

MARJORIE MAGNIFIQUE
1234 Main Street, Los Angeles, CA 90010
Ph: (213) 555-1212 / Email: immigration4u@yahoo.com

August 15, 2018

Via U.S. Priority Mail

USCIS
P.O. Box 805887
Chicago, IL 60680-4120

RE: Adjustment of Status as Child of a United States Citizen
Petitioner: Charlotte Reichard
Beneficiary: Jacqueline Sanneh

Dear or Sir or Madam,

The above captioned Petitioner, Charlotte Reichard, hereby submits her Petition for Alien Relative and Affidavit of Support for her daughter, Jacqueline Sanneh who is seeking to adjust status as the child of a United States Citizen. At their request, I have assisted them in completing organizing the following forms and documents detailed in the attached table of contents:

Filing Fees

- A. Cashier's Check in the amount of \$1,760.00 payable to the U.S. Department of Homeland Security

Passport Style Photographs

- B. Two Passport Style Photographs – Beneficiary/Applicant – I-485
- C. Two Passport Style Photographs – Beneficiary/Applicant – I-765

Forms

- D. I-130, Petition for Alien Relative
- E. I-485, Application to Register Permanent Residence or Adjust Status
- F. I-765, Application for Employment Authorization
- G. I-864, Affidavit of Support – Petitioner and Joint Sponsor

Identity Documents

- H. Copy of Petitioner's US Passport
- I. Copy of Beneficiary's Birth Certificate (Proof of Relationship)

Proof of Legal Entry into US

- J. Copy of I-94 Arrival Record

Evidence in Support of Affidavit of Support

- K. Copy of Petitioner and Beneficiary/Applicant's 2017 Joint US Tax Returns
- L. Copy of Petitioner and Beneficiary/Applicant's 2016 Joint US Tax Returns
- M. Copy of Petitioner's 2015 US Individual Tax Return
- N. Copy of Petitioner's Last 3 Paycheck Stubs

Thank you in advance for your assistance and prompt attention to this matter. Do not hesitate to contact the Applicant with any questions or concerns.

Sincerely,

Marjorie Magnifique

Marjorie Magnifique



Please be advised that this is a sample packet is not intended to be, nor should it be construed as, legal advice.

EXHIBIT - A

Filing Fees

Remember to:

1. Cashier's Check, Money Order or Personal Check
2. Payable to: US Department of Homeland Security
3. Name and A# in Memo Line

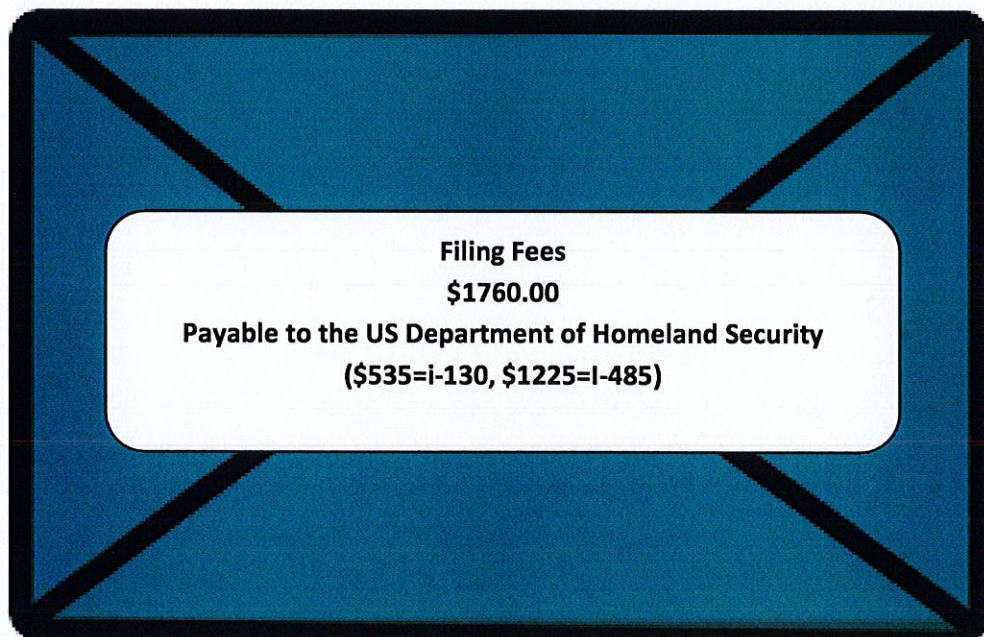


EXHIBIT - B

PASSPORT STYLE PHOTO GRAPHS

Remember to:

1. Label Each Photo with full name and A#
2. Photos should be 2 x 2
3. Photos **MUST** have white background
4. Label the Envelope



EXHIBIT - C

PASSPORT STYLE PHOTO GRAPHS

Remember to:

1. Label Each Photo with full name and A#
2. Photos should be 2 x 2
3. Photos MUST have white background
4. Label the Envelope



EXHIBIT - D



Petition for Alien Relative
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-130
 OMB No. 1615-0012
 Expires 07/31/2018

For USCIS Use Only	Fee Stamp	Action Stamp
A-Number A- <input style="width:100%;" type="text"/>		
Initial Receipt		
Resubmitted		
Relocated	Section of Law/Visa Category	
Received	<input type="checkbox"/> 201(b) Spouse - IR-1/CR-1 <input type="checkbox"/> 203(a)(1) Unm. S/D - F1-1 <input type="checkbox"/> 203(a)(2)(B) Unm. S/D - F2-4	
Sent	<input type="checkbox"/> 201(b) Child - IR-2/CR-2 <input type="checkbox"/> 203(a)(2)(A) Spouse - F2-1 <input type="checkbox"/> 203(a)(3) Married S/D - F3-1	
Completed	<input type="checkbox"/> 201(b) Parent - IR-5 <input type="checkbox"/> 203(a)(2)(A) Child - F2-2 <input type="checkbox"/> 203(a)(4) Brother/Sister - F4-1	
Approved	Petition was filed on (Priority Date mm/dd/yyyy): _____	<input type="checkbox"/> Field Investigation <input type="checkbox"/> Personal Interview <input type="checkbox"/> 204(a)(2)(A) Resolved
Returned	PDR request granted/denied - New priority date (mm/dd/yyyy): _____	<input type="checkbox"/> Previously Forwarded <input type="checkbox"/> Pet. A-File Reviewed <input type="checkbox"/> I-485 Filed Simultaneously
Remarks		<input type="checkbox"/> 203(g) Resolved <input type="checkbox"/> Ben. A-File Reviewed <input type="checkbox"/> 204(g) Resolved
At which USCIS office (e.g., NBC, VSC, LOS, CRO) was Form I-130 adjudicated? _____		

To be completed by an attorney or accredited representative (if any).			
<input type="checkbox"/> Select this box if Form G-28 is attached.	Volag Number (if any) <input style="width:100%;" type="text"/>	Attorney State Bar Number (if applicable) <input style="width:100%;" type="text"/>	Attorney or Accredited Representative USCIS Online Account Number (if any) <input style="width:100%;" type="text"/>

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

If you need extra space to complete any section of this petition, use the space provided in **Part 9. Additional Information**.
 Complete and submit as many copies of **Part 9.**, as necessary, with your petition.

Part 1. Relationship (You are the Petitioner. Your relative is the Beneficiary)

1. I am filing this petition for my (Select **only one** box):
 Spouse
 Parent
 Brother/Sister
 Child
2. If you are filing this petition for your child or parent, select the box that describes your relationship (Select **only one** box):
 Child was born to parents who were married to each other at the time of the child's birth
 Stepchild/Stepparent
 Child was born to parents who were not married to each other at the time of the child's birth
 Child was adopted (not an Orphan or Hague Convention adoptee)
3. If the beneficiary is your brother/sister, are you related by adoption? Yes No
4. Did you gain lawful permanent resident status or citizenship through adoption? Yes No

Part 2. Information About You (Petitioner)

1. Alien Registration Number (A-Number) (if any)
 ▶ A-
2. USCIS Online Account Number (if any)
 ▶
3. U.S. Social Security Number (if any)
 ▶

1	2	3	4	5	6	7	8	9
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Your Full Name

- 4.a. Family Name (Last Name)
- 4.b. Given Name (First Name)
- 4.c. Middle Name

Part 2. Information About You (Petitioner)
(continued)

Other Names Used (if any)

Provide all other names you have ever used, including aliases, maiden name, and nicknames.

5.a. Family Name (Last Name)
5.b. Given Name (First Name)
5.c. Middle Name

Other Information

6. City/Town/Village of Birth
7. Country of Birth
8. Date of Birth (mm/dd/yyyy)
9. Sex Male Female

Mailing Address

10.a. In Care Of Name
10.b. Street Number and Name
10.c. Apt. Ste. Flr.
10.d. City or Town
10.e. State 10.f. ZIP Code
10.g. Province
10.h. Postal Code
10.i. Country
11. Is your current mailing address the same as your physical address? Yes No

If you answered "No" to **Item Number 11**, provide information on your physical address in **Item Numbers 12.a. - 13.b.**

Address History

Provide your physical addresses for the last five years, whether inside or outside the United States. Provide your current address first if it is different from your mailing address in **Item Numbers 10.a. - 10.i.**

Physical Address 1

12.a. Street Number and Name
12.b. Apt. Ste. Flr.
12.c. City or Town
12.d. State 12.e. ZIP Code
12.f. Province
12.g. Postal Code
12.h. Country
13.a. Date From (mm/dd/yyyy)
13.b. Date To (mm/dd/yyyy)

Physical Address 2

14.a. Street Number and Name
14.b. Apt. Ste. Flr.
14.c. City or Town
14.d. State 14.e. ZIP Code
14.f. Province
14.g. Postal Code
14.h. Country
15.a. Date From (mm/dd/yyyy)
15.b. Date To (mm/dd/yyyy)

Your Marital Information

16. How many times have you been married?
17. Current Marital Status
 Single, Never Married Married Divorced
 Widowed Separated Annulled

Part 2. Information About You (Petitioner)
(continued)

18. Date of Current Marriage (if currently married)
(mm/dd/yyyy)

Place of Your Current Marriage (if married)

19.a. City or Town

19.b. State

19.c. Province

19.d. Country

Names of All Your Spouses (if any)

Provide information on your current spouse (if currently married) first and then list all your prior spouses (if any).

Spouse 1

20.a. Family Name (Last Name)

20.b. Given Name (First Name)

20.c. Middle Name

21. Date Marriage Ended (mm/dd/yyyy)

Spouse 2

22.a. Family Name (Last Name)

22.b. Given Name (First Name)

22.c. Middle Name

23. Date Marriage Ended (mm/dd/yyyy)

Information About Your Parents

Parent 1's Information

Full Name of Parent 1

24.a. Family Name (Last Name)

24.b. Given Name (First Name)

24.c. Middle Name

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

26. Sex Male Female

27. Country of Birth

28. City/Town/Village of Residence

29. Country of Residence

Parent 2's Information

Full Name of Parent 2

30.a. Family Name (Last Name)

30.b. Given Name (First Name)

30.c. Middle Name

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

32. Sex Male Female

33. Country of Birth

34. City/Town/Village of Residence

35. Country of Residence

Additional Information About You (Petitioner)

36. I am a (Select only one box):
 U.S. Citizen Lawful Permanent Resident

If you are a U.S. citizen, complete Item Number 37.

37. My citizenship was acquired through (Select only one box):

Birth in the United States

Naturalization

Parents

38. Have you obtained a Certificate of Naturalization or a Certificate of Citizenship? Yes No

If you answered "Yes" to Item Number 38., complete the following:

39.a. Certificate Number

39.b. Place of Issuance

39.c. Date of Issuance (mm/dd/yyyy)

Part 2. Information About You (Petitioner)
(continued)

If you are a lawful permanent resident, complete **Item Numbers 40.a. - 41.**

40.a. Class of Admission

40.b. Date of Admission (mm/dd/yyyy)

Place of Admission

40.c. City or Town

40.d. State

41. Did you gain lawful permanent resident status through marriage to a U.S. citizen or lawful permanent resident?

Yes No

Employment History

Provide your employment history for the last five years, whether inside or outside the United States. Provide your current employment first. If you are currently unemployed, type or print "Unemployed" in **Item Number 42.**

Employer 1

42. Name of Employer/Company

FUNDAMENTAL LA RESTAURANT

43.a. Street Number and Name

1303 WESTWOOD BLVD

43.b. Apt. Ste. Flr.

