, are ineligible for most Federally-funded means-tested public benefits during their first 5 years in the United States. This provision does not apply to public benefits specified in section 403(c) of the Welfare Reform Act or to State-public benefits, including emergency Medicaid; short-term, non-cash emergency relief; services provided under the National School Lunch and Child Nutrition Acts; immunizations and testing and treatment for communicable diseases; student assistance under the Higher Education Act and the Public Health Service Act; certain forms of foster care or adoption assistance under the Social Security Act; Head Start programs; means-tested programs under the Elementary and Secondary Education Act; and Job Training Partnership Act programs.

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

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

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

Civil Action to Enforce.

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

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

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

Collection of Judgment.

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

Concluding Provisions.

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

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

(Sponsor's Signature)

(Date)

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

at _____

My commission expires on _____

(Signature of Notary Public or Officer Administering Oath)

(Title)

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

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

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

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

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

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

Purpose:

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

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

Definitions:

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

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

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

Part 2. Sponsor's Promise

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

(Print name of sponsor)
(Indicate number)

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

Part 3. Household Member's Promise

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

(Print name of household member)

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

Part 4. Sponsored Immigrant/Household Member's Promise

I, THE SPONSORED IMMIGRANT/HOUSEHOLD MEMBER, _____

(Print name of sponsored immigrant)

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

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

Part 5. Sponsor's Signature

Sponsor's Signature Date: _____
Subscribed and sworn to (or affirmed) before me this _____ day of _____, _____
(Month) (Year)
at _____ My commission expires on _____

Signature of Notary Public or Officer Administering Oath _____
Title

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

Household Member's or Sponsored Immigrant/Household Member's Signature Date: _____
Subscribed and sworn to (or affirmed) before me this _____ day of _____, _____
(Month) (Year)
at _____ My commission expires on _____

Signature of Notary Public or Officer Administering Oath _____
Title

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

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

1. Applicant Identifying Information

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

2. Immunization Record

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

3. Results

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

4. Civil Surgeon's Identifying Information

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

Instructions To Alien Applying for Adjustment of Status

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

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.

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.

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 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.

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.

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

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

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 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.

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

Instructions To Physician Providing Health Follow-up

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

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

(Please type or print clearly)

I certify that on the date shown I examined:

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

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

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

Class A Conditions

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

Class B Conditions

Hansen's disease, not infectious Tuberculosis, not active

Other physical defect, disease or disability (specify below).

Examination for Tuberculosis - Tuberculin Skin Test	Examination for Tuberculosis - Chest X-Ray Report
<input type="checkbox"/> Reaction _____ mm <input type="checkbox"/> No reaction <input type="checkbox"/> Not done	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal <input type="checkbox"/> Not done
Doctor's name (please print) _____ Date read _____	Doctor's name (please print) _____ Date read _____

Serologic Test for Syphilis	Serologic Test for HIV Antibody
<input type="checkbox"/> Reactive Titer (confirmatory test performed) <input type="checkbox"/> Nonreactive	<input type="checkbox"/> Positive (confirmed by Western blot) <input type="checkbox"/> Negative
Test Type _____	Test Type _____
Doctor's name (please print) _____ Date read _____	Doctor's name (please print) _____ Date read _____

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

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

REMARKS:

Civil Surgeon Referral for Follow-up of Medical Condition

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

Follow-up Information:

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

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

Applicant Certification:

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

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

Civil Surgeon Certification:

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

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

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

5010-1

**Medical Clearance Requirements
for Aliens Seeking Adjustment of Status**

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

(Please type or print clearly)
I certify that on the date shown I examined:

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

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

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

Class A Conditions

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

Other physical defect, disease or disability (specify below).

Class B Conditions

Hansen's disease, not infectious Tuberculosis, not active

Examination for Tuberculosis - Tuberculin Skin Test	Examination for Tuberculosis - Chest X-Ray Report
<input type="checkbox"/> Reaction _____ mm <input type="checkbox"/> No reaction <input type="checkbox"/> Not done	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal <input type="checkbox"/> Not done
Doctor's name (please print) _____ Date read _____	Doctor's name (please print) _____ Date read _____

Serologic Test for Syphilis	Serologic Test for HIV Antibody
<input type="checkbox"/> Reactive: Titer (confirmatory test performed) <input type="checkbox"/> Nonreactive	<input type="checkbox"/> Positive (confirmed by Western blot) <input type="checkbox"/> Negative
Test Type _____	Test Type _____
Doctor's name (please print) _____ Date read _____	Doctor's name (please print) _____ Date read _____

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

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

REMARKS:

Civil Surgeon Referral for Follow-up of Medical Condition

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

Follow-up Information:

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

Doctor's name and address (please type or print clearly)	Doctor's signature	Date
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Applicant Certification:

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

Signature	Date
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Civil Surgeon Certification:

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

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

1-693

**Medical Clearance Requirements
for Aliens Seeking Adjustment of Status**

Action Required	Estimated Time For Clearance	Medical Condition
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
The applicant should be encouraged to seek further medical evaluation for possible preventive treatment.	Immediate	Tuberculin 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.	10 - 30 Days	Tuberculin Skin Test Reaction and 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.	10 - 300 Days	Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest 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 Tuberculin, the applicant must present to the civil surgeon documentation of medical evaluation. If disease is Lepromatous or Borderline (dimorphous) and treatment is started, the applicant must complete at least 6 months and present documentation to the civil surgeon showing adequate supervision, treatment, and clinical response before a medical clearance is granted.	30 - 210 Days	Hansen's Disease
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	**Venereal Diseases
Immunizations are not required, but the applicant should be encouraged to go to physician or local health department for appropriate immunizations.	Immediate	Immunizations Incomplete
Post-test counseling is not required, but the applicant should be encouraged to seek appropriate post-test counseling.	Immediate	HIV Infection
* Mental retardation; insanity; previous attack of insanity; psychopathic personality; sexual deviation or mental defect; narcotic drug addition; and chronic alcoholism.		
** Chancroid; gonorrhea; granuloma inguinale; lymphogranuloma venereum; and syphilis.		

(Please type or print clearly)

I certify that on the date shown I examined:

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

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

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

Class A Conditions

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

Class B Conditions

Hansen's disease, not infectious Tuberculosis, not active

Other physical defect, disease or disability (specify below):

Examination for Tuberculosis - Tuberculin Skin Test	Examination for Tuberculosis - Chest X-Ray Report
<input type="checkbox"/> Reaction _____ mm. <input type="checkbox"/> No reaction <input type="checkbox"/> Not done	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal <input type="checkbox"/> Not done
Doctor's name (please print) _____ Date read _____	Doctor's name (please print) _____ Date read _____

Serologic Test for Syphilis	Serologic Test for HIV Antibody
<input type="checkbox"/> Reactive Titer (confirmatory test performed) <input type="checkbox"/> Nonreactive	<input type="checkbox"/> Positive (confirmed by Western blot) <input type="checkbox"/> Negative
Test Type _____	Test Type _____
Doctor's name (please print) _____ Date read _____	Doctor's name (please print) _____ Date read _____

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

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

REMARKS:

Civil Surgeon Referral for Follow-up of Medical Condition

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

Follow-up Information:

