

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 21262
Phoenix, AZ 85036

RE: Form I-90, Application to Replace Permanent Resident Card (Renewal)
Applicant: Serena Jameka Williams
Alien No: 210-123-456

Dear or Sir or Madam,

The above captioned Applicant, Serena Williams, is a Legal Permanent Resident of the United States. Her Legal Permanent Resident card is expiring within the next six months. At her request, I have assisted her in completing organizing the following forms and documents submitted in support of her Form I-90 Application:

Filing Fees

- A. Cashier's Check in the amount of \$540.00 payable to the U.S. Department of Homeland Security

Photographs

- B. Two Passport Style Photographs of Applicant

Forms

- C. I-90, Application to Replace Permanent Resident Card

Identity and Proof of Citizenship/Nationality Documents

- D. Copy of Applicant's Jamaican Passport
- E. Copy of Front and Back of Applicant's LPR Card

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

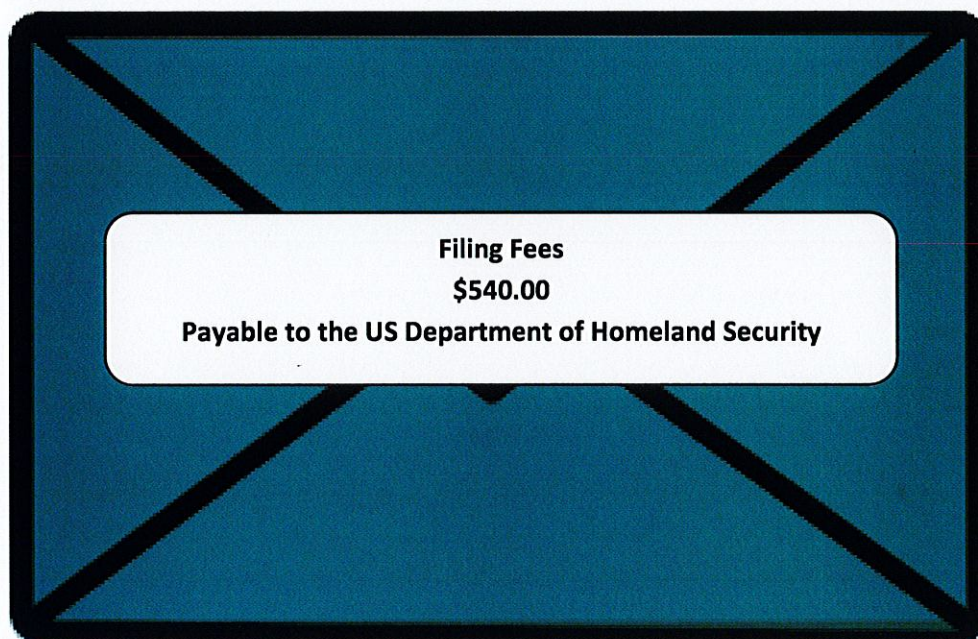


EXHIBIT - B

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

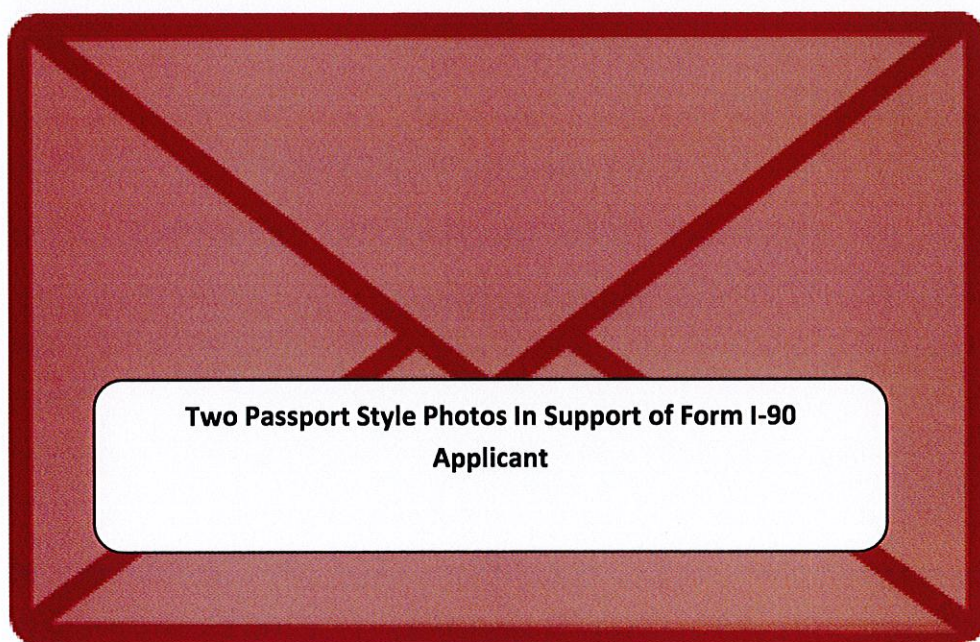


EXHIBIT - C

Part 1. Information About You (continued)

Additional Information

8. Gender Male Female
9. Date of Birth (mm/dd/yyyy)
10. City/Town/Village of Birth
11. Country of Birth
- Mother's Name**
12. Given Name (First Name)
- Father's Name**
13. Given Name (First Name)
14. Class of Admission
15. Date of Admission (mm/dd/yyyy)
16. U.S. Social Security Number (if any)
▶

Part 2. Application Type

NOTE: If your conditional permanent resident status (for example: CR1, CR2, CF1, CF2) is expiring within the next 90 days, then do **not** file this application. (See the **What is the Purpose of This Application** section of the Form I-90 Instructions for further information.)

My status is (Select only one box):

- 1.a. Lawful Permanent Resident (Proceed to **Section A.**)
- 1.b. Permanent Resident - In Commuter Status (Proceed to **Section A.**)
- 1.c. Conditional Permanent Resident (Proceed to **Section B.**)

Reason for Application (Select only one box)

Section A. (To be used **only** by a lawful permanent resident or a permanent resident in commuter status.)

- 2.a. My previous card has been lost, stolen, or destroyed.
- 2.b. My previous card was issued but never received.
- 2.c. My existing card has been mutilated.
- 2.d. My existing card has incorrect data because of Department of Homeland Security (DHS) error. (Attach your existing card with incorrect data along with this application.)
- 2.e. My name or other biographic information has been legally changed since issuance of my existing card.
- 2.f. My existing card has already expired or will expire within six months.
- 2.g.1. I have reached my 14th birthday and am registering as required. My existing card will expire **AFTER** my 16th birthday. (See **NOTE** below for additional information.)