43.c. City or Town

LOS ANGELES

43.d. State

CA

43.e. ZIP Code

90024

43.f. Province

43.g. Postal Code

43.h. Country

USA

44. Your Occupation

CASHIER

45.a. Date From (mm/dd/yyyy)

02/04/2018

45.b. Date To (mm/dd/yyyy)

PRESENT

Employer 2

46. Name of Employer/Company

ANRE HOME CARE

47.a. Street Number and Name

47.b. Apt. Ste. Flr.

47.c. City or Town

LOS ANGELES

47.d. State

CA

47.e. ZIP Code

47.f. Province

47.g. Postal Code

47.h. Country

USA

48. Your Occupation

CAREGIVER

49.a. Date From (mm/dd/yyyy)

03/09/2015

49.b. Date To (mm/dd/yyyy)

10/05/2015

Part 3. Biographic Information

NOTE: Provide the biographic information about you, the petitioner.

1. Ethnicity (Select **only one** box)

- Hispanic or Latino
 Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

- White
 Asian
 Black or African American
 American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander

3. Height

Feet

5

Inches

0

4. Weight

Pounds

1

8

5

5. Eye Color (Select **only one** box)

- Black Blue Brown
 Gray Green Hazel
 Maroon Pink Unknown/Other

Part 3. Biographic Information (continued)

6. Hair Color (Select **only one** box)
- | | | |
|---|--------------------------------|--|
| <input type="checkbox"/> Bald (No hair) | <input type="checkbox"/> Black | <input type="checkbox"/> Blond |
| <input checked="" type="checkbox"/> Brown | <input type="checkbox"/> Gray | <input type="checkbox"/> Red |
| <input type="checkbox"/> Sandy | <input type="checkbox"/> White | <input type="checkbox"/> Unknown/Other |

Part 4. Information About Beneficiary

1. Alien Registration Number (A-Number) (if any)
▶ A-
2. USCIS Online Account Number (if any)
▶
3. U.S. Social Security Number (if any)
▶

Beneficiary's Full Name

- 4.a. Family Name (Last Name)
- 4.b. Given Name (First Name)
- 4.c. Middle Name

Other Names Used (if any)

Provide all other names the beneficiary has ever used, including aliases, maiden name, and nicknames.

- 5.a. Family Name (Last Name)
- 5.b. Given Name (First Name)
- 5.c. Middle Name

Other Information About Beneficiary

6. City/Town/Village of Birth
7. Country of Birth
8. Date of Birth (mm/dd/yyyy)
9. Sex Male Female
10. Has anyone else ever filed a petition for the beneficiary?
 Yes No Unknown

NOTE: Select "Unknown" *only* if you do not know, and the beneficiary also does not know, if anyone else has ever filed a petition for the beneficiary.

Beneficiary's Physical Address

If the beneficiary lives outside the United States in a home without a street number or name, leave **Item Numbers 11.a.** and **11.b.** blank.

- 11.a. Street Number and Name
- 11.b. Apt. Ste. Flr.
- 11.c. City or Town
- 11.d. State 11.e. ZIP Code
- 11.f. Province
- 11.g. Postal Code
- 11.h. Country

Other Address and Contact Information

Provide the address in the United States where the beneficiary intends to live, if different from **Item Numbers 11.a. - 11.h.** If the address is the same, type or print "SAME" in **Item Number 12.a.**

- 12.a. Street Number and Name
- 12.b. Apt. Ste. Flr.
- 12.c. City or Town
- 12.d. State 12.e. ZIP Code

Provide the beneficiary's address outside the United States, if different from **Item Numbers 11.a. - 11.h.** If the address is the same, type or print "SAME" in **Item Number 13.a.**

- 13.a. Street Number and Name
- 13.b. Apt. Ste. Flr.
- 13.c. City or Town
- 13.d. Province
- 13.e. Postal Code
- 13.f. Country
14. Daytime Telephone Number (if any)

Part 4. Information About Beneficiary
(continued)

15. Mobile Telephone Number (if any)

3105556789

16. Email Address (if any)

Beneficiary's Marital Information

17. How many times has the beneficiary been married?

▶ 0

18. Current Marital Status

Single, Never Married Married Divorced
 Widowed Separated Annulled

19. Date of Current Marriage (if currently married)
(mm/dd/yyyy)

Place of Beneficiary's Current Marriage
(if married)

20.a. City or Town

20.b. State

20.c. Province

20.d. Country

Names of Beneficiary's Spouses (if any)

Provide information on the beneficiary's current spouse (if currently married) first and then list all the beneficiary's prior spouses (if any).

Spouse 1

21.a. Family Name
(Last Name)

NONE

21.b. Given Name
(First Name)

NONE

21.c. Middle Name

NONE

22. Date Marriage Ended (mm/dd/yyyy)

Spouse 2

23.a. Family Name
(Last Name)

23.b. Given Name
(First Name)

23.c. Middle Name

24. Date Marriage Ended (mm/dd/yyyy) 10/01/2015

Information About Beneficiary's Family

Provide information about the beneficiary's spouse and children.

Person 1

25.a. Family Name
(Last Name)

REICHARD

25.b. Given Name
(First Name)

CHARLOTTE

25.c. Middle Name

ELIZABETH

26. Relationship

WIFE

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

09/25/1995

28. Country of Birth

UNITED STATES

Person 2

29.a. Family Name
(Last Name)

NONE

29.b. Given Name
(First Name)

NONE

29.c. Middle Name

NONE

30. Relationship

NONE

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

32. Country of Birth

Person 3

33.a. Family Name
(Last Name)

33.b. Given Name
(First Name)

33.c. Middle Name

34. Relationship

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

36. Country of Birth

Part 4. Information About Beneficiary
(continued)

Person 4

37.a. Family Name (Last Name)
37.b. Given Name (First Name)
37.c. Middle Name
38. Relationship
39. Date of Birth (mm/dd/yyyy)
40. Country of Birth

Person 5

41.a. Family Name (Last Name)
41.b. Given Name (First Name)
41.c. Middle Name
42. Relationship
43. Date of Birth (mm/dd/yyyy)
44. Country of Birth

Beneficiary's Entry Information

45. Was the beneficiary **EVER** in the United States?
 Yes No

If the beneficiary is currently in the United States, complete **Items Numbers 46.a. - 46.d.**

46.a. He or she arrived as a (Class of Admission):

46.b. Form I-94 Arrival-Departure Record Number
▶
46.c. Date of Arrival (mm/dd/yyyy)
46.d. Date authorized stay expired, or will expire, as shown on Form I-94 or Form I-95 (mm/dd/yyyy) or type or print "D/S" for Duration of Status

47. Passport Number

48. Travel Document Number
49. Country of Issuance for Passport or Travel Document

50. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

Beneficiary's Employment Information

Provide the beneficiary's current employment information (if applicable), even if they are employed outside of the United States. If the beneficiary is currently unemployed, type or print "Unemployed" in **Item Number 51.a.**

51.a. Name of Current Employer (if applicable)

51.b. Street Number and Name
51.c. Apt. Ste. Flr.
51.d. City or Town
51.e. State 51.f. ZIP Code
51.g. Province
51.h. Postal Code
51.i. Country
52. Date Employment Began (mm/dd/yyyy)

Additional Information About Beneficiary

53. Was the beneficiary **EVER** in immigration proceedings?
 Yes No
54. If you answered "Yes," select the type of proceedings and provide the location and date of the proceedings.
 Removal Exclusion/Deportation
 Rescission Other Judicial Proceedings
55.a. City or Town
55.b. State
56. Date (mm/dd/yyyy)

Part 4. Information About Beneficiary
(continued)

If the beneficiary's native written language does not use Roman letters, type or print his or her name and foreign address in their native written language.

57.a. Family Name (Last Name)

57.b. Given Name (First Name)

57.c. Middle Name

58.a. Street Number and Name

58.b. Apt. Ste. Flr.

58.c. City or Town

58.d. Province

58.e. Postal Code

58.f. Country

If filing for your spouse, provide the last address at which you physically lived together. If you never lived together, type or print, "Never lived together" in Item Number 59.a.

59.a. Street Number and Name

59.b. Apt. Ste. Flr.

59.c. City or Town

59.d. State 59.e. ZIP Code

59.f. Province

59.g. Postal Code

59.h. Country

60.a. Date From (mm/dd/yyyy)

60.b. Date To (mm/dd/yyyy)

The beneficiary is in the United States and will apply for adjustment of status to that of a lawful permanent resident at the U.S. Citizenship and Immigration Services (USCIS) office in:

61.a. City or Town

61.b. State

The beneficiary will not apply for adjustment of status in the United States, but he or she will apply for an immigrant visa abroad at the U.S. Embassy or U.S. Consulate in:

62.a. City or Town

62.b. Province

62.c. Country

NOTE: Choosing a U.S. Embassy or U.S. Consulate outside the country of the beneficiary's last residence does not guarantee that it will accept the beneficiary's case for processing. In these situations, the designated U.S. Embassy or U.S. Consulate has discretion over whether or not to accept the beneficiary's case.

Part 5. Other Information

1. Have you **EVER** previously filed a petition for this beneficiary or any other alien? Yes No

If you answered "Yes," provide the name, place, date of filing, and the result.

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

3.a. City or Town

3.b. State

4. Date Filed (mm/dd/yyyy)

5. Result (for example, approved, denied, withdrawn)

If you are also submitting separate petitions for other relatives, provide the names of and your relationship to each relative.

Relative 1

6.a. Family Name (Last Name)

6.b. Given Name (First Name)

6.c. Middle Name

7. Relationship

Part 5. Other Information (continued)

Relative 2

8.a. Family Name (Last Name)

8.b. Given Name (First Name)

8.c. Middle Name

9. Relationship

WARNING: USCIS investigates the claimed relationships and verifies the validity of documents you submit. If you falsify a family relationship to obtain a visa, USCIS may seek to have you criminally prosecuted.

PENALTIES: By law, you may be imprisoned for up to 5 years or fined \$250,000, or both, for entering into a marriage contract in order to evade any U.S. immigration law. In addition, you may be fined up to \$10,000 and imprisoned for up to 5 years, or both, for knowingly and willfully falsifying or concealing a material fact or using any false document in submitting this petition.

Part 6. Petitioner's Statement, Contact Information, Declaration, and Signature

NOTE: Read the Penalties section of the Form I-130 Instructions before completing this part.

Petitioner's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a. I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.

1.b. The interpreter named in **Part 7.** read to me every question and instruction on this petition and my answer to every question in , a language in which I am fluent. I understood all of this information as interpreted.

2. At my request, the preparer named in **Part 8.**, , prepared this petition for me based only upon information I provided or authorized.

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number

4. Petitioner's Mobile Telephone Number (if any)

5. Petitioner's Email Address (if any)

Petitioner's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

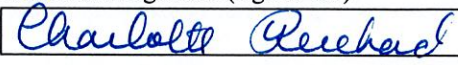
I further authorize release of information contained in this petition, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I provided or authorized all of the information contained in, and submitted with, my petition;
- 2) I reviewed and understood all of the information in, and submitted with, my petition; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my petition and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my petition, and that all of this information is complete, true, and correct.

Petitioner's Signature

6.a. Petitioner's Signature (sign in ink) 

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

NOTE TO ALL PETITIONERS: If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may deny your petition.

Part 7. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter if you used one.

Interpreter's Full Name

- 1.a. Interpreter's Family Name (Last Name)
- 1.b. Interpreter's Given Name (First Name)
- 2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

- 3.a. Street Number and Name
- 3.b. Apt. Ste. Flr.
- 3.c. City or Town
- 3.d. State 3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

Interpreter's Contact Information

- 4. Interpreter's Daytime Telephone Number
- 5. Interpreter's Mobile Telephone Number (if any)
- 6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language provided in **Part 6., Item Number 1.b.**, and I have read to this petitioner in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner informed me that he or she understands every instruction, question, and answer on the petition, including the **Petitioner's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

- 7.a. Interpreter's Signature (sign in ink)
- 7.b. Date of Signature (mm/dd/yyyy)

Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner

Provide the following information about the preparer.