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

Doctor's name and address (please type or print clearly)	Doctor's signature	Date
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Applicant Certification:

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

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Civil Surgeon Certification:

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

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1-693

**Medical Clearance Requirements
for Aliens Seeking Adjustment of Status**

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

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Class A Conditions

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

Class B Conditions

Hansen's disease, not infectious Tuberculosis, not active

Other physical defect, disease or disability (specify below)

Examination for Tuberculosis - Tuberculin Skin Test	Examination for Tuberculosis - Chest X-Ray Report
<input type="checkbox"/> Reaction _____ mm <input type="checkbox"/> No reaction <input type="checkbox"/> Not done	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal <input type="checkbox"/> Not done

Doctor's name (please print)	Date read	Doctor's name (please print)	Date read
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Serologic Test for Syphilis	Serologic Test for HIV Antibody
<input type="checkbox"/> Reactive Titer (confirmatory test performed) <input type="checkbox"/> Nonreactive	<input type="checkbox"/> Positive (confirmed by Western blot) <input type="checkbox"/> Negative

Test Type	Test Type
Doctor's name (please print)	Date read
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I-693

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for Aliens Seeking Adjustment of Status**

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



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

PRESENT THIS LETTER AT THE WORTH STREET ENTRANCE

Michael H. SIEMASZKO
373 68th Street, #3
Brooklyn, NY 11220

File Number: A75995550

Date: 6/3/2003

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

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

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

WARNING:

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

I am unable to keep the appointment because:

SIGNATURE

DATE

Attorney Name:
Attorney Address:

Very truly yours,

Mary Ann Gantner
Interim Director
New York District



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

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Attorney Name:
Attorney Address:

Very truly yours,

Mary Ann Gantner
Interim Director
New York District



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

Fingerprint Notification

Michael H. SIEMASZKO
373 68th Street, #3
Brooklyn, NY 11220

Date: 6/3/2003
A Number: A75995550
DOB 2/7/1979

Dear Applicant:

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

Address

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

Hours of Operation

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

Corner of Livingston Street and Elm Street

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

**You are scheduled to be fingerprinted at the address above
on 9/18/2003 at 8:00 AM**

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

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

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

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

Sincerely,

Mary Ann Gantner
Interim Director
New York District



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

Fingerprint Notification

Michael H. SIEMASZKO
373 68th Street, #3
Brooklyn, NY 11220

Date: 6/3/2003

A Number: A75995550

DOB 2/7/1979

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Sincerely,

Mary Ann Gantner
Interim Director
New York District

INFORMATION OFFICER PROCESSING SHEET

I-130 PETITION FOR ALIEN RELATIVE

PETITIONER:
U.S. CITIZEN BIRTH _____ NATZ. _____ L.P.R. _____

RELATIONSHIP OF BENEFICIARY:
SPOUSE CHILD _____ PARENT _____ BROTHER/SISTER _____

DOCUMENTS REQUIRED:
BIRTH CERTIFICATE TRANSLATION _____
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
ADIT PHOTOS
FINGERPRINT CHARTS
BIRTH CERTIFICATE
COPY OF I-94 OR ADMISSION STAMP *yes*
PREFERENCE CATEGORY *CRB*
VISA AVAILABILITY
I-693 MEDICAL EXAM

RECEIVED — 57
INFORMATION

JAN 18 2002

Immigration and
Naturalization Service
New York, N. Y.

Hunn
SIGNATURE OF INFORMATION OFFICER

mm
INITIALS

CALENDAR WINDOW

FEE PAID: I-130 I-485 I-485A _____ *I 765 removed*

REMARKS: _____

UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE

COVER SHEET

RECORD OF PROCEEDING

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

INSTRUCTIONS

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

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

PK
1997

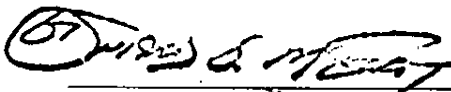
Presentation of the attached duplicate of this document will authorize a transportation line to accept the named bearer on board for travel to the United States without liability under section 273 of the Immigration and Nationality Act for bringing an alien who does not have a visa.

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

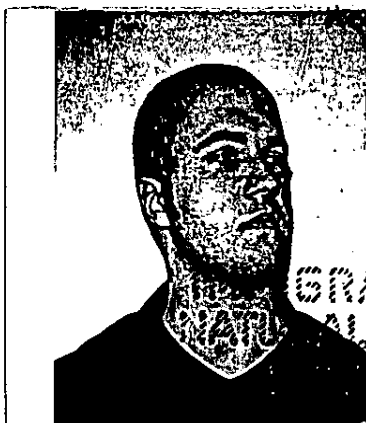
- as an alien paroled pursuant to section 212(d)(5) of the Immigration and Nationality Act.

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

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


(Signature of Immigration Officer)

NYC
JAN 5 2000
A.D.J. - 07/2/20
NYC 7-899 144
(Authorizing Office)/B.C.



ARRIVAL STAMP		
PAROLED until	July 21, 1999	
Purpose	ADJ. OF STATUS	
New	7-22-98	1365
(Port)	(Date)	(Officer)

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

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

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

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

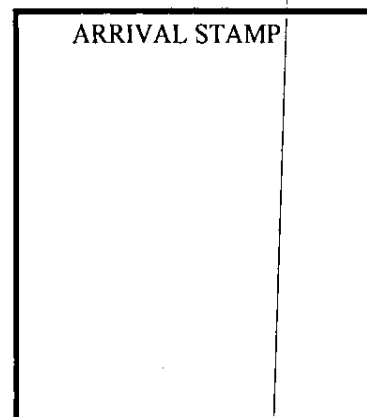
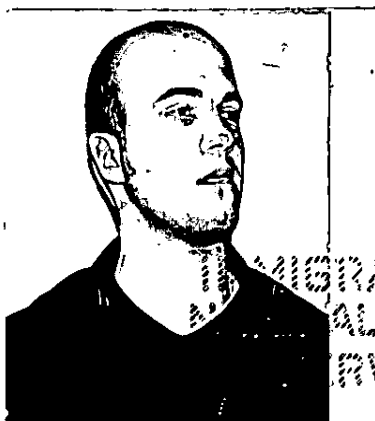
AUTHORIZATION: The holder of this authorization is an applicant for adjustment of status under the Immigration and Nationality Act. The holder departed the United States temporarily and intends to return to the United States to resume processing of the adjustment of status application. Contingent upon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

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

(Signature of Immigration Officer)

NYC

(Authorizing Office)/B.C.