- 2.g.2. I have reached my 14th birthday and am registering as required. My existing card will expire **BEFORE** my 16th birthday. (See **NOTE** below for additional information.)

NOTE: If you are filing this application before your 14th birthday, or more than 30 days after your 14th birthday, you must select reason **2.j.** However, if your card has expired, you must select reason **2.f.**

- 2.h.1. I am a permanent resident who is taking up commuter status.
- 2.h.1.a. **My Port-of-Entry (POE) into the United States will be:**
City or Town and State
- 2.h.2. I am a commuter who is taking up actual residence in the United States.
- 2.i. I have been automatically converted to lawful permanent resident status.
- 2.j. I have a prior edition of the Alien Registration Card, or I am applying to replace my current Permanent Resident Card for a reason that is not specified above.

Part 4. Accommodations for Individuals with Disabilities and/or Impairments (continued)

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

1.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):

Part 5. Applicant's Statement, Contact Information, Certification, and Signature

NOTE: Read the Penalties section of the Form I-90 Instructions before completing this part.

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 6.** 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 7.**, **MARJORIE MAGNIFIQUE**, prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

- 3. Applicant's Daytime Telephone Number
3235556789
- 4. Applicant's Mobile Telephone Number (if any)
3235556789
- 5. Applicant's Email Address (if any)
GRANDSLAM1@GMAIL.COM

Applicant's 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.

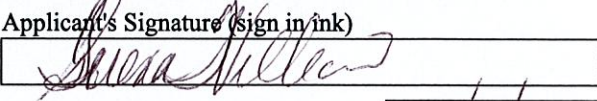
I further authorize release of information contained in this application, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

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

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

I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I 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) **08/15/18**

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 6. 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 provided in Part 5., 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 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 7. 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 7. 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.

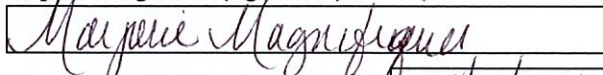
NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this application, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

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 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)

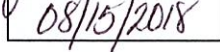


EXHIBIT - D

EXHIBIT - E