Preparer's Full Name

- 1.a. Preparer's Family Name (Last Name)
- 1.b. Preparer's Given Name (First Name)
- 2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

- 3.a. Street Number and Name
- 3.b. Apt. Ste. Flr.
- 3.c. City or Town
- 3.d. State 3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner (continued)

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

2135551212

5. Preparer's Mobile Telephone Number (if any)

6. Preparer's Email Address (if any)

IMMIGRATION4U@YAHOO.COM

Preparer's Statement

- 7.a. I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent.
- 7.b. I am an attorney or accredited representative and my representation of the petitioner in this case
 extends does not extend beyond the preparation of this petition.

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this petition, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner. The petitioner then reviewed this completed petition and informed me that he or she understands all of the information contained in, and submitted with, his or her petition, including the **Petitioner's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this petition based only on information that the petitioner provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature (sign in ink)

Marjorie Magnifique

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

08/15/2018

EXHIBIT - E



Application to Register Permanent Residence or Adjust Status

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

USCIS
Form I-485
OMB No. 1615-0023
Expires 06/30/2019

For USCIS Use Only		
Preference Category:	Receipt	Action Block
Country Chargeable:		
Priority Date:		
Date Form I-693 Received:		
<input type="checkbox"/> Applicant Interviewed <input type="checkbox"/> Interview Waived Date of Initial Interview: _____ Lawful Permanent Resident as of: _____	Section of Law <input type="checkbox"/> INA 209(a) <input type="checkbox"/> INA 209(b) <input type="checkbox"/> INA 245(a) <input type="checkbox"/> INA 245(i) <input type="checkbox"/> INA 245(m)	<input type="checkbox"/> INA 249 <input type="checkbox"/> Sec. 13, Act of 9/11/57 <input type="checkbox"/> Cuban Adjustment Act <input type="checkbox"/> Other _____

To be completed by an attorney or accredited representative (if any).			
<input type="checkbox"/> Select this box if Form G-28 is attached.	Volag Number (if any) _____	Attorney State Bar Number (if applicable) _____	Attorney or Accredited Representative USCIS Online Account Number (if any) _____

▶ **START HERE - Type or print in black ink.** A-Number ▶ A- _____

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, U.S. Citizenship and Immigration Services (USCIS) may deny your application.

Part 1. Information About You (Person applying for lawful permanent residence)

Your Current Legal Name (do not provide a nickname)

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

Other Names You Have Used Since Birth (if applicable)

NOTE: Provide all other names you have ever used, including your family name at birth, other legal names, nicknames, aliases, and assumed names. If you need extra space to complete this section, use the space provided in **Part 14. Additional Information.**

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

Other Information About You

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

NOTE: In addition to providing your actual date of birth, include any other dates of birth you have used in connection with any legal names or non-legal names in the space provided in **Part 14. Additional Information.**

6. Sex Male Female

7. City or Town of Birth

Part 1. Information About You (Person applying for lawful permanent residence) (continued)

- 8. Country of Birth
- 9. Country of Citizenship or Nationality
- 10. Alien Registration Number (A-Number) (if any)
▶ A-

NOTE: If you have **EVER** used other A-Numbers, include the additional A-Numbers in the space provided in **Part 14. Additional Information.**

- 11. USCIS Online Account Number (if any)
▶
- 12. U.S. Social Security Number (if any)
▶

U.S. Mailing Address

- 13.a. In Care Of Name (if any)
- 13.b. Street Number and Name
- 13.c. Apt. Ste. Flr.
- 13.d. City or Town
- 13.e. State 13.f. ZIP Code

Alternate and/or Safe Mailing Address

If you are applying based on the Violence Against Women Act (VAWA) or as a special immigrant juvenile, human trafficking victim (T nonimmigrant), or victim of a qualifying crime (U nonimmigrant) and you do not want USCIS to send notices about this application to your home, you may provide an alternative and/or safe mailing address.

- 14.a. In Care Of Name (if any)
- 14.b. Street Number and Name
- 14.c. Apt. Ste. Flr.
- 14.d. City or Town
- 14.e. State 14.f. ZIP Code

Recent Immigration History

Provide the information for **Item Numbers 15. - 19.** if you last entered the United States using a passport or travel document.

- 15. Passport Number Used at Last Arrival
- 16. Travel Document Number Used at Last Arrival
- 17. Expiration Date of this Passport or Travel Document (mm/dd/yyyy)
- 18. Country that Issued this Passport or Travel Document
- 19. Nonimmigrant Visa Number from this Passport (if any)

Place of Last Arrival into the United States

- 20.a. City or Town
- 20.b. State
- 21. Date of Last Arrival (mm/dd/yyyy)

When I last arrived in the United States, I:

- 22.a. Was inspected at a port of entry and admitted as (for example, exchange visitor; visitor, waived through; temporary worker; student):
- 22.b. Was inspected at a port of entry and paroled as (for example, humanitarian parole, Cuban parole):
- 22.c. Came into the United States without admission or parole.
- 22.d. Other:

If you were issued a Form I-94 Arrival-Departure Record Number:

- 23.a. Form I-94 Arrival-Departure Record Number
▶
- 23.b. Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy)
- 23.c. Status on Form I-94 (for example, class of admission, or paroled, if paroled)

Part 1. Information About You (Person applying for lawful permanent residence) (continued)

24. What is your current immigration status (if it has changed since your arrival)?

ADJUSTMENT OF STATUS APPLICANT

Provide your name exactly as it appears on your Form I-94 (if any)

25.a. Family Name (Last Name) SANNEH

25.b. Given Name (First Name) JACQUELINE

25.c. Middle Name N

Part 2. Application Type or Filing Category

NOTE: Attach a copy of the Form I-797 receipt or approval notice for the underlying petition or application, as appropriate.

I am applying to register lawful permanent residence or adjust status to that of a lawful permanent resident based on the following immigrant category (select **only one** box). (See the Form I-485 Instructions for more information, including any **Additional Instructions** that relate to the immigrant category you select.):

1.a. Family-based

- Immediate relative of a U.S. citizen, Form I-130
- Other relative of a U.S. citizen or relative of a lawful permanent resident under the family-based preference categories, Form I-130
- Person admitted to the United States as a fiancé(e) or child of a fiancé(e) of a U.S. citizen, Form I-129F (K-1/K-2 Nonimmigrant)
- Widow or widower of a U.S. citizen, Form I-360
- VAWA self-petitioner, Form I-360

1.b. Employment-based

- Alien worker, Form I-140
- Alien entrepreneur, Form I-526

1.c. Special Immigrant

- Religious worker, Form I-360
- Special immigrant juvenile, Form I-360
- Certain Afghan or Iraqi national, Form I-360
- Certain international broadcaster, Form I-360
- Certain G-4 international organization or family member or NATO-6 employee or family member, Form I-360

1.d. Asylee or Refugee

- Asylum status (INA section 208), Form I-589 or Form I-730
- Refugee status (INA section 207), Form I-590 or Form I-730

1.e. Human Trafficking Victim or Crime Victim

- Human trafficking victim (T Nonimmigrant), Form I-914 or derivative family member, Form I-914A
- Crime victim (U Nonimmigrant), Form I-918, derivative family member, Form I-918A, or qualifying family member, Form I-929

1.f. Special Programs Based on Certain Public Laws

- The Cuban Adjustment Act
- The Cuban Adjustment Act for battered spouses and children
- Dependent status under the Haitian Refugee Immigrant Fairness Act
- Dependent status under the Haitian Refugee Immigrant Fairness Act for battered spouses and children
- Lautenberg Parolees
- Diplomats or high ranking officials unable to return home (Section 13 of the Act of September 11, 1957)
- Indochinese Parole Adjustment Act of 2000

1.g. Additional Options

- Diversity Visa program
- Continuous residence in the United States since before January 1, 1972 ("Registry")
- Individual born in the United States under diplomatic status
- Other eligibility

2. Are you applying for adjustment based on the Immigration and Nationality Act (INA) section 245(i)? Yes No

NOTE: If you answered "Yes" to **Item Number 2.**, you must have selected a family-based, employment-based, special immigrant, or Diversity Visa immigrant category listed above in **Item Numbers 1.a. - 1.g.** as the basis for your application for adjustment of status. Fill out the rest of this application **and** Supplement A to Form I-485, Adjustment of Status Under Section 245(i) (Supplement A). For detailed filing instructions, read the Form I-485 Instructions (including any **Additional Instructions** that relate to the immigrant category that you selected in **Item Numbers 1.a. - 1.g.**) and Supplement A Instructions.

Part 2. Application Type or Filing Category (continued)

Information About Your Immigrant Category

If you are the **principal applicant**, provide the following information.

- 3. Receipt Number of Underlying Petition (if any)
- 4. Priority Date from Underlying Petition (if any) (mm/dd/yyyy)

If you are a **derivative applicant** (the spouse or unmarried child under 21 years of age of a principal applicant), provide the following information for the **principal applicant**.

Principal Applicant's Name

- 5.a. Family Name (Last Name)
- 5.b. Given Name (First Name)
- 5.c. Middle Name
- 6. Principal Applicant's A-Number (if any) ▶ A-
- 7. Principal Applicant's Date of Birth (mm/dd/yyyy)
- 8. Receipt Number of Principal's Underlying Petition (if any) ▶
- 9. Priority Date of Principal Applicant's Underlying Petition (if any) (mm/dd/yyyy)

Part 3. Additional Information About You

- 1. Have you ever applied for an immigrant visa to obtain permanent resident status at a U.S. Embassy or U.S. Consulate abroad? Yes No

If you answered "Yes" to **Item Number 1.**, complete **Item Numbers 2.a. - 4.** below. If you need extra space to complete this section, use the space provided in **Part 14. Additional Information.**

Location of U.S. Embassy or U.S. Consulate

- 2.a. City
- 2.b. Country

- 3. Decision (for example, approved, refused, denied, withdrawn)
- 4. Date of Decision (mm/dd/yyyy)

Address History

Provide physical addresses for everywhere you have lived during the last five years, whether inside or outside the United States. Provide your current address first. If you need extra space to complete this section, use the space provided in **Part 14. Additional Information.**

Physical Address 1 (current address)

- 5.a. Street Number and Name
- 5.b. Apt. Ste. Flr.
- 5.c. City or Town
- 5.d. State 5.e. ZIP Code
- 5.f. Province
- 5.g. Postal Code
- 5.h. Country

Dates of Residence

- 6.a. From (mm/dd/yyyy)
- 6.b. To (mm/dd/yyyy)

Physical Address 2

- 7.a. Street Number and Name
- 7.b. Apt. Ste. Flr.
- 7.c. City or Town
- 7.d. State 7.e. ZIP Code
- 7.f. Province
- 7.g. Postal Code
- 7.h. Country

Part 3. Additional Information About You
(continued)

Dates of Residence

8.a. From (mm/dd/yyyy)

8.b. To (mm/dd/yyyy)

Provide your most recent address outside the United States where you lived for more than one year (if not already listed above).

9.a. Street Number and Name

9.b. Apt. Ste. Flr.

9.c. City or Town

9.d. State 9.e. ZIP Code

9.f. Province

9.g. Postal Code

9.h. Country

Dates of Residence

10.a. From (mm/dd/yyyy)

10.b. To (mm/dd/yyyy)

Employment History

Provide your employment history for the last five years, whether inside or outside the United States. Provide the most recent employment first. If you need extra space to complete this section, use the space provided in **Part 14. Additional Information**.

Employer 1 (current or most recent)

11. Name of Employer or Company

Address of Employer or Company

12.a. Street Number and Name

12.b. Apt. Ste. Flr.

12.c. City or Town

12.d. State 12.e. ZIP Code

12.f. Province

12.g. Postal Code

12.h. Country

13. Your Occupation

Dates of Employment

14.a. From (mm/dd/yyyy)

14.b. To (mm/dd/yyyy)

Employer 2

15. Name of Employer or Company

Address of Employer or Company

16.a. Street Number and Name

16.b. Apt. Ste. Flr.