AUTHORIZATION FOR PAROLE OF AN ALIEN
INTO THE UNITED STATES

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

MICHAEL SIEMASZKO

Date:
JUN 23 1998

File Number:
75995550

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

2-7-79

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

POLAND

U.S. Address

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

520 Powell St.
S.I. NY 10312

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

Presentation of the original of this document prior to 6/22/99 will authorize an Immigration officer at a point of entry in the United States to permit the named bearer, whose photograph appears herein, to enter the United States:

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

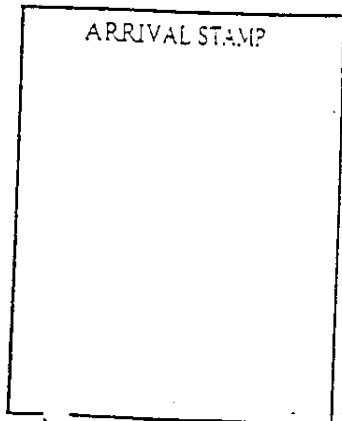
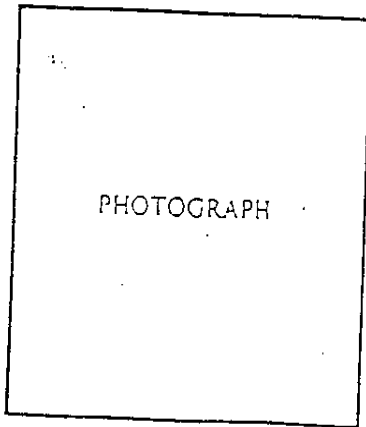
AUTHORIZATION: The holder of this authorization is an applicant for adjustment of status under the Immigration and Nationality Act. The holder departed the United States temporarily and intends to return to the United States to resume processing of the adjustment of status application. Contingent upon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

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NYC

(Signature of Immigration Officer)

(Authorizing Office)



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

06/03/98 N.Y.C.

D*#
 SIEMASZKO #
 I 131 \$ 70.00
 SUBTTL 70.00
 TTLANT 70.00
 PC 70.00
 CHANGE 0.00

1 ITEMS

0092002 13:39

1. REQUESTED BY (Office) <i>RIKESIA</i>		2. (Office of Orig) TO
3. NAME (Last - First) <i>SIEMASZKO MICHAL</i>		4. FILE NUMBER <i>75 995 550</i>
5. DATE OF BIRTH Mo. <i>02</i> Day <i>07</i> Year <i>79</i>	6. DATE OF NATURALIZATION Mo. Day Year	7. DATE OF REQUEST Mo. <i>06</i> Day <i>03</i> Year <i>98</i>
ALL IN ITEMS 8 THRU 12 IF FILE NO. IS NOT SHOWN ABOVE		
8. COUNTRY OF BIRTH <i>POLAND</i>	9. ARRIVAL (Date) (Place) (Class)	11. CERTIFICATE NO.
10. PLACE OF NATURALIZATION <i>POLAND</i>		
12. REMARKS <i>TRIP - NYA 05/22/98</i>		
13. TRY NUMBERS		14. DATE FORWARDED
REQUEST FOR FILE ON LOAN Form G-100		CHARGE COPY

START HERE - Please Type or Print

Part 1. Information about you.

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

Part 2. Application Type (check one).

- a. I am a permanent resident or conditional resident of the United States and I am applying for a Reentry Permit.
- b. I now hold U.S. refugee or asylee status and I am applying for a Refugee Travel Document.
- c. I am a permanent resident as a direct result of refugee or asylee status, and am applying for a Refugee Travel Document.
- d. I am applying for an Advance Parole to allow me to return to the U.S. after temporary foreign travel.
- e. I am outside the U.S. and am applying for an Advance Parole.
- f. I am applying for an Advance Parole for another person who is outside the U.S. Give the following information about that person:

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

Part 3. Processing Information.

Date of Intended departure (Month/Day/Year) 4/29/98	Expected length of trip. One week
Are you, or any person included in this application, now in exclusion or deportation proceedings? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, at (give office name)	
If applying for an Advance Parole Document, skip to Part 7.	
Have you ever before been issued a Reentry Permit or Refugee Travel Document? <input type="checkbox"/> No <input type="checkbox"/> Yes (give the following for the last document issued to you)	
Date Issued	Disposition (attached, lost, etc.)

FOR INS USE ONLY

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

Part 3. Processing Information. (continued)

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

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

City

Country

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

Part 4. Information about the Proposed Travel.

Purpose of trip. If you need more room, continue on a separate sheet of paper.

List the countries you intend to visit.

Part 5. Complete only if applying for a Reentry Permit.

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

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

Since you became a Permanent Resident, have you ever filed a federal income tax return as a nonresident, or failed to file a federal return because you considered yourself to be a nonresident? (if yes, give details on a separate sheet of paper).

- Yes No

Part 6. Complete only if applying for a Refugee Travel Document.

Country from which you are a refugee or asylee:

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

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

- Yes No

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

- Yes No

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

- Yes No

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

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

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

- 1 trip More than 1 trip

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

Part 8. Signature.

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

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

Signature

Michael Slemor

Date

4/16/98

Daytime Telephone #

()

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

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

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

Signature

Juels E. Coven

Print Your Name

Juels E. Coven, Esq.

Date

4/16/98

Firm Name
and Address

LEBENKOFF & COVEN

505 Fifth Avenue, New York, NY 10017

Daytime Telephone #

(212) 687-3541

NOTICE OF ENTRY OF APPEARANCE AS ATTORNEY OR REPRESENTATIVE

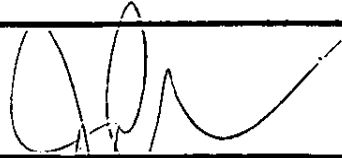
In re: SIEMASZKO, Michal	DATE 4/16/98
	FILE No.

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

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

Check Applicable Item(s) below:

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

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

PURSUANT TO THE PRIVACY ACT OF 1974, I HEREBY CONSENT TO THE DISCLOSURE TO THE FOLLOWING NAMED ATTORNEY OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY IMMIGRATION AND NATURALIZATION SERVICE SYSTEM OF RECORDS: LEBENKOFF & COVEN
(Name of Attorney or Representative)

THE ABOVE CONSENT TO DISCLOSE IS IN CONNECTION WITH THE FOLLOWING MATTER:
All matters with INS

NAME OF PERSON CONSENTING SIEMASZKO, Michal	SIGNATURE OF PERSON CONSENTING 	DATE 4/16/98
--	--	-----------------

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

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

MICHAŁ SIEMASZKO
520 POWER ST
STATEN ISLAND, NY 10312

FILE NUMBER:

DATE: 4/3/98

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

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

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

ASK FOR EAD PICK-UP

REASON FOR APPOINTMENT FOR PROCESSING EMPLOYMENT
AUTHORIZATION DOCUMENT

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

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

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

I AM UNABLE TO KEEP THIS APPOINTMENT BECAUSE:

Very truly yours,

EDWARD J. McELROY
DISTRICT DIRECTOR
NEW YORK CITY DISTRICT

SIGNATURE

DATE

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.

FOR SECURITY PURPOSES, THIS DOCUMENT CONTAINS MICROPRINTING IN THE BORDER AND AN ARTIFICIAL WATERMARK ON THE REVERSE SIDE - HOLD AT AN ANGLE TO VIEW

60-448/21


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

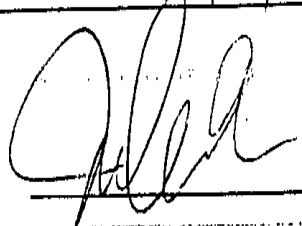
IN PAYMENT FOR
SIEMASZKO, Zbigniew, Petr.
SIEMASZKO, Michal, Benef.
485 & I-130

329

PAY *Two hundred & ten* ⁰⁰/₁₀₀ DOLLARS

TO THE ORDER OF	DATE	DESCRIPTION	CHECK NO.	CHECK AMOUNT
<i>Irish Service</i>	<i>12/11/99</i>	<i>Adjustment of Status</i>	<i>329</i>	<i>210/100</i>

 56 EAST 42nd STREET
NEW YORK, NY 10017



⑈000329⑈ ⑆021404465⑆ 93799 17323⑈ ⑆0000021000⑆

11

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE
WASHINGTON, D. C. 20535
MAY 19 1964

5/12/31/97/21/21/97
0212 04100-5
5 5000 100000 00 12/31/97

NYC 1540000000
FOR DEPOSIT
FEDERAL RESERVE

→ USINS ←
DEPT. OF JUSTICE
BURLINGTON, VT. 05403

12/22/97
12/22/97

0044 005
PC 12/19/97 13:30
218-08

LEBENKOFF & COVEN
COUNSELORS AT LAW

505 FIFTH AVENUE
NEW YORK, N. Y. 10017

JULES E. COVEN

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

JEFFREY E. BARON

April 28, 1998

BY CERTIFIED MAIL

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

RE: SIEMASZKO, Michal
FORM I-131

Dear Sir/Madam:

We are the attorneys for the above-mentioned individual.

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

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

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

Very truly yours,

LEBENKOFF & COVEN


Jules E. Coven

JEC/sw
encls.

LEBENKOFF & COVEN

505 FIFTH AVENUE

NEW YORK, N.Y. 10017

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

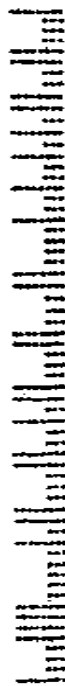
CERTIFIED

Z 36J 968 69J

MAIL

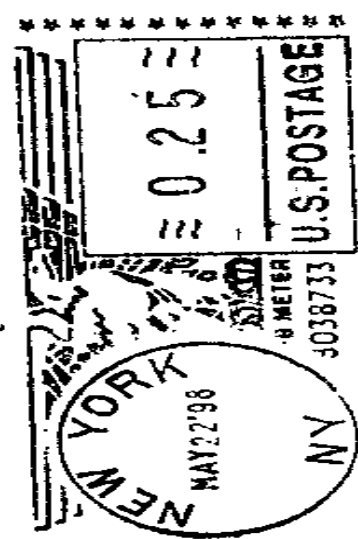
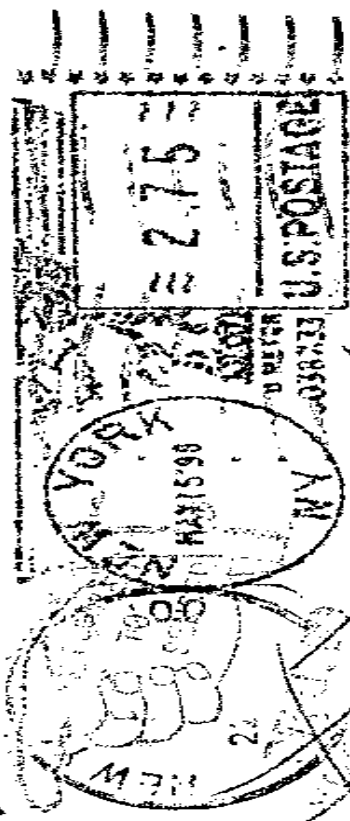
142

1027A-0004 03



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

~~RETURNED FOR ADDITIONAL POSTAGE~~



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

06/16/98
08:39:49

A#: 075995550 NAME: SIEMASZKO ,MICHAL

DOB: 020779

LAST: SIEMASZKO
FIRST: MICHAL
MIDDLE: HUBERT
ALIASES:

NATZ DATE:
COURT:
LOCATION:

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

FATHER: ZBIGNIEW BENEDYKT
MOTHER: ZOFIA MARIA

SSN: 022701811

CONSOLIDATED A-NOS

--OTHER INFORMATION--

I-94 ADM #: 96107770005
PASSPORT #:
FBI #:
DRIVER LIC:
FINGER CD#:

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

CIMFTD
COMMAND:

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

05/20/98
13:43:07

A#: 075995550 NAME: SIEMASZKO

,MICHAL

DOB: 020779

PREVIOUS FCO:

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 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, SIO

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

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

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

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

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

5. Other:

APPROVAL LPR CHILD UNDER 21 YRS OF AGE
FOLLOWING TO POINT. I-130 NOT NEEDED.

SIEMASZKO M #:	
I 485	4 130.00
I 765	4 70.00
I 130	4 80.00
SUBTTL	280.00
TTLAMT	280.00
PC	210.00
PC	70.00
CHANGE	0.00
3 ITEMS	

FUJI FP-100C SYSTEM

SIEMASZKO,
Michal



FUJI FP-100C SYSTEM

SIEMASZKO,
Michal



START HERE - Please Type or Print

Part 1. Information about you.

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

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

I am applying for adjustment to permanent resident status because:

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

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

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

FOR INS USE ONLY	
Returned Receipt	JAN 02 1998
USINS SECTION 245	
Resubmitted	NEW YORK
Reloc Sent	97 DEC 15 PM 3:33 RECEIVED MAIL ROOM 144-61414-510218
Reloc Rec'd	
<input type="checkbox"/> Applicant Interviewed	
Section of Law	
<input type="checkbox"/> Sec. 209(b), INA <input type="checkbox"/> Sec. 13, Act of 9/11/57 <input type="checkbox"/> Sec. 245, INA <input type="checkbox"/> Sec. 249, INA <input type="checkbox"/> Sec. 1 Act of 11/2/66 <input type="checkbox"/> Sec. 2 Act of 11/2/66 <input type="checkbox"/> Other _____	
Country Chargeable	
Eligibility Under Sec. 245	
<input type="checkbox"/> Approved Visa Petition <input type="checkbox"/> Dependent of Principal Alien <input type="checkbox"/> Special Immigrant <input type="checkbox"/> Other _____	
Preference	
Action Block	
To Be Completed by Attorney or Representative, if any	
<input checked="" type="checkbox"/> Fill in box if G-28 is attached to represent the applicant	
VOLAG#	
ATTY State License #	

0044 005 1 485 12/19/97 12:13 150.00

Part 3. Processing Information.

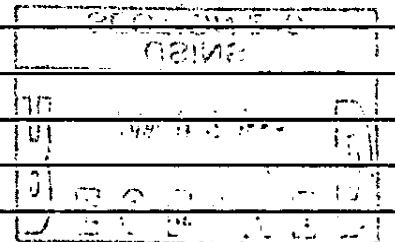
A. City/Town/Village of birth Krakow		Current occupation Student - not employed	
Your mother's first name Zofia		Your father's first name Zbigniew	
Give your name exactly how it appears on your Arrival /Departure Record (Form I-94). Siemaszko, Michal			
Place of last entry into the U.S. (City/State)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

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

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

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

None



Part 3. Processing Information. (Continued)

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

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

Yes No

2. Have you received public assistance in the U.S. from any source, including the U.S. government or any state, county, city, or municipality (other than emergency medical treatment) , or are you likely to receive public assistance in the future?