16.c. City or Town

16.d. State 16.e. ZIP Code

16.f. Province

16.g. Postal Code

16.h. Country

17. Your Occupation

Dates of Employment

18.a. From (mm/dd/yyyy)

18.b. To (mm/dd/yyyy)

Part 3. Additional Information About You
(continued)

Provide your most recent employment outside of the United States (if not already listed above).

19. Name of Employer or Company

Address of Employer or Company

20.a. Street Number and Name

20.b. Apt. Ste. Flr.

20.c. City or Town

20.d. State 20.e. ZIP Code

20.f. Province

20.g. Postal Code

20.h. Country

21. Your Occupation

Dates of Employment

22.a. From (mm/dd/yyyy)

22.b. To (mm/dd/yyyy)

Part 4. Information About Your Parents

Information About Your Parent 1

Parent 1's Legal Name

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

Parent 1's Name at Birth (if different than above)

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

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

4. Sex Male Female

5. City or Town of Birth

6. Country of Birth

7. Current City or Town of Residence (if living)

8. Current Country of Residence (if living)

Information About Your Parent 2

Parent 2's Legal Name

9.a. Family Name (Last Name)

9.b. Given Name (First Name)

9.c. Middle Name

Parent 2's Name at Birth (if different than above)

10.a. Family Name (Last Name)

10.b. Given Name (First Name)

10.c. Middle Name

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

12. Sex Male Female

13. City or Town of Birth

14. Country of Birth

15. Current City or Town of Residence (if living)

16. Current Country of Residence (if living)

Part 5. Information About Your Marital History

1. What is your current marital status?
 Single, Never Married Married Divorced
 Widowed Marriage Annulled
 Legally Separated
2. If you are married, is your spouse a current member of the U.S. armed forces or U.S. Coast Guard?
 N/A Yes No
3. How many times have you been married (including annulled marriages and marriages to the same person)?

Information About Your Current Marriage (including if you are legally separated)

If you are currently married, provide the following information about your current spouse.

Current Spouse's Legal Name

- 4.a. Family Name (Last Name)
- 4.b. Given Name (First Name)
- 4.c. Middle Name
5. A-Number (if any) ► A-
6. Current Spouse's Date of Birth (mm/dd/yyyy)
7. Date of Marriage to Current Spouse (mm/dd/yyyy)

Current Spouse's Place of Birth

- 8.a. City or Town
- 8.b. State or Province
- 8.c. Country

Place of Marriage to Current Spouse

- 9.a. City or Town
- 9.b. State or Province
- 9.c. Country
10. Is your current spouse applying with you?
 Yes No

Information About Prior Marriages (if any)

If you have been married before, whether in the United States or in any other country, provide the following information about your prior spouse. If you have had more than one previous marriage, use the space provided in **Part 14. Additional Information** to provide the information below.

Prior Spouse's Legal Name (provide family name before marriage)

- 11.a. Family Name (Last Name)
- 11.b. Given Name (First Name)
- 11.c. Middle Name
12. Prior Spouse's Date of Birth (mm/dd/yyyy)
13. Date of Marriage to Prior Spouse (mm/dd/yyyy)

Place of Marriage to Prior Spouse

- 14.a. City or Town
- 14.b. State or Province
- 14.c. Country
15. Date Marriage with Prior Spouse Legally Ended (mm/dd/yyyy)

Part 5. Information About Your Marital History (continued)

Place Where Marriage with Prior Spouse Legally Ended

16.a. City or Town

16.b. State or Province

16.c. Country

Part 6. Information About Your Children

1. Indicate the total number of ALL living children (including adult sons and daughters) that you have.

NOTE: The term "children" includes all biological or legally adopted children, as well as current stepchildren, of any age, whether born in the United States or other countries, married or unmarried, living with you or elsewhere and includes any missing children and those born to you outside of marriage.

Provide the following information for each of your children. If you have more than three children, use the space provided in **Part 14. Additional Information.**

Child 1

Current Legal Name

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

3. A-Number (if any) ► A-

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

5. Country of Birth

6. Is this child applying with you? Yes No

Child 2

Current Legal Name

7.a. Family Name (Last Name)

7.b. Given Name (First Name)

7.c. Middle Name

8. A-Number (if any) ► A-

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

10. Country of Birth

11. Is this child applying with you? Yes No

Child 3

Current Legal Name

12.a. Family Name (Last Name)

12.b. Given Name (First Name)

12.c. Middle Name

13. A-Number (if any) ► A-

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

15. Country of Birth

16. Is this child applying with you? Yes No

Part 7. Biographic Information

1. Ethnicity (Select **only one** box)

Hispanic or Latino

Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

White

Asian

Black or African American

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Part 7. Biographic Information (continued)

3. Height Feet Inches

4. Weight Pounds

5. Eye Color (Select **only one** box)

- Black Blue Brown
 Gray Green Hazel
 Maroon Pink Unknown/Other

6. Hair Color (Select **only one** box)

- Bald (No hair) Black Blond
 Brown Gray Red
 Sandy White Unknown/Other

Part 8. General Eligibility and Inadmissibility Grounds

1. Have you **EVER** been a member of, involved in, or in any way associated with any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other location in the world including any military service? Yes No

If you answered "Yes" to **Item Number 1.**, complete **Item Numbers 2. - 13.b.** below. If you need extra space to complete this section, use the space provided in **Part 14. Additional Information.** If you answered "No," but are unsure of your answer, provide an explanation of the events and circumstances in the space provided in **Part 14. Additional Information.**

Organization 1

2. Name of Organization

3.a. City or Town

3.b. State or Province

3.c. Country

4. Nature of Group

Dates of Membership or Dates of Involvement

5.a. From (mm/dd/yyyy)

5.b. To (mm/dd/yyyy)

Organization 2

6. Name of Organization

7.a. City or Town

7.b. State or Province

7.c. Country

8. Nature of Group

Dates of Membership or Dates of Involvement

9.a. From (mm/dd/yyyy)

9.b. To (mm/dd/yyyy)

Organization 3

10. Name of Organization

11.a. City or Town

11.b. State or Province

11.c. Country

12. Nature of Group

Dates of Membership or Dates of Involvement

13.a. From (mm/dd/yyyy)

13.b. To (mm/dd/yyyy)

Part 8. General Eligibility and Inadmissibility Grounds (continued)

Answer **Item Numbers 14. - 80.b.** Choose the answer that you think is correct. If you answer "Yes" to any questions (or if you answer "No," but are unsure of your answer), provide an explanation of the events and circumstances in the space provided in **Part 14. Additional Information.**

- 14. Have you **EVER** been denied admission to the United States? Yes No
- 15. Have you **EVER** been denied a visa to the United States? Yes No
- 16. Have you **EVER** worked in the United States without authorization? Yes No
- 17. Have you **EVER** violated the terms or conditions of your nonimmigrant status? Yes No
- 18. Are you presently or have you **EVER** been in removal, exclusion, rescission, or deportation proceedings? Yes No
- 19. Have you **EVER** been issued a final order of exclusion, deportation, or removal? Yes No
- 20. Have you **EVER** had a prior final order of exclusion, deportation, or removal reinstated? Yes No
- 21. Have you **EVER** held lawful permanent resident status which was later rescinded? Yes No
- 22. Have you **EVER** been granted voluntary departure by an immigration officer or an immigration judge but failed to depart within the allotted time? Yes No
- 23. Have you **EVER** applied for any kind of relief or protection from removal, exclusion, or deportation? Yes No
- 24.a. Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement? Yes No

If you answered "Yes" to **Item Number 24.a.**, complete **Item Numbers 24.b. - 24.c.** If you answered "No" to **Item Number 24.a.**, skip to **Item Number 25.**

- 24.b. Have you complied with the foreign residence requirement? Yes No
- 24.c. Have you been granted a waiver or has Department of State issued a favorable waiver recommendation letter for you? Yes No

Criminal Acts and Violations

For **Item Numbers 25. - 45.**, you must answer "Yes" to any question that applies to you, even if your records were sealed or otherwise cleared, or even if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. You must also answer "Yes" to the following questions whether the action or offense occurred here in the United States or anywhere else in the world. If you answer "Yes" to **Item Numbers 25. - 45.**, use the space provided in **Part 14. Additional Information** to provide an explanation that includes why you were arrested, cited, detained, or charged; where you were arrested, cited, detained, or charged; when (date) the event occurred; and the outcome or disposition (for example, no charges filed, charges dismissed, jail, probation, community service).

- 25. Have you **EVER** been arrested, cited, charged, or detained for any reason by any law enforcement official (including but not limited to any U.S. immigration official or any official of the U.S. armed forces or U.S. Coast Guard)? Yes No
 - 26. Have you **EVER** committed a crime of any kind (even if you were not arrested, cited, charged with, or tried for that crime)? Yes No
 - 27. Have you **EVER** pled guilty to or been convicted of a crime or offense (even if the violation was subsequently expunged or sealed by a court, or if you were granted a pardon, amnesty, a rehabilitation decree, or other act of clemency)? Yes No
- NOTE:** If you were the beneficiary of a pardon, amnesty, a rehabilitation decree, or other act of clemency, provide documentation of that post-conviction action.
- 28. Have you **EVER** been ordered punished by a judge or had conditions imposed on you that restrained your liberty (such as a prison sentence, suspended sentence, house arrest, parole, alternative sentencing, drug or alcohol treatment, rehabilitative programs or classes, probation, or community service)? Yes No
 - 29. Have you **EVER** been a defendant or the accused in a criminal proceeding (including pre-trial diversion, deferred prosecution, deferred adjudication, or any withheld adjudication)? Yes No
 - 30. Have you **EVER** violated (or attempted or conspired to violate) any controlled substance law or regulation of a state, the United States, or a foreign country? Yes No

Part 8. General Eligibility and Inadmissibility Grounds (continued)

- 31. Have you **EVER** been convicted of two or more offenses (other than purely political offenses) for which the combined sentences to confinement were five years or more? Yes No
- 32. Have you **EVER** illicitly (illegally) trafficked or benefited from the trafficking of any controlled substances, such as chemicals, illegal drugs, or narcotics? Yes No
- 33. Have you **EVER** knowingly aided, abetted, assisted, conspired, or colluded in the illicit trafficking of any illegal narcotic or other controlled substances? Yes No
- 34. Are you the spouse, son, or daughter of a foreign national who illicitly trafficked or aided (or otherwise abetted, assisted, conspired, or colluded) in the illicit trafficking of a controlled substance, such as chemicals, illegal drugs, or narcotics and you obtained, within the last five years, any financial or other benefit from the illegal activity of your spouse or parent, although you knew or reasonably should have known that the financial or other benefit resulted from the illicit activity of your spouse or parent? Yes No
- 35. Have you **EVER** engaged in prostitution or are you coming to the United States to engage in prostitution? Yes No
- 36. Have you **EVER** directly or indirectly procured (or attempted to procure) or imported prostitutes or persons for the purpose of prostitution? Yes No
- 37. Have you **EVER** received any proceeds or money from prostitution? Yes No
- 38. Do you intend to engage in illegal gambling or any other form of commercialized vice, such as prostitution, bootlegging, or the sale of child pornography, while in the United States? Yes No
- 39. Have you **EVER** exercised immunity (diplomatic or otherwise) to avoid being prosecuted for a criminal offense in the United States? Yes No
- 40. Have you **EVER**, while serving as a foreign government official, been responsible for or directly carried out violations of religious freedoms? Yes No
- 41. Have you **EVER** induced by force, fraud, or coercion (or otherwise been involved in) the trafficking of persons for commercial sex acts? Yes No

- 42. Have you **EVER** trafficked a person into involuntary servitude, peonage, debt bondage, or slavery? Trafficking includes recruiting, harboring, transporting, providing, or obtaining a person for labor or services through the use of force, fraud, or coercion. Yes No
- 43. Have you **EVER** knowingly aided, abetted, assisted, conspired, or colluded with others in trafficking persons for commercial sex acts or involuntary servitude, peonage, debt bondage, or slavery? Yes No
- 44. Are you the spouse, son or daughter of a foreign national who engaged in the trafficking of persons and have received or obtained, within the last five years, any financial or other benefits from the illicit activity of your spouse or your parent, although you knew or reasonably should have known that this benefit resulted from the illicit activity of your spouse or parent? Yes No
- 45. Have you **EVER** engaged in money laundering or have you **EVER** knowingly aided, assisted, conspired, or colluded with others in money laundering or do you seek to enter the United States to engage in such activity? Yes No