Yes No

3. Have you ever:
 - a. within the past 10 years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future?
 - b. engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling?
 - c. knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the U.S. illegally?
 - d. illicitly trafficked in any controlled substance, or knowingly assisted, abetted or colluded in the illicit trafficking of any controlled substance?

Yes No

4. Have you ever engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or funds for, or have you through any means ever assisted or provided any type of material support to, any person or organization that has ever engaged or conspired to engage, in sabotage, kidnapping, political assassination, hijacking, or any other form of terrorist activity?

Yes No

5. Do you intend to engage in the U.S. in:
 - a. espionage?
 - b. any activity a purpose of which is opposition to, or the control or overthrow of, the Government of the United States, by force, violence or other unlawful means?
 - c. any activity to violate or evade any law prohibiting the export from the United States of goods, technology or sensitive information?

Yes No

6. Have you ever been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party?

Yes No

7. Did you, during the period March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist or otherwise participate in the persecution of any person because of race, religion, national origin or political opinion?

Yes No

8. Have you ever engaged in genocide, or otherwise ordered, incited, assisted or otherwise participated in the killing of any person because of race, religion, nationality, ethnic origin, or political opinion?

Yes No

9. Have you ever been deported from the U.S., or removed from the U.S. at government expense, excluded within the past year, or are you now in exclusion or deportation proceedings?

Yes No

10. Are you under a final order of civil penalty for violating section 274C of the Immigration Act for use of fraudulent documents, or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the U.S., or any other immigration benefit?

Yes No

11. Have you ever left the U.S. to avoid being drafted into the U.S. Armed Forces?

Yes No

12. Have you ever been a J nonimmigrant exchange visitor who was subject to the 2 year foreign residence requirement and not yet complied with that requirement or obtained a waiver?

Yes No

13. Are you now withholding custody of a U.S. Citizen child outside the U.S. from a person granted custody of the child?

Yes No

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

Yes No

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

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

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

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

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

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

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

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

DO NOT WRITE IN THIS BLOCK - FOR EXAMINING OFFICE ONLY

Case ID#	Action Stamp	Fee Stamp 97 DEC 15 PM 3:33 IMM. & NAT. SVC. NEW YORK, N.Y. 10278
A#		
G-28 or Volag #		
Section of Law: <input type="checkbox"/> 201 (b) spouse <input type="checkbox"/> 203 (a)(1) <input type="checkbox"/> 201 (b) child <input type="checkbox"/> 203 (a)(2) <input type="checkbox"/> 201 (b) parent <input type="checkbox"/> 203 (a)(4) <input type="checkbox"/> 203 (a)(5)	Petition was filed on: _____ (priority date) <input type="checkbox"/> Personal Interview <input type="checkbox"/> Priority Forwarded <input type="checkbox"/> Pet. <input type="checkbox"/> Ben. *A* File Reviewed <input type="checkbox"/> Stateside Criteria <input type="checkbox"/> Field Investigation <input type="checkbox"/> I-485 Simultaneously <input type="checkbox"/> 204 (a)(2)(A) Resolved <input type="checkbox"/> 204 (h) Resolved	
AM CON: _____	RECEIVED JAN 02 1998	
Remarks:		

A. Relationship

(b)(6)

USINS SECTION 245

1. The alien relative is my

- Husband/Wife Parent Brother/Sister Child

B. Information about you

1. Name (Family name in CAPS) (First) (Middle)
SIEMASZKO Zbigniew B.

2. Address (Number and Street) (Apartment Number)
520 Powell St.

(Town or City) (State/Country) (ZIP/Postal Code)
Staten Island N.Y. 10312

3. Place of Birth (Town or City) (State/Country)
Pila Poland (b)(6)

4. Date of Birth (Mo/Day/Yr) 5. Sex
7/26/57 Male Female

C. Information about your alien relative

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

2. Address (Number and Street) (Apartment Number)
520 Powell St.

(Town or City) (State/Country) (ZIP/Postal Code)
Staten Island N.Y. 10312

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

4. Date of Birth (Mo/Day/Yr) 5. Sex 6. Marital Status
Feb. 7, 1979 Male Female Married Single Widowed Divorced

7. Other Names Used (including maiden name)
none

8. Date and Place of Present Marriage (if married)
Not married

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

11. Names of Prior Husbands/Wives 12. Date(s) Marriages(s) Ended

13. Has your relative ever been in the U.S.?
 Yes No

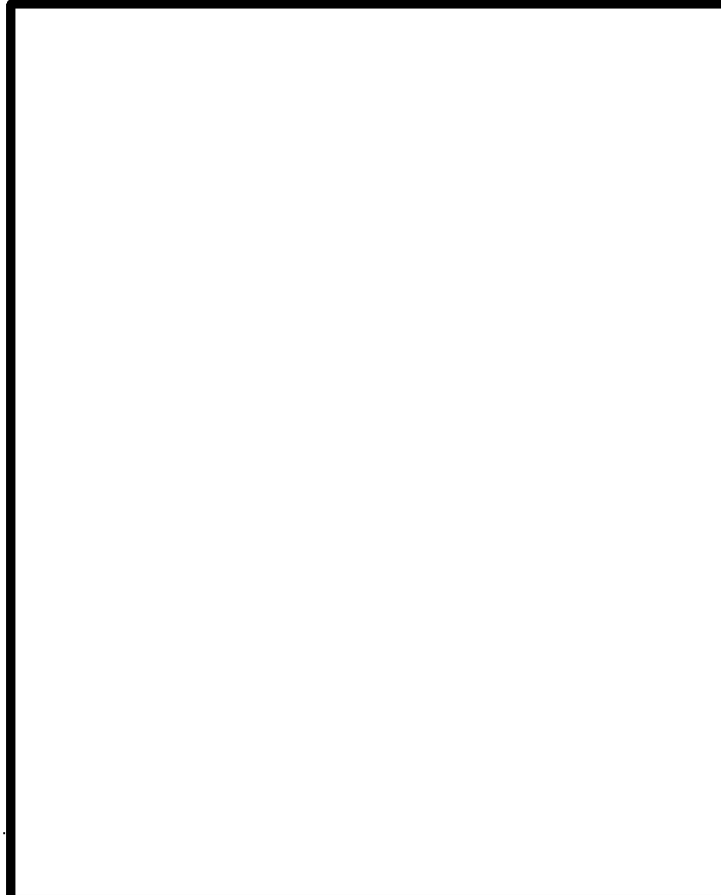
14. If your relative is currently in the U.S., complete the following: He or she last arrived as a (visitor, student, stowaway, without inspection, etc.)
B-2

Arrival/Departure Record (I-94) Number Date arrived (Month/Day/Year)
9/6/1 07770051 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)
None
Date this employment began (Month/Day/Year)

16. Has your relative ever been under immigration proceedings?
 Yes No Where When
 Exclusion Deportation Recission Judicial Proceedings



INITIAL RECEIPT

RESUBMITTED

RELOCATED

COMPLETED

Rec'd	Sent	Approved	Denied	Returned

C. (continued) Information about your alien relative

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

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

None

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

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

520 Powell St. Staten Island, N.Y. 10312

18. Your relative's address abroad

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

26-44 Baltycka Krakow Poland

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

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

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

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

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

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

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

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

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

D. Other Information

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



2. Have you ever filed a petition for this or any other alien before? Yes No

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

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


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

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

Signature  Date 11/24/97 Phone Number  (b)(6)

Signature of Person Preparing Form if Other than Above

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

LEBENKOFF & COVEN, Esqs. 505 Fifth Ave. (Address) New York, N.Y. 10017 (Signature)  (Date) 11/26/97

G-28 ID Number

Volag Number

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

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

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

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

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

☆ U.S. GOVERNMENT PRINTING OFFICE : 1997 O - 430-292

For sale by the U.S. Government Printing Office
Superintendent of Documents, Mail Stop: SSOP Washington, DC 20402-9328

1. **Name of relative** (Family name in CAPS) (First) (Middle)
SIEMASZKO, Michal

2. **Other names used by relative** (Including maiden name)
none

3. **Country of relative's birth** Poland 4. **Date of relative's birth** (Month/Day/Year)
Feb. 7, 1979

5. **Your name** (Last name in CAPS) (First) (Middle) 6. **Your phone number**
SIEMASZKO, Zbigniew B. [Redacted]

Action Stamp	SECTION	DATE PETITION FILED
	<input type="checkbox"/> 201 (b)(spouse)	(b)(6)
	<input type="checkbox"/> 201 (b)(child)	
	<input type="checkbox"/> 201 (b)(parent)	
	<input type="checkbox"/> 203 (a)(1)	<input type="checkbox"/> STATESIDE
	<input type="checkbox"/> 203 (a)(2)	CRITERIA GRANTED
<input type="checkbox"/> 203 (a)(4)		
<input type="checkbox"/> 203 (a)(5)	SENT TO CONSUL AT:	

CHECKLIST

- Have you answered each question?**
- Have you signed the petition?**
- Have you enclosed:**
- The filing fee for each petition?
 - Proof of your citizenship or lawful permanent residence?
 - All required supporting documents for each petition?

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

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

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: SIEMASZKO, Zbigniew , Petitioner for
 SIEMASZKO, Michal 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 I-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 I-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,
LEBENKOFF & COVEN

JULES E. COVEN

JEC/k-Encs.

Via: CERTIFIED MAIL
R.R. REQUESTED

NOTICE OF ENTRY OF APPEARANCE AS ATTORNEY REPRESENTATIVE

In re: <u>SIEMASZKO, Zbigniew</u> Petitioner <u>SIEMASZKO, Michal</u> Beneficiary	DATE <hr/> FILE No.
--	------------------------

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

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

Check Applicable Item(s) below:

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

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

PURSUANT TO THE PRIVACY ACT OF 1974, I HEREBY CONSENT TO THE DISCLOSURE TO THE FOLLOWING NAMED ATTORNEY OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY IMMIGRATION AND NATURALIZATION SERVICE SYSTEM OF RECORDS: LEBENKOFF & COVEN
(Name of Attorney or Representative)

THE ABOVE CONSENT TO DISCLOSE IS IN CONNECTION WITH THE FOLLOWING MATTER:

NAME OF PERSON CONSENTING <u>Zbigniew SIEMASZKO</u>	SIGNATURE OF PERSON CONSENTING 	DATE <u>11/24/97</u>
--	------------------------------------	-------------------------

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

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

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

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

(Family name) SIEMASZKO	(First name) Michal	(Middle name) Hubert	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.) Feb.7, 1979	NATIONALITY Polish	FILE NUMBER A-
ALL OTHER NAMES USED (Including names by previous marriages) none			CITY AND COUNTRY OF BIRTH Krakow Poland		SOCIAL SECURITY NO. (If any) 022 70 1811	
FATHER SIEMASZKO, Zbigniew born 7/26/57 in Pila, Poland				CITY AND COUNTRY OF RESIDENCE Staten Island, N.Y.		
MOTHER (Maiden name) TOMCZYK, Zofia " 3/5/56 " Krakow, Poland				Krakow, Poland		
HUSBAND (If none, so state) OR WIFE NONE	FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE
FORMER HUSBANDS OR WIVES (if none, so state)						
FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE		
None						

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.				FROM		TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
520 Powell St.	Staten Island	New York	U.S.A.	Nov.	1996	PRESENT TIME	
18 Gregory Lane	" "	" "	" "	June	1996	Nov.	1996
26 Baltycka St.	Krakow		POLAND	Oct.	1990	June	1996

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

APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST				FROM		TO	
FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION (SPECIFY)	MONTH	YEAR	MONTH	YEAR	MONTH	YEAR
Not employed							

Show below last occupation abroad if not shown above. (Include all information requested above.)

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR: <input type="checkbox"/> NATURALIZATION <input type="checkbox"/> OTHER (SPECIFY):	<input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT	SIGNATURE OF APPLICANT Michal Siemaszko	DATE 12/08/97
Are all copies legible? <input checked="" type="checkbox"/> Yes		IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:	

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

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

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

(Family name) SIEMASZKO	(First name) Michal	(Middle name) Hubert	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.) Feb. 7, 1979	NATIONALITY Polish	FILE NUMBER A-
ALL OTHER NAMES USED (Including names by previous marriages) none			CITY AND COUNTRY OF BIRTH Krakow Poland		SOCIAL SECURITY NO. (if any) 022 70 1811	
FATHER SIEMASZKO, Zbigniew born 7/26/57 in Pila, Poland				CITY AND COUNTRY OF RESIDENCE Staten Island, N.Y.		
MOTHER (Maiden name) TOMCZYK, Zofia " 3/5/56 " Krakow, Poland				Krakow, Poland		
HUSBAND (If none, so state) OR WIFE NONE	FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE
FORMER HUSBANDS OR WIVES (if none, so state)						
FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE		
None						
APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST:						
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM MONTH	YEAR	TO MONTH YEAR
520 Powell St.	Staten Island	New York	U.S.A.	Nov.	1996	PRESENT TIME
18 Gregory Lane	"	"	"	June	1996	Nov. 1996
26 Baltycka St.	Krakow		POLAND	Oct.	1990	June 1996
APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR						
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM MONTH	YEAR	TO MONTH YEAR
26 Baltycka	Krakow		Poland	Oct.	1990	June 1996
APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST						
FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION (SPECIFY)			FROM MONTH	YEAR	TO MONTH YEAR
Not employed						PRESENT TIME
Show below last occupation abroad if not shown above. (Include all information requested above.)						
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:			SIGNATURE OF APPLICANT		DATE	
<input type="checkbox"/> NATURALIZATION <input type="checkbox"/> OTHER (SPECIFY):			<input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT		Michal Siemaszko 12/08/97	
Are all copies legible? <input checked="" type="checkbox"/> Yes			IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:			

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

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

COMPLETE THIS BOX (Family name)	(Given name)	(Middle name)	(Alien registration number)
SIEMASZKO	Michal	Hubert	
(OTHER AGENCY USE)			INS USE (Office of Origin)
			OFFICE CODE:
			TYPE OF CASE:
			DATE:
Form G-325 A (Rev. 10-1-82) (2) Rec Br.			