Security and Related

- Do you intend to:
- 46.a. Engage in any activity that violates or evades any law relating to espionage (including spying) or sabotage in the United States? Yes No
 - 46.b. Engage in any activity in the United States that violates or evades any law prohibiting the export from the United States of goods, technology, or sensitive information? Yes No
 - 46.c. Engage in any activity whose purpose includes opposing, controlling, or overthrowing the U.S. Government by force, violence, or other unlawful means while in the United States? Yes No
 - 46.d. Engage in any activity that could endanger the welfare, safety, or security of the United States? Yes No
 - 46.e. Engage in any other unlawful activity? Yes No
 - 47. Are you engaged in or, upon your entry into the United States, do you intend to engage in any activity that could have potentially serious adverse foreign policy consequences for the United States? Yes No

Part 8. General Eligibility and Inadmissibility Grounds (continued)

Have you **EVER**:

48.a. Committed, threatened to commit, attempted to commit, conspired to commit, incited, endorsed, advocated, planned, or prepared any of the following: hijacking, sabotage, kidnapping, political assassination, or use of a weapon or explosive to harm another individual or cause substantial damage to property? Yes No

48.b. Participated in, or been a member of, a group or organization that did any of the activities described in **Item Number 48.a.**? Yes No

48.c. Recruited members or asked for money or things of value for a group or organization that did any of the activities described in **Item Number 48.a.**? Yes No

48.d. Provided money, a thing of value, services or labor, or any other assistance or support for any of the activities described in **Item Number 48.a.**? Yes No

48.e. Provided money, a thing of value, services or labor, or any other assistance or support for an individual, group, or organization who did any of the activities described in **Item Number 48.a.**? Yes No

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

50. Do you intend to engage in any of the activities listed in any part of **Item Numbers 48.a. - 49.**? Yes No

NOTE: If you answered “Yes” to any part of **Item Numbers 46.a. - 50.**, explain what you did, including the dates and location of the circumstances, or what you intend to do in the space provided in **Part 14. Additional Information.**

Are you the spouse or child of an individual who **EVER**:

51.a. Committed, threatened to commit, attempted to commit, conspired to commit, incited, endorsed, advocated, planned, or prepared any of the following: hijacking, sabotage, kidnapping, political assassination, or use of a weapon or explosive to harm another individual or cause substantial damage to property? Yes No

51.b. Participated in, or been a member or a representative of a group or organization that did any of the activities described in **Item Number 51.a.**? Yes No

51.c. Recruited members, or asked for money or things of value, for a group or organization that did any of the activities described in **Item Number 51.a.**? Yes No

51.d. Provided money, a thing of value, services or labor, or any other assistance or support for any of the activities described in **Item Number 51.a.**? Yes No

51.e. Provided money, a thing of value, services or labor, or any other assistance or support to an individual, group, or organization who did any of the activities described in **Item Number 51.a.**? Yes No

51.f. Received any type of military, paramilitary, or weapons training from a group or organization that did any of the activities described in **Item Number 51.a.**? Yes No

NOTE: If you answered “Yes” to any part of **Item Number 51.**, explain the relationship and what occurred, including the dates and location of the circumstances, in the space provided in **Part 14. Additional Information.**

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

53. Have you **EVER** worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? Yes No

54. Have you **EVER** been a member of, assisted, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? Yes No

55. Have you **EVER** served in, been a member of, assisted, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerilla group, militia, insurgent organization, or any other armed group? Yes No

56. Have you **EVER** been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party (in the United States or abroad)? Yes No

57. During the period from March 23, 1933 to May 8, 1945, did you ever order, incite, assist, or otherwise participate in the persecution of any person because of race, religion, national origin, or political opinion, in association with either the Nazi government of Germany or any organization or government associated or allied with the Nazi government of Germany? Yes No

Part 8. General Eligibility and Inadmissibility Grounds (continued)

Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

- 58.a. Acts involving torture or genocide? Yes No
- 58.b. Killing any person? Yes No
- 58.c. Intentionally and severely injuring any person?
 Yes No
- 58.d. Engaging in any kind of sexual contact or relations with any person who did not consent or was unable to consent, or was being forced or threatened? Yes No
- 58.e. Limiting or denying any person's ability to exercise religious beliefs? Yes No
- 59. Have you **EVER** recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed force or group? Yes No
- 60. Have you **EVER** used any person under 15 years of age to take part in hostilities, or to help or provide services to people in combat? Yes No

NOTE: If you answered "Yes" to any part of **Item Numbers 52. - 60.**, explain what occurred, including the dates and location of the circumstances, in the space provided in **Part 14. Additional Information.**

Public Assistance

- 61. Have you received public assistance in the United States from any source, including the U.S. Government or any state, county, city, or municipality (other than emergency medical treatment)? Yes No
- 62. Are you likely to receive public assistance in the future in the United States from any source, including the U.S. Government or any state, county, city, or municipality (other than emergency medical treatment)? Yes No

Illegal Entries and Other Immigration Violations

- 63.a. Have you **EVER** failed or refused to attend or to remain in attendance at any removal proceeding filed against you on or after April 1, 1997? Yes No
- 63.b. If your answer to **Item Number 63.a.** is "Yes," do you believe you had reasonable cause? Yes No

- 63.c. If your answer to **Item Number 63.b.** is "Yes," attach a written statement explaining why you had reasonable cause.
- 64. Have you **EVER** submitted fraudulent or counterfeit documentation to any U.S. Government official to obtain or attempt to obtain any immigration benefit, including a visa or entry into the United States? Yes No
- 65. Have you **EVER** lied about, concealed, or misrepresented any information on an application or petition to obtain a visa, other documentation required for entry into the United States, admission to the United States, or any other kind of immigration benefit? Yes No
- 66. Have you **EVER** falsely claimed to be a U.S. citizen (in writing or any other way)? Yes No
- 67. Have you **EVER** been a stowaway on a vessel or aircraft arriving in the United States? Yes No
- 68. Have you **EVER** knowingly encouraged, induced, assisted, abetted, or aided any foreign national to enter or to try to enter the United States illegally (alien smuggling)? Yes No
- 69. Are you under a final order of civil penalty for violating INA section 274C for use of fraudulent documents? Yes No

Removal, Unlawful Presence, or Illegal Reentry After Previous Immigration Violations

- 70. Have you **EVER** been excluded, deported, or removed from the United States or have you ever departed the United States on your own after having been ordered excluded, deported, or removed from the United States? Yes No
- 71. Have you **EVER** entered the United States without being inspected and admitted or paroled? Yes No

Since April 1, 1997, have you been unlawfully present in the United States:

- 72.a. For more than 180 days but less than a year, and then departed the United States? Yes No
- 72.b. For one year or more and then departed the United States? Yes No

NOTE: You were unlawfully present in the United States if you entered the United States without being inspected and admitted or inspected and paroled, or if you legally entered the United States but you stayed longer than permitted.

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Part 8. General Eligibility and Inadmissibility Grounds (continued)

Since April 1, 1997, have you **EVER** reentered or attempted to reenter the United States without being inspected and admitted or paroled after:

73.a. Having been unlawfully present in the United States for more than one year in the aggregate? Yes No

73.b. Having been deported, excluded, or removed from the United States? Yes No

Miscellaneous Conduct

74. Do you plan to practice polygamy in the United States? Yes No

75. Are you accompanying another foreign national who requires your protection or guardianship but who is inadmissible after being certified by a medical officer as being helpless from sickness, physical or mental disability, or infancy, as described in INA section 232(c)? Yes No

76. Have you **EVER** assisted in detaining, retaining, or withholding custody of a U.S. citizen child outside the United States from a U.S. citizen who has been granted custody of the child? Yes No

77. Have you **EVER** voted in violation of any Federal, state, or local constitutional provision, statute, ordinance, or regulation in the United States? Yes No

78. Have you **EVER** renounced U.S. citizenship to avoid being taxed by the United States? Yes No

Have you **EVER**:

79.a. Applied for exemption or discharge from training or service in the U.S. armed forces or in the U.S. National Security Training Corps on the ground that you are a foreign national? Yes No

79.b. Been relieved or discharged from such training or service on the ground that you are a foreign national? Yes No

79.c. Been convicted of desertion from the U.S. armed forces? Yes No

80.a. Have you **EVER** left or remained outside the United States to avoid or evade training or service in the U.S. armed forces in time of war or a period declared by the President to be a national emergency? Yes No

80.b. If your answer to **Item Number 80.a.** is "Yes," what was your nationality or immigration status immediately before you left (for example, U.S. citizen or national, lawful permanent resident, nonimmigrant, parolee, present without admission or parole, or any other status)?

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Part 9. Accommodations for Individuals With Disabilities and/or Impairments

NOTE: Read the information in the Form I-485 Instructions before completing this part.

1. Are you requesting an accommodation because of your disabilities and/or impairments? Yes No

If you answered "Yes" to **Item Number 1.**, select any applicable box in **Item Numbers 2.a. - 2.c.** and provide an answer.

2.a. I am deaf or hard of hearing and request the following accommodation. (If you are requesting a sign-language interpreter, indicate for which language (for example, American Sign Language).):

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2.b. I am blind or have low vision and request the following accommodation:

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2.c. I have another type of disability and/or impairment. (Describe the nature of your disability and/or impairment and the accommodation you are requesting.)

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Part 10. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-485 Instructions before completing this part. You must file Form I-485 while in the United States.

Applicant's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
- 1.b. The interpreter named in **Part 11.** read to me every question and instruction on this application and my answer to every question in , a language in which I am fluent, and I understood everything.
- 2. At my request, the preparer named in **Part 12.**, , prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

- 3. Applicant's Daytime Telephone Number
- 4. Applicant's Mobile Telephone Number (if any)
- 5. Applicant's Email Address (if any)

Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I understand that if I am a male who is 18 to 26 years of age, submitting this application will automatically register me with the Selective Service System as required by the Military Selective Service Act.


I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

Applicant's Signature

- 6.a. Applicant's Signature (sign in ink) 
- 6.b. Date of Signature (mm/dd/yyyy)

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 11. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

- 1.a. Interpreter's Family Name (Last Name)
- 1.b. Interpreter's Given Name (First Name)
- 2. Interpreter's Business or Organization Name (if any)

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Part 11. Interpreter's Contact Information, Certification, and Signature (continued)
Interpreter's Mailing Address

- 3.a. Street Number and Name
- 3.b. Apt. Ste. Flr.
- 3.c. City or Town
- 3.d. State 3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number
5. Interpreter's Mobile Telephone Number (if any)
6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in Part 10., Item Number 1.b., and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

- 7.a. Interpreter's Signature (sign in ink)
- 7.b. Date of Signature (mm/dd/yyyy)

Part 12. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

- 1.a. Preparer's Family Name (Last Name)
- 1.b. Preparer's Given Name (First Name)
2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

- 3.a. Street Number and Name
- 3.b. Apt. Ste. Flr.
- 3.c. City or Town
- 3.d. State 3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number
5. Preparer's Mobile Telephone Number (if any)
6. Preparer's Email Address (if any)

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Part 12. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant (continued)

Preparer's Statement

- 7.a. I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
- 7.b. I am an attorney or accredited representative and my representation of the applicant in this case extends does not extend beyond the preparation of this application.


NOTE: If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

- 8.a. Preparer's Signature (sign in ink)


- 8.b. Date of Signature (mm/dd/yyyy)

08/15/2018

NOTE: Do not complete Part 13. until the USCIS Officer instructs you to do so at the interview.

Part 13. Signature at Interview

I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this Form I-485, Application to Register Permanent Residence or Adjust Status, subscribed by me, including the corrections made to this application, **numbered** **through** , are complete, true, and correct. All additional pages submitted by me with this Form I-485, **on numbered pages** **through** are complete, true, and correct. All documents submitted at this interview were provided by me and are complete, true, and correct.