(Family name) SIEMASZKO	(First name) Michal	(Middle name) Hubert	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.) Feb. 7, 1979	NATIONALITY Polish	FILE NUMBER A-
ALL OTHER NAMES USED (Including names by previous marriages) none			CITY AND COUNTRY OF BIRTH Krakow Poland		SOCIAL SECURITY NO. (If any) 022 70 1811	
FATHER SIEMASZKO, Zbigniew born 7/26/57 in Pila, Poland				CITY AND COUNTRY OF RESIDENCE Staten Island, N.Y.		
MOTHER (Maiden name) TOMCZYK, Zofia " 3/5/56 " Krakow, Poland				CITY AND COUNTRY OF RESIDENCE Krakow, Poland		
HUSBAND (If none, so state) OR WIFE NONE	FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE
FORMER HUSBANDS OR WIVES (if none, so state)						
FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE		
None						

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.				FROM		TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
520 Powell St.	Staten Island	New York	U.S.A.	Nov.	1996	PRESENT TIME	
18 Gregory Lane	"	"	"	June	1996	Nov.	1996
26 Baltycka St.	Krakow		POLAND	Oct.	1990	June	1996

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

APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST			FROM		TO	
FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION (SPECIFY)	MONTH	YEAR	MONTH	YEAR	
Not employed					PRESENT TIME	

Show below last occupation abroad if not shown above. (Include all information requested above.)

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR: <input type="checkbox"/> NATURALIZATION <input type="checkbox"/> OTHER (SPECIFY):	<input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT	SIGNATURE OF APPLICANT <i>Michal Siemaszko</i>	DATE <i>11/15/1997</i>
Are all copies legible? <input checked="" type="checkbox"/> Yes		IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:	

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

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

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

(Family name) SLEMASZKO	(First name) Michal	(Middle name) Hubert	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.) Feb. 7, 1979	NATIONALITY Polish	FILE NUMBER A-
ALL OTHER NAMES USED (Including names by previous marriages) none			CITY AND COUNTRY OF BIRTH Krakow Poland		SOCIAL SECURITY NO. (If any) 022 70 1811	
FATHER SLEMASZKO, Zbigniew born 7/26/57 in Pila, Poland				CITY AND COUNTRY OF RESIDENCE Staten Island, N.Y.		
MOTHER (Maiden name) TOMCZYK, Zofia " 3/5/56 " Krakow, Poland				Krakow, Poland		
HUSBAND (If none, so state) OR WIFE NONE	FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE
FORMER HUSBANDS OR WIVES (if none, so state)						
FAMILY NAME (For wife, give maiden name)		FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE	
None						

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.				FROM		TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
520 Powell St.	Staten Island	New York	U.S.A.	Nov.	1996	PRESENT TIME	
18 Gregory Lane	"	"	"	June	1996	Nov.	1996
26 Baltycka St.	Krakow		POLAND	Oct.	1990	June	1996

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

APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST			FROM		TO	
FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION (SPECIFY)	MONTH	YEAR	MONTH	YEAR	
Not employed					PRESENT TIME	

Show below last occupation abroad if not shown above. (Include all information requested above.)

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR: <input type="checkbox"/> NATURALIZATION <input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT <input type="checkbox"/> OTHER (SPECIFY):	SIGNATURE OF APPLICANT DATE
Are all copies legible? <input checked="" type="checkbox"/> Yes	IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:

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

(b)(6)

[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]



POLSKA RZECZPOSPOLITA LUDOWA

Województwo

URZĄD STANU CYWILNEGO
Bielskiy Kraków-Królewiec

URZĄD STANU CYWILNEGO w

Odpis skrócony aktu urodzenia

- 1. Nazwisko *Siemaszko*
- 2. Imię (imiona) *Michał Hubert*
- 3. Data urodzenia *siedmego lutego*
tyśiąc dziewięćset siedemdziesiątego dziewiątego (7.02.1979)
- 4. Miejsce urodzenia *Kraków*
- 5. Nazwisko i imię (ojca) *Siemaszko Władysław*
Benedykt zawód
- 6. Nazwisko rodowe (ojca) *Siemaszko*
- 7. Imię i nazwisko rodowe (matki) *Zofia Maria Tomaszak*
zawód

Poswiadcza się zgodność powyższego odpisu z treścią aktu urodzenia Nr *775-79*

1986-01-03 dnia



KIEROWNIK
Urzędu Stanu Cywilnego

[Signature]

[Signature]

(b)(6)

Departure Number

961077700 05 U. S. IMMIGRATION
NEW YORK, N.Y. 2736

JAN 03 1997

Immigration and
Naturalization Service

I-94
Departure Record

ADMITTED B2
UNTIL (CLASS)

JUL 02 1981

14. Family Name SIEMASZKO	
15. First (Given) Name MICHAEL	16. Birth Date (Day/Mo/Yr) 07.02.79
17. Country of Citizenship POLAND	

See Other Side

ENGLISH

STAPLE HERE

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 violation of the law.

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 I-20 prior to surrendering this permit.

Record of Changes

Port:

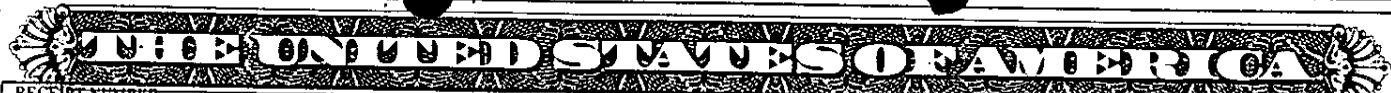
Departure Record

Date:

Carrier:

Flight #/Ship Name:

PRINTED AND SOLD BY YANKEE SCHOONER INDUSTRIES CORPORATION
231 WEST 29TH STREET, NEW YORK, NY 10001-5209, U.S.A.
TEL: (212) 239-8200 - FAX (212) 239-8203



RECEIPT NUMBER EAC-97-188-51889		CASE TYPE I539
RECEIPT DATE July 3, 1997	PRIORITY DATE	APPLICATION TO EXTEND/CHANGE NONIMMIGRANT STATUS
NOTICE DATE September 29, 1997	PAGE 1 of 1	APPLICANT SIEMASZKO, MICHAL
MICHAL SIEMASZKO 520 POWELL ST STATEN ISLAND NY 10312		BENEFICIARY SIEMASZKO, MICHAL
		Notice Type: Approval Notice Class: B2 Valid from 07/03/97 to 12/25/97

The above application for extension of temporary stay is approved. The temporary stay of the named applicant(s) is authorized to the date indicated above. An updated Form I-94 is attached.


If the applicant has an authorized representative, this notice has also been mailed to the representative.

Please read the back of this form carefully for more information.

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



PLEASE TEAR OFF FORM I-94 PRINTED BELOW, AND STAPLE TO ORIGINAL I-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-97-188-51889
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	

Form 9003
(January 1992)

Additional Questions to be Completed by All Applicants 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.

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

Taxpayer Identification Number

0 2 2 7 0 1 8 1 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., " N O N E " .

	Mark appropriate column	
	Yes	No
1. 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.		X
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

If 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 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. 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** 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
(January 1992)

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

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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

Michal

Taxpayer Identification Number

0 2 2 7 0 1 8 1 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., "_____|_____|_____|_____|_____|_____|NONE".

	Mark appropriate column	
	Yes	No
1. 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.		X
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

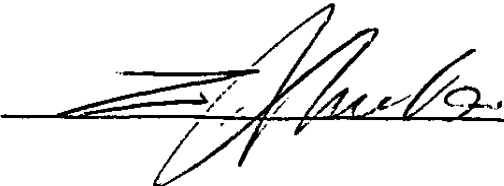
If you answered yes to question 4, for which tax year was the last return filed? 19__

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 right amount of tax.

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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:  _____

Typed or Printed Name: Zbigniew SIEMASZKO

Date: 11/24/97

EA 730
2/91 3233

Resident Income Tax Return
New York State • City of New York • City of Yonkers

COPY
1996

IT-201

For the year January 1, 1996 through December 31, 1996, or fiscal tax year beginning _____, 1996
ending _____, 19

For office use only

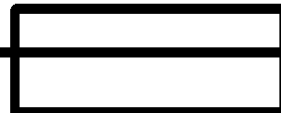
ATTENTION

Last name

First name and middle initial (if joint return, enter both names)

SIEMASZKO, ZBIGNIEW

(b)(6)



1996

**Application for Automatic
Extension of Time to File for Individuals**

IT-370

For office use only

(b)(6)

Last name	First name and middle initial (if joint application, enter both names)
SIEMASZKO	ZBIGNIEW

Underpayment of Estimated Income Tax By Individuals and Fiduciaries

IT-2105.9

1996

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

For Jan. 1 - Dec. 31, 1996, or fiscal year beginning _____, 1996, ending _____, 19__

Name(s) as shown on return

Identifying number (SSN or EIN)

(b)(6)

SIEMASZKO, ZBIGNIEW

--

--

[Redacted]

ZBIGNIEW SIEMASZKO

(b)(6)

[Redacted]

[Large redacted area]

[Large redacted area]

For the year Jan. 1 - Dec. 31, 1998, or other tax year beginning

, 1998, ending

, 19

OMB No. 1545-0074

Label

Your first name and initial

Last name

Your social security number

(See page 11.)

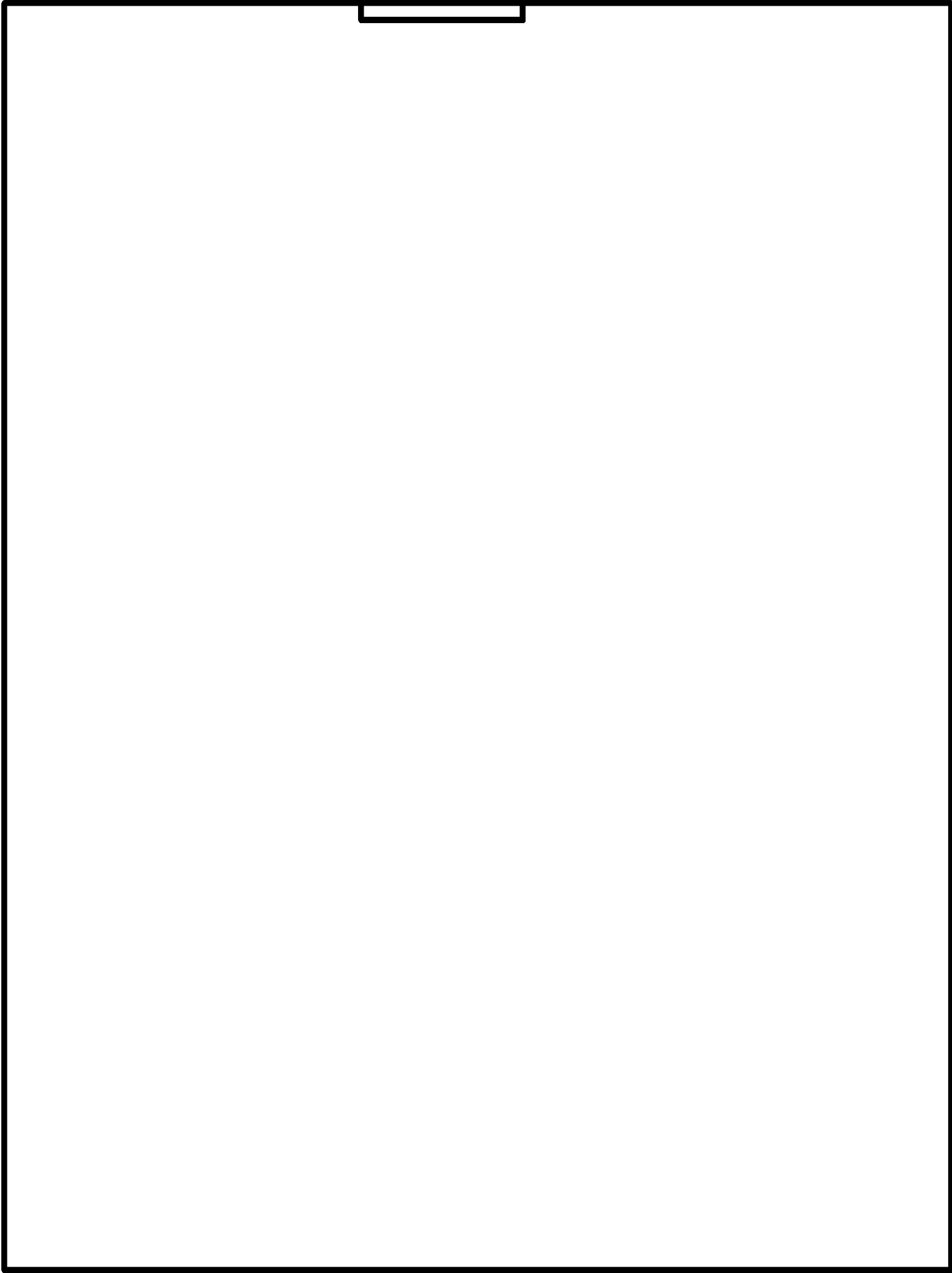
ZBIGNIEW SIEMASZKO

(b)(6)

[Redacted Social Security Number]

[Large empty rectangular area for tax return details]

(b)(6)



Summary of Accounts

(b)(6)

→ ZBIGNIEW B SIEMASZKO

IMMIGRATION AND NATURALIZATION SERVICE

VOID IF OPENED

DO NOT OPEN

P.O. Modzeleski # 4190

NEW YORK CITY POLICE DEPARTMENT
ONE POLICE PLAZA N.Y. NY 10038
NYC - DFS 0885 Exp. 11/27/99
ID# 4190 DATE 11/25/92
SIGN P.O. Modzeleski

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.

LEBENKOFF & COVEN
505 FIFTH AVE
NEW YORK NY 10017-

LEBENKOFF & COVEN
505 FIFTH AVE
NEW YORK NY 10017-



01/29/98 EAC-98-086-52276 EACJL601



01/29/98 EAC-98-086-52276 EACJL601