Subscribed to and sworn to (affirmed) before me

USCIS Officer's Printed Name or Stamp

Date of Signature (mm/dd/yyyy)

Applicant's Signature (sign in ink)

USCIS Officer's Signature (sign in ink)

Part 14. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number, Part Number, and Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ► A-

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d. _____

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d. _____

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d. _____

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d. _____

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d. _____

EXHIBIT - F



Application For Employment Authorization

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

USCIS
Form I-765
OMB No. 1615-0040
Expires 05/31/2020

For USCIS Use Only	<input type="checkbox"/> Authorization/Extension Valid From _____	Fee Stamp	Action Block
	<input type="checkbox"/> Authorization/Extension Valid Through _____		
	Alien Registration Number A- <input type="text"/>		
	Remarks		

To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).	<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text"/>
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▶ **START HERE** - Type or print in black ink.

Part 1. Reason for Applying

I am applying for (select only one box):

- 1.a. Initial permission to accept employment.
- 1.b. Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document **NOT DUE** to U.S. Citizenship and Immigration Services (USCIS) error.
- NOTE:** Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to **Replacement for Card Error** in the **What is the Filing Fee** section of the Form I-765 Instructions for further details.
- 1.c. Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Part 2. Information About You

Your Full Legal Name

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

Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6**.

Additional Information.

- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name
-
- 3.a. Family Name (Last Name)
- 3.b. Given Name (First Name)
- 3.c. Middle Name
-
- 4.a. Family Name (Last Name)
- 4.b. Given Name (First Name)
- 4.c. Middle Name

Part 2. Information About You (continued)

Your U.S. Mailing Address

5.a. In Care Of Name (if any)
[]

5.b. Street Number and Name **1111 SCRIBNER LANE**

5.c. Apt. Ste. Flr. []

5.d. City or Town **INGLEWOOD**

5.e. State **CA** 5.f. ZIP Code **90305**

6. Is your current mailing address the same as your physical address?
 Yes No

NOTE: If you answered "No" to **Item Number 6.**, provide your physical address below.

U.S. Physical Address

7.a. Street Number and Name []

7.b. Apt. Ste. Flr. []

7.c. City or Town []

7.d. State [] 7.e. ZIP Code []

Other Information

8. Alien Registration Number (A-Number) (if any)
▶ A- []

9. USCIS Online Account Number (if any)
▶ []

10. Gender Male Female

11. Marital Status
 Single Married Divorced Widowed

12. Have you previously filed Form I-765?
 Yes No

13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?
 Yes No

NOTE: If you answered "No" to **Item Number 13.a.**, skip to **Item Number 14.** If you answered "Yes" to **Item Number 13.a.**, provide the information requested in **Item Number 13.b.**

13.b. Provide your Social Security number (SSN) (if known).
▶ []

14. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to **Item Number 15.**, **Consent for Disclosure**, to receive a card.)
 Yes No

NOTE: If you answered "No" to **Item Number 14.**, skip to **Part 2.**, **Item Number 18.a.** If you answered "Yes" to **Item Number 14.**, you must also answer "Yes" to **Item Number 15.**

15. **Consent for Disclosure:** I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card.
 Yes No

NOTE: If you answered "Yes" to **Item Numbers 14. - 15.**, provide the information requested in **Item Numbers 16.a. - 17.b.**

Father's Name

Provide your father's birth name.

16.a. Family Name (Last Name) **SANNEH**

16.b. Given Name (First Name) **AMBROSE**

Mother's Name

Provide your mother's birth name.

17.a. Family Name (Last Name) **REICHARD**

17.b. Given Name (First Name) **CHARLOTTE**

Your Country or Countries of Citizenship or Nationality

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in **Part 6. Additional Information.**

18.a. Country **THE GAMBIA**

18.b. Country []

Part 2. Information About You (continued)

Place of Birth

List the city/town/village, state/province, and country where you were born.

19.a. City/Town/Village of Birth

BAKAU

19.b. State/Province of Birth

NEW TOWN

19.c. Country of Birth

THE GAMBIA

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

02/25/2008

Information About Your Last Arrival in the United States

21.a. Form I-94 Arrival-Departure Record Number (if any)

▶ 5 6 5 1 2 3 4 5 6 0 1

21.b. Passport Number of Your Most Recently Issued Passport

PC02132147

21.c. Travel Document Number (if any)

21.d. Country That Issued Your Passport or Travel Document

THE GAMBIA

21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

03/01/2026

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)

23. Place of Your Last Arrival Into the United States

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

▶ N-

Information About Your Eligibility Category

27. **Eligibility Category.** Refer to the **Who May File Form I-765** section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).

(c) (09) ()

28. **(c)(3)(C) STEM OPT Eligibility Category.** If you entered the eligibility category (c)(3)(C) in **Item Number 27.**, provide the information requested in **Item Numbers 28.a - 28.c.**

28.a. Degree

28.b. Employer's Name as Listed in E-Verify

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

29. **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Item Number 27.**, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

▶

30. **(c)(8) Eligibility Category.** If you entered the eligibility category (c)(8) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

Yes No

NOTE: If you answered "Yes" to **Item Number 30.**, refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** in the **Required Documentation** section of the Form I-765 Instructions for information about providing court dispositions.

31.a. **(c)(35) and (c)(36) Eligibility Category.** If you entered the eligibility category (c)(35) in **Item Number 27.**, please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in **Item Number 27.**, please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.

▶

31.b. If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

Yes No

NOTE: If you answered "Yes" to **Item Number 31.b.**, refer to **Employment-Based Nonimmigrant Categories, Items 8. - 9.**, in the **Who May File Form I-765** section of the Form I-765 Instructions for information about providing court dispositions.

Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

Applicant's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
- 1.b. The interpreter named in **Part 4.** read to me every question and instruction on this application and my answer to every question in , a language in which I am fluent, and I understood everything.
- 2. At my request, the preparer named in **Part 5.**, , prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

- 3. Applicant's Daytime Telephone Number
- 4. Applicant's Mobile Telephone Number (if any)
- 5. Applicant's Email Address (if any)
- 6. Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

Applicant's Signature

- 7.a. Applicant's Signature
- 7.b. Date of Signature (mm/dd/yyyy)

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

- 1.a. Interpreter's Family Name (Last Name)
- 1.b. Interpreter's Given Name (First Name)
- 2. Interpreter's Business or Organization Name (if any)

Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 3, Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature

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

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

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

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

2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5. Preparer's Mobile Telephone Number (if any)

6. Preparer's Email Address (if any)

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant
(continued)

Preparer's Statement

- 7.a. I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
- 7.b. I am an attorney or accredited representative and my representation of the applicant in this case extends does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited ay need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature

Maryori Magnus

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

08/15/2018

Part 6. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number, Part Number, and Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

3.a. Page Number
3.b. Part Number
3.c. Item Number

3.d. _____

4.a. Page Number
4.b. Part Number
4.c. Item Number

4.d. _____

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d. _____

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d. _____

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d. _____

EXHIBIT - G



Affidavit of Support Under Section 213A of the INA

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

USCIS
Form I-864
OMB No. 1615-0075
Expires 03/31/2020

For USCIS Use Only	Affidavit of Support Submitter	Section 213A Review	Number of Support Affidavits in File
	<input type="checkbox"/> Petitioner <input type="checkbox"/> 1st Joint Sponsor <input type="checkbox"/> 2nd Joint Sponsor <input type="checkbox"/> Substitute Sponsor <input type="checkbox"/> 5% Owner	<input type="checkbox"/> MEETS requirements <input type="checkbox"/> DOES NOT MEET requirements Reviewed By: _____ Office: _____ Date (mm/dd/yyyy): _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 Remarks

To be completed by an attorney or accredited representative (if any).	<input type="checkbox"/> Select this box if Form G-28 or G-28I is attached.	Attorney State Bar Number (if applicable) _____	Attorney or Accredited Representative USCIS Online Account Number (if any) _____
--	---	---	--

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

Part 1. Basis For Filing Affidavit of Support

I, CHARLOTTE ELIZABETH REICHARD, am the sponsor submitting this affidavit of support because (Select **only one** box):

1.a. I am the petitioner. I filed or am filing for the immigration of my relative.

1.b. I filed an alien worker petition on behalf of the intending immigrant, who is related to me as my _____

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

1.d. I am the only joint sponsor.

1.e. I am the first second of two joint sponsors.

1.f. The original petitioner is deceased. I am the substitute sponsor. I am the intending immigrant's _____

NOTE: If you are filing this form as a sponsor, you must include proof of your U.S. citizenship, U.S. national status, or lawful permanent resident status.

Part 2. Information About the Principal Immigrant

1.a. Family Name (Last Name) SANNEH

1.b. Given Name (First Name) JACQUELINE

1.c. Middle Name NICOLE

Mailing Address

2.a. In Care Of Name _____

2.b. Street Number and Name 1111 SCRIBNER LANE

2.c. Apt. Ste. Flr. _____

2.d. City or Town INGLEWOOD

2.e. State CA 2.f. ZIP Code 90305

2.g. Province _____

2.h. Postal Code _____

2.i. Country USA

Other Information

3. Country of Citizenship or Nationality THE GAMBIA

4. Date of Birth (mm/dd/yyyy) 02/25/2008

5. Alien Registration Number (A-Number) (if any)
▶ A- _____

6. USCIS Online Account Number (if any)
▶ _____

7. Daytime Telephone Number 3105556789

Part 3. Information About the Immigrants You Are Sponsoring

1. I am sponsoring the principal immigrant named in **Part 2**.
 Yes No (Applicable only if you are sponsoring family members in **Part 3**, as the second joint sponsor or if you are sponsoring family members who are immigrating more than six months after the principal immigrant)
2. I am sponsoring the following family members immigrating at the same time or within six months of the principal immigrant named in **Part 2**. (Do not include any relative listed on a separate visa petition.)
3. I am sponsoring the following family members who are immigrating more than six months after the principal immigrant.

Family Member 1

- 4.a. Family Name (Last Name)
- 4.b. Given Name (First Name)
- 4.c. Middle Name
5. Relationship to Principal Immigrant
6. Date of Birth (mm/dd/yyyy)
7. Alien Registration Number (A-Number) (if any)
▶ A-
8. USCIS Online Account Number (if any)
▶

Family Member 2

- 9.a. Family Name (Last Name)
- 9.b. Given Name (First Name)
- 9.c. Middle Name
10. Relationship to Principal Immigrant
11. Date of Birth (mm/dd/yyyy)
12. Alien Registration Number (A-Number) (if any)
▶ A-
13. USCIS Online Account Number (if any)
▶

Family Member 3

- 14.a. Family Name (Last Name)
- 14.b. Given Name (First Name)
- 14.c. Middle Name
15. Relationship to Principal Immigrant
16. Date of Birth (mm/dd/yyyy)
17. Alien Registration Number (A-Number) (if any)
▶ A-
18. USCIS Online Account Number (if any)
▶

Family Member 4

- 19.a. Family Name (Last Name)
- 19.b. Given Name (First Name)
- 19.c. Middle Name
20. Relationship to Principal Immigrant
21. Date of Birth (mm/dd/yyyy)
22. Alien Registration Number (A-Number) (if any)
▶ A-
23. USCIS Online Account Number (if any)
▶

Family Member 5

- 24.a. Family Name (Last Name)
- 24.b. Given Name (First Name)
- 24.c. Middle Name
25. Relationship to Principal Immigrant
26. Date of Birth (mm/dd/yyyy)
27. Alien Registration Number (A-Number) (if any)
▶ A-
28. USCIS Online Account Number (if any)
▶

Part 3. Information About the Immigrants You Are Sponsoring (continued)

29. Enter the total number of immigrants you are sponsoring on this affidavit which includes the principal immigrant listed in **Part 2.**, any immigrants listed in **Part 3., Item Numbers 1. - 28.** and (if applicable), any immigrants listed for these questions in **Part 11. Additional Information.** Do not count the principal immigrant if you are only sponsoring family members entering more than 6 months after the principal immigrant.

2

Part 4. Information About You (Sponsor)

Sponsor's Full Name

1.a. Family Name (Last Name) REICHARD
1.b. Given Name (First Name) CHARLOTTE
1.c. Middle Name ELIZABETH

Sponsor's Mailing Address

2.a. In Care Of Name
2.b. Street Number and Name 1111 SCRIBNER LANE
2.c. Apt. Ste. Flr.
2.d. City or Town INGLEWOOD
2.e. State CA 2.f. ZIP Code 90305
2.g. Province
2.h. Postal Code
2.i. Country USA
3. Is your current mailing address the same as your physical address? Yes No

If you answered "No" to **Item Number 3.**, provide your physical address in **Item Numbers 4.a. - 4.h.**

Sponsor's Physical Address

4.a. Street Number and Name
4.b. Apt. Ste. Flr.
4.c. City or Town
4.d. State 4.e. ZIP Code
4.f. Province
4.g. Postal Code
4.h. Country

Other Information

5. Country of Domicile UNITED STATES
6. Date of Birth (mm/dd/yyyy) 09/25/1995
7. City or Town of Birth MERIDIAN
8. State or Province of Birth MISSISSIPPI
9. Country of Birth UNITED STATES
10. U.S. Social Security Number (Required)
▶ 1 2 3 4 5 6 7 8 9

Citizenship or Residency

11.a. I am a U.S. citizen.
11.b. I am a U.S. national.
11.c. I am a lawful permanent resident.
12. Sponsor's A-Number (if any)
▶ A-
13. Sponsor's USCIS Online Account Number (if any)
▶

Military Service (To be completed by petitioner sponsors only.)

14. I am currently on **active duty** in the U.S. Armed Forces or U.S. Coast Guard. Yes No

For
USCIS
Use
Only

Part 5. Sponsor's Household Size

NOTE: Do not count any member of your household more than once.

Persons you are sponsoring in this affidavit:

1. Provide the number you entered in Part 3., Item Number 29.

Persons NOT sponsored in this affidavit:

2. Yourself.
3. If you are currently married, enter "1" for your spouse.
4. If you have dependent children, enter the number here.
5. If you have any other dependents, enter the number here.
6. If you have sponsored any other persons on Form I-864 or Form I-864EZ who are now lawful permanent residents, enter the number here.
7. **OPTIONAL:** If you have siblings, parents, or adult children with the same principal residence who are combining their income with yours by submitting Form I-864A, enter the number here.
8. Add together Part 5., Item Numbers 1. - 7. and enter the number here.

Household Size:

Part 6. Sponsor's Employment and Income

I am currently:

1. Employed as a/an
2. Name of Employer 1
3. Name of Employer 2 (if applicable)
4. Self-Employed as a/an (Occupation)

5. Retired Since (mm/dd/yyyy)
6. Unemployed Since (mm/dd/yyyy)
7. My current individual annual income is:
\$

Income you are using from any other person who was counted in your household size, including, in certain conditions, the intending immigrant. (See Form I-864 Instructions.) Please indicate name, relationship, and income.

Person 1

8. Name
9. Relationship
10. Current Income \$

Person 2

11. Name
12. Relationship
13. Current Income \$

Person 3

14. Name
15. Relationship
16. Current Income \$

Person 4

17. Name
18. Relationship
19. Current Income \$

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

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

20. **My Current Annual Household Income** (Total all lines from **Part 6. Item Numbers 7., 10., 13., 16., and 19.**; the total will be compared to Federal Poverty Guidelines on Form I-864P.) \$ 49,000.00

21. The people listed in **Item Numbers 8., 11., 14., and 17.** have completed Form I-864A. I am filing along with this affidavit all necessary Form I-864As completed by these people.

22. One or more of the people listed in **Item Numbers 8., 11., 14., and 17.** do not need to complete Form I-864A because he or she is the intending immigrant and has no accompanying dependents.

Name _____

Federal Income Tax Return Information

23.a. Have you filed a Federal income tax return for each of the three most recent tax years? Yes No

NOTE: You **MUST** attach a photocopy or transcript of your Federal income tax return for only the most recent tax year.

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

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

	Tax Year	Total Income
24.a. Most Recent	2017	\$ 48,654.00
24.b. 2nd Most Recent	2016	\$ 50,652.00
24.c. 3rd Most Recent	2015	\$ 44,653.00

25. I was not required to file a Federal income tax return as my income was below the IRS required level and I have attached evidence to support this.

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

If your income, or the total income for you and your household, from **Part 6., Item Numbers 20. or 24.a. - 24.c.**, exceeds the Federal Poverty Guidelines for your household size, **YOU ARE NOT REQUIRED** to complete this **Part 7.** Skip to **Part 8.**

Your Assets (Optional)

1. Enter the balance of all savings and checking accounts.

\$ _____

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

\$ _____

3. Enter the net cash value of all stocks, bonds, certificates of deposit, and any other assets not already included in **Item Number 1. or Item Number 2.**

\$ _____

4. Add together **Item Numbers 1. - 3.** and enter the number here. **TOTAL:** \$ _____

Assets from Form I-864A, Part 4., Item Number 3.d., for:

5.a. Name of Relative

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

Assets of the principal sponsored immigrant (optional).

The principal sponsored immigrant is the person listed in **Part 2., Item Numbers 1.a. - 1.c.** Only include the assets if the principal immigrant is being sponsored by this affidavit of support.

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

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

8. Enter the current cash value of the principal immigrant's stocks, bonds, certificates of deposit, and other assets not included in **Item Number 6. or Item Number 7.**

\$ _____

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

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

9. Add together **Item Numbers 6. - 8.** and enter the number here. \$

Total Value of Assets

10. Add together **Item Numbers 4., 5.b., and 9.** and enter the number here.

TOTAL: \$

Part 8. Sponsor's Contract, Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-864 Instructions before completing this part.

Sponsor's Contract

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

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

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

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

What If I Choose Not to Sign Form I-864?

The U.S. Government cannot make you sign Form I-864 if you do not want to do so. But if you do not sign Form I-864, the intending immigrant may not become a lawful permanent resident in the United States.

What Does Signing Form I-864 Require Me To Do?

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

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

What Other Consequences Are There?

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

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

What If I Do Not Fulfill My Obligations?

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

Part 8. Sponsor's Contract, Statement, Contact Information, Declaration, Certification, and Signature (continued)

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

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

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

When Will These Obligations End?

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

- A. Becomes a U.S. citizen;
- B. Has worked, or can receive credit for, 40 quarters of coverage under the Social Security Act;
- C. No longer has lawful permanent resident status and has departed the United States;
- D. Is subject to removal, but applies for and obtains, in removal proceedings, a new grant of adjustment of status, based on a new affidavit of support, if one is required; or
- E. Dies.

NOTE: Divorce **does not** terminate your obligations under Form I-864.

Your obligations under a Form I-864 that you signed also end if you die. Therefore, if you die, your estate is not required to take responsibility for the person's support after your death. However, your estate may owe any support that you accumulated before you died.

Sponsor's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. I can read and understand English, and I have read and understand every question and instruction on this affidavit and my answer to every question.

- 1.b. The interpreter named in **Part 9.** read to me every question and instruction on this affidavit and my answer to every question in

a language in which I am fluent, and I understood everything.

- 2. At my request, the preparer named in **Part 10.,**

prepared this affidavit for me based only upon information I provided or authorized.

Sponsor's Contact Information

- 3. Sponsor's Daytime Telephone Number

- 4. Sponsor's Mobile Telephone Number (if any)

- 5. Sponsor's Email Address (if any)

Sponsor's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS or the U.S. Department of State (DOS) may require that I submit original documents to USCIS or DOS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS or DOS may need to determine my eligibility for the benefit that I seek.

I furthermore authorize release of information contained in this affidavit, in supporting documents, and in my USCIS or DOS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

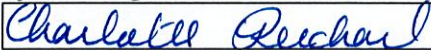
I certify, under penalty of perjury, that all of the information in my affidavit and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my affidavit and that all of this information is complete, true, and correct.

- A. I know the contents of this affidavit of support that I signed;
- B. I have read and I understand each of the obligations described in **Part 8.**, and I agree, freely and without any mental reservation or purpose of evasion, to accept each of those obligations in order to make it possible for the immigrants indicated in **Part 3.** to become lawful permanent residents of the United States;
- C. I agree to submit to the personal jurisdiction of any Federal or state court that has subject matter jurisdiction of a lawsuit against me to enforce my obligations under this Form I-864;

Part 8. Sponsor's Contract, Statement, Contact Information, Declaration, Certification, and Signature (continued)

- D. Each of the Federal income tax returns submitted in support of this affidavit are true copies, or are unaltered tax transcripts, of the tax returns I filed with the IRS;
- E. I understand that, if I am related to the sponsored immigrant by marriage, the termination of the marriage (by divorce, dissolution, annulment, or other legal process) will not relieve me of my obligations under this Form I-864; and
- F. I authorize the Social Security Administration to release information about me in its records to USCIS and DOS.

Sponsor's Signature

- 6.a. Sponsor's Signature

- 6.b. Date of Signature (mm/dd/yyyy)

NOTE TO ALL SPONSORS: If you do not completely fill out this affidavit or fail to submit required documents listed in the Instructions, USCIS or DOS may deny your affidavit.

Part 9. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

- 1.a. Interpreter's Family Name (Last Name)
- 1.b. Interpreter's Given Name (First Name)
- 2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

- 3.a. Street Number and Name
- 3.b. Apt. Ste. Flr.
- 3.c. City or Town
- 3.d. State 3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

Interpreter's Contact Information

- 4. Interpreter's Daytime Telephone Number
- 5. Interpreter's Mobile Telephone Number (if any)
- 6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 8., Item Number 1.b.**, and I have read to this sponsor in the identified language every question and instruction on this affidavit and his or her answer to every question. The sponsor informed me that he or she understands every instruction, question, and answer on the affidavit, including the **Sponsor's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

- 7.a. Interpreter's Signature
- 7.b. Date of Signature (mm/dd/yyyy)

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Affidavit, if Other Than the Sponsor

Provide the following information about the preparer.

Preparer's Full Name

- 1.a. Preparer's Family Name (Last Name)
MAGNIFIQUE
- 1.b. Preparer's Given Name (First Name)
MARJORIE
- 2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

- 3.a. Street Number and Name
1234 MAIN STREET
- 3.b. Apt. Ste. Flr.
- 3.c. City or Town
LOS ANGELES
- 3.d. State CA 3.e. ZIP Code 90010
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country
USA

Preparer's Contact Information

- 4. Preparer's Daytime Telephone Number
3105551212
- 5. Preparer's Mobile Telephone Number (if any)
3105551212
- 6. Preparer's Email Address (if any)
IMMIGRATION4U@YAHOO.COM

Preparer's Statement

- 7.a. I am not an attorney or accredited representative but have prepared this affidavit on behalf of the sponsor and with the sponsor's consent.
- 7.b. I am an attorney or accredited representative and my representation of the sponsor in this case extends does not extend beyond the preparation of this affidavit.

NOTE: If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this affidavit.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this affidavit at the request of the sponsor. The sponsor then reviewed this completed affidavit and informed me that he or she understands all of the information contained in, and submitted with, his or her affidavit, including the **Sponsor's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this affidavit based only on information that the sponsor provided to me or authorized me to obtain or use.

Preparer's Signature


- 8.a. Preparer's Signature

- 8.b. Date of Signature (mm/dd/yyyy)

EXHIBIT - H

EXHIBIT - I

FOREIGN BIRTH CERTIFICATE – SAMPLE ONLY

ESTADOS UNIDOS MEXICANOS
REGISTRO CIVIL
ACTA DE NACIMIENTO

EN NOMBRE DEL ESTADO LIBRE Y SOBERANO DE MEXICO, LEY Y COMO OFICIAL DEL REGISTRO CIVIL EN EL ESTADO (CERTIFICADO EN LO CONVENIENTE) QUE EN EL LIBRO No. _____ FOLIO _____ DEL ARCHIVO GENERAL DEL REGISTRO CIVIL EN LA FOLIA No. _____ SE ENCUENTRA ASENTADA EL ACTA No. _____ DE FECHA _____ DE _____ DE _____ LEVANTADA POR EL C. OFICIAL DEL REGISTRO CIVIL Y BAJULA _____ DEL _____ EN _____ MUNICIPIO, ESTADO LIBRE Y SOBERANO DE MEXICO EN LA CUAL SE CONTIENEN LOS SIGUIENTES DATOS:

DATOS DEL REGISTRADO

NOMBRE: _____ SEXO: _____
 FECHA DE NACIMIENTO: _____ HORA: _____
 PRESENTADO: VIVO _____ OBTENIDO: _____ PAIS: _____
 LUGAR DE NACIMIENTO: HAZATELAN, SONORA, ESTADOS UNIDOS MEXICANOS
 C. B. I. F. _____

DATOS DE LOS PADRES

NOMBRE: _____ SEXO: _____
 NACIONALIDAD: MEXICANA _____
 NOMBRE: _____ SEXO: _____
 NACIONALIDAD: MEXICANA _____

DATOS DE LOS ABUELOS

NOMBRE: _____ NACIONALIDAD: _____
 NOMBRE: _____ NACIONALIDAD: _____
 NOMBRE: _____ NACIONALIDAD: _____
 NOMBRE: _____ NACIONALIDAD: _____

DATOS DE LOS TERTUCIOS

NOMBRE: _____ SEXO: _____
 NACIONALIDAD: _____
 NOMBRE: _____ SEXO: _____
 NACIONALIDAD: _____

PERSONA PRESENTA A LOS PADRES QUE PRESENTA AL REGISTRO

NOMBRE: _____ SEXO: _____
 PARENTESCO: _____

SE FUE DEL TIPO ALLEADO, S. S. J. 4.41
 ELABORADO: MEXICO, D.F. 11/06/2011
 ACTA DE NACIMIENTO

CONFECCIONADO EN EL REGISTRO CIVIL EN LA FOLIA No. _____ DEL LIBRO No. _____ DEL ARCHIVO GENERAL DEL REGISTRO CIVIL EN LA FOLIA No. _____ DE FECHA _____ DE _____ DE _____

EL OFICIAL DEL REGISTRO CIVIL DE MEXICO, S. S. J. 4.41
 LIC. EVA PATRICIA SALAZAR MARRASCAN

EXHIBIT - J

NEW I-94, ARRIVAL RECORD

 U.S. Customs and Border Protection <i>Securing America's Borders</i>	
Get I-94 Number	I-94 FAQ
Admission (I-94) Number Retrieval	
Admission (I-94) Record Number: 69000888062	
Admit Until Date (MM/DD/YYYY): 10/10/2012	
Details provided on Admission(I-94) form:	
Family Name:	LI
First (Given) Name:	LYDIA
Birth Date (MM/DD/YYYY):	01/01/1990
Passport Number:	P123123213
Passport Country of Issuance:	Mexico
Date of Entry (MM/DD/YYYY):	04/11/2012
Class of Admission:	B1

EXHIBIT - K

2017 US Tax Returns

1040 U.S. Individual Income Tax Return **2017**

Department of the Treasury Internal Revenue Service (OMB No. 1545-0047) (Do not write in these spaces)

For the year ending 12/31/17 or other year beginning 1/1/17 ending 12/31/17

See separate instructions for the 1040 and 1040-EZ.

Last name, first name, and middle initial (or full name if you have a F.I.O.)

Home address (number and street), if you have a F.O. box, use the instructions

Foreign country name Foreign province/state/county Foreign postal code

Filing Status

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here

4 Head of household with qualifying person. See instructions. If the qualifying person is a child, put the child's name here

5 Qualifying widow(er) (see instructions)

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a

6b Spouse

6c Dependents

6d Total number of exemptions claimed

7a Total number of exemptions claimed

7b Add numbers on line 7a

8a Total number of exemptions claimed

8b Add numbers on line 8a

9 Total number of exemptions claimed

10 Add numbers on line 10

11 Total number of exemptions claimed

12 Add numbers on line 12

13 Total number of exemptions claimed

14 Add numbers on line 14

15 Total number of exemptions claimed

16 Add numbers on line 16

17 Total number of exemptions claimed

18 Add numbers on line 18

19 Total number of exemptions claimed

20 Add numbers on line 20

21 Total number of exemptions claimed

22 Add numbers on line 22

23 Total number of exemptions claimed

24 Add numbers on line 24

25 Total number of exemptions claimed

26 Add numbers on line 26

27 Total number of exemptions claimed

28 Add numbers on line 28

29 Total number of exemptions claimed

30 Add numbers on line 30

31 Total number of exemptions claimed

32 Add numbers on line 32

33 Total number of exemptions claimed

34 Add numbers on line 34

35 Total number of exemptions claimed

36 Add numbers on line 36

37 Total number of exemptions claimed

38 Add numbers on line 38

39 Total number of exemptions claimed

40 Add numbers on line 40

41 Total number of exemptions claimed

42 Add numbers on line 42

43 Total number of exemptions claimed

44 Add numbers on line 44

45 Total number of exemptions claimed

46 Add numbers on line 46

47 Total number of exemptions claimed

48 Add numbers on line 48

49 Total number of exemptions claimed

50 Add numbers on line 50

51 Total number of exemptions claimed

52 Add numbers on line 52

53 Total number of exemptions claimed

54 Add numbers on line 54

55 Total number of exemptions claimed

56 Add numbers on line 56

57 Total number of exemptions claimed

58 Add numbers on line 58

59 Total number of exemptions claimed

60 Add numbers on line 60

61 Total number of exemptions claimed

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63 Total number of exemptions claimed

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65 Total number of exemptions claimed

66 Add numbers on line 66

67 Total number of exemptions claimed

68 Add numbers on line 68

69 Total number of exemptions claimed

70 Add numbers on line 70

71 Total number of exemptions claimed

72 Add numbers on line 72

73 Total number of exemptions claimed

74 Add numbers on line 74

75 Total number of exemptions claimed

76 Add numbers on line 76

77 Total number of exemptions claimed

78 Add numbers on line 78

79 Total number of exemptions claimed

80 Add numbers on line 80

81 Total number of exemptions claimed

82 Add numbers on line 82

83 Total number of exemptions claimed

84 Add numbers on line 84

85 Total number of exemptions claimed

86 Add numbers on line 86

87 Total number of exemptions claimed

88 Add numbers on line 88

89 Total number of exemptions claimed

90 Add numbers on line 90

91 Total number of exemptions claimed

92 Add numbers on line 92

93 Total number of exemptions claimed

94 Add numbers on line 94

95 Total number of exemptions claimed

96 Add numbers on line 96

97 Total number of exemptions claimed

98 Add numbers on line 98

99 Total number of exemptions claimed

100 Add numbers on line 100

101 Total number of exemptions claimed

102 Add numbers on line 102

103 Total number of exemptions claimed

104 Add numbers on line 104

105 Total number of exemptions claimed

106 Add numbers on line 106

107 Total number of exemptions claimed

108 Add numbers on line 108

109 Total number of exemptions claimed

110 Add numbers on line 110

111 Total number of exemptions claimed

112 Add numbers on line 112

113 Total number of exemptions claimed

114 Add numbers on line 114

115 Total number of exemptions claimed

116 Add numbers on line 116

117 Total number of exemptions claimed

118 Add numbers on line 118

119 Total number of exemptions claimed

120 Add numbers on line 120

121 Total number of exemptions claimed

122 Add numbers on line 122

123 Total number of exemptions claimed

124 Add numbers on line 124

125 Total number of exemptions claimed

126 Add numbers on line 126

127 Total number of exemptions claimed

128 Add numbers on line 128

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131 Total number of exemptions claimed

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159 Total number of exemptions claimed

160 Add numbers on line 160

161 Total number of exemptions claimed

162 Add numbers on line 162

163 Total number of exemptions claimed

164 Add numbers on line 164

165 Total number of exemptions claimed

166 Add numbers on line 166

167 Total number of exemptions claimed

168 Add numbers on line 168

169 Total number of exemptions claimed

170 Add numbers on line 170

171 Total number of exemptions claimed

172 Add numbers on line 172

173 Total number of exemptions claimed

174 Add numbers on line 174

175 Total number of exemptions claimed

176 Add numbers on line 176

177 Total number of exemptions claimed

178 Add numbers on line 178

179 Total number of exemptions claimed

180 Add numbers on line 180

181 Total number of exemptions claimed

182 Add numbers on line 182

183 Total number of exemptions claimed

184 Add numbers on line 184

185 Total number of exemptions claimed

186 Add numbers on line 186

187 Total number of exemptions claimed

188 Add numbers on line 188

189 Total number of exemptions claimed

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192 Add numbers on line 192

193 Total number of exemptions claimed

194 Add numbers on line 194

195 Total number of exemptions claimed

196 Add numbers on line 196

197 Total number of exemptions claimed

198 Add numbers on line 198

199 Total number of exemptions claimed

200 Add numbers on line 200

EXHIBIT - L

2016 US Tax Returns

1040 EXTENSION GRANTED TO 10/15/16
USA Individual Income Tax Return **2016**

Do not check this box unless you are a resident alien for tax purposes.
Do not check this box unless you are a resident alien for tax purposes.

NAME (Last, first, and middle initial)
FRICK, Y.
DIADA, M.

LAST NAME FIRST MIDDLE
FRICK, Y. DIADA, M.

SSN (Last four digits) (Last four digits) (Last four digits)
[REDACTED] [REDACTED] [REDACTED]

Do not check this box unless you are a resident alien for tax purposes.

Foreign country name Foreign person's address Foreign person's zip code
Foreign person's name Foreign person's address Foreign person's zip code

Filing Status
1 Single
2 Married filing jointly (even if only one has income)
3 Married filing separately (file spouse's 1040 also)
4 Qualifying widow(er) with dependent child
5 Head of household
6 Trust, estate, or other nonresident alien recipient

Check only if you are a resident alien for tax purposes.
1 Resident alien for tax purposes
2 Nonresident alien for tax purposes

Exemption
1 Yourself
2 Spouse
3 Dependent
4 Other

Do not check this box unless you are a resident alien for tax purposes.
1 Resident alien for tax purposes
2 Nonresident alien for tax purposes

1. Total amount of tax shown on Form 1040-ES
2. Total amount of tax shown on Form 1040-ES

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EXHIBIT - M

Petitioner's Taxes

Form **1040** Department of the Treasury - Internal Revenue Service (99) **2015** U.S. Individual Income Tax Return OMB No. 1545-0047 (RS Use Only - Do not file or staple in this space)

For the year ending Dec. 31, 2015, or other tax year beginning 2015 ending 20

Your first name and initial: **WILLIAM J** Last name: **CLINTON** See separate instructions. Your social security number: [REDACTED]

If a joint return, spouse's first name and initial: **HILLARY** Last name: **RODHAM CLINTON** Spouse's social security number: [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. [REDACTED] **Make sure the SSN(s) above and on line 8c are correct.**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions): **CHAPPAQUA NY 10514**

Foreign country name: Foreign province/state/county: Foreign postal code: **X** You **X** Spouse **President/Election Campaign**

Check line 1 only if you are above filing jointly. Add \$1 to go to this line. Checking a box below will not change your tax or refund.

Filing Status

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here. ▶

4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a.

6b Spouse

6c Dependents:

(1) First name	Last name	(2) Dependents' social security number	(3) Dependents' relationship to you	(4) <input checked="" type="checkbox"/> Did not live with you (see instructions)

6d Total number of exemptions claimed: **2**

Boxes checked on 6a and 6b: No. of children on 6c who: **2**

- lived with you
- did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above: **2**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 STMT. 1. 7 100.

EXHIBIT - N

Petitioner's Last 3 Pay Stubs

My Company		123 Anystreet, Gainesville, FL 02020		Earnings Statement		
Employee Name						
Social Security No.	Pay Period		Pay Date	Employee #		
XXXX-XX-1234	1/1/2016 - 1/15/2016		1/22/2016	A1233		
Income	Rate	Hours	Current Total	Deductions	Total	YTD Total
Gross Earnings	\$14.50	40	\$580.00	FICA - Medicare	\$3.71	\$18.56
				FICA - Social Security	\$7.54	\$37.70
				Federal Tax	\$87.00	\$435.00
				State Tax	\$23.20	\$116.00
YTD Gross	YTD Deductions	YTD Net Pay		Total	Deductions	Net Pay
\$2,900.00	\$607.26	\$2,292.74		\$580.00	\$121.45	\$458.55