Petition for Alien Fiancé(e)

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

USCIS
Form I-129F
OMB No. 1615-0001
Expires 08/31/2018

For USCIS Use Only	Fee Stamp	Action Block
Case ID Number		
A-Number		
G-28 Number		
☐ The petition is approved for status under Section 101(a)(15)(K). It is valid for 4 months and expires on: _____	**Extraordinary Circumstances Waiver** ☐ Approved ☐ Denied — Reason _____	
General Waiver ☐ Approved ☐ Denied — Reason _____	**Mandatory Waiver** ☐ Approved ☐ Denied — Reason _____	**AMCON:** _____ ☐ Personal Interview ☐ Previously Forwarded ☐ Document Check ☐ Field Investigation
Initial Receipt / **Resubmitted** — Relocated: Received / Sent; Completed: Approved / Returned; Remarks		**IMBRA disclosure to the beneficiary required?** ☐ Yes ☐ No

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

Part 1. Information About You

1. Alien Registration Number (A-Number) (if any)
► **A-**

2. USCIS Online Account Number (if any)
►

3. U.S. Social Security Number (if any)
►

Select **one** box below to indicate the classification you are requesting for your beneficiary:

4.a. ☐ Fiancé(e) (K-1 visa)

4.b. ☐ Spouse (K-3 visa)

5. If you are filing to classify your spouse as a K-3, have you filed Form I-130? ☐ Yes ☐ No

Your Full Name

6.a. Family Name (Last Name)

6.b. Given Name (First Name)

6.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 8. Additional Information**.

7.a. Family Name (Last Name)

7.b. Given Name (First Name)

7.c. Middle Name

Your Mailing Address

8.a. In Care Of Name

8.b. Street Number and Name

8.c. ☐ Apt. ☐ Ste. ☐ Flr.

8.d. City or Town

8.e. State **8.f.** ZIP Code

8.g. Province

8.h. Postal Code

8.i. Country

8.j. Is your current mailing address the same as your physical address? ☐ Yes ☐ No

If you answered "No," provide your physical address in **Item Numbers 9.a. - 9.h.**

Part 1. Information About You (continued)

Your 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 8.a. - 8.i.** If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

Physical Address 1

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

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

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

Physical Address 2

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

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

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

Your 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 need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

Employer 1

13. Full Name of Employer

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. Your Occupation (specify)

16.a. Employment Start Date (mm/dd/yyyy)

16.b. Employment End Date (mm/dd/yyyy)

Employer 2

17. Full Name of Employer

18.a. Street Number and Name

18.b. ☐ Apt. ☐ Ste. ☐ Flr.

18.c. City or Town

18.d. State **18.e.** ZIP Code

18.f. Province

18.g. Postal Code

18.h. Country

19. Your Occupation (specify)

Part 1. Information About You (continued)

20.a. Employment Start Date (mm/dd/yyyy)

20.b. Employment End Date (mm/dd/yyyy)

Other Information

21. Gender ☐ Male ☐ Female

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

23. Marital Status

☐ Single ☐ Married ☐ Divorced ☐ Widowed

24. City/Town/Village of Birth

25. Province or State of Birth

26. Country of Birth

Information About Your Parents

Parent 1's Information

27.a. Family Name (Last Name)

27.b. Given Name (First Name)

27.c. Middle Name

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

29. Gender ☐ Male ☐ Female

30. Country of Birth

31.a. City/Town/Village of Residence

31.b. Country of Residence

Parent 2's Information

32.a. Family Name (Last Name)

32.b. Given Name (First Name)

32.c. Middle Name

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

34. Gender ☐ Male ☐ Female

35. Country of Birth

36.a. City/Town/Village of Residence

36.b. Country of Residence

37. Have you ever been previously married?

☐ Yes ☐ No

If you answered "Yes" to **Item Number 37.**, provide the names of each spouse and the date that each prior marriage ended in **Item Numbers 38.a. - 39.** If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

Name of Previous Spouse

38.a. Family Name (Last Name)

38.b. Given Name (First Name)

38.c. Middle Name

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

Your Citizenship Information

You are a U.S. citizen through (select **only one** box)**:**

40.a. ☐ Birth in the United States

40.b. ☐ Naturalization

40.c. ☐ U.S. citizen parents

41. Have you obtained a Certificate of Naturalization or a Certificate of Citizenship in your own name?

☐ Yes ☐ No

If you answered "Yes" to **Item Number 41.**, complete **Item Numbers 42.a. - 42.c.**

Part 1. Information About You (continued)

42.a. Certificate Number

42.b. Place of Issuance

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

Additional Information

43. Have you ever filed Form I-129F for any other beneficiary? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 43.**, provide the responses to **Item Number 44. - 46.** for each previous beneficiary. If you need to provide information for more than one beneficiary, use the space provided in **Part 8. Additional Information**.

44. A-Number (if any) ► **A-**

45.a. Family Name (Last Name)

45.b. Given Name (First Name)

45.c. Middle Name

46. Date of Filing (mm/dd/yyyy)

47. What action did USCIS take on Form I-129F (for example, approved, denied, revoked)?

48. Do you have any children under 18 years of age? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 48.**, provide the ages for your children under 18 years of age in **Item Numbers 49.a. - 49.b.**

Provide the ages for your children under 18 years of age. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

49.a. Age

49.b. Age

Provide all U.S. states and foreign countries in which you have resided since your 18th birthday.

Residence 1

50.a. State

50.b. Country

Residence 2

51.a. State

51.b. Country

Part 2. Information About Your Beneficiary

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ► **A-**

3. U.S. Social Security Number (if any) ►

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

5. Gender ☐ Male ☐ Female

6. Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed

7. City/Town/Village of Birth

8. Country of Birth

9. Country of Citizenship or Nationality

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 8. Additional Information**.

10.a. Family Name (Last Name)

10.b. Given Name (First Name)

10.c. Middle Name

Part 2. Information About Your Beneficiary (continued)

Mailing Address for Your Beneficiary

11.a. In Care Of Name

11.b. Street Number and Name

11.c. ☐ Apt. ☐ Ste. ☐ Flr.

11.d. City or Town

11.e. State **11.f.** ZIP Code

11.g. Province

11.h. Postal Code

11.i. Country

Your Beneficiary's Address History

Provide your beneficiary's physical addresses for the last five years, whether inside or outside the United States. Provide your beneficiary's current address first if it is different from the mailing address in **Item Numbers 11.a. - 11.i.** If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

Beneficiary's 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)

Beneficiary's 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 Beneficiary's 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 need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

Beneficiary's Employer 1

16. Full Name of Employer

17.a. Street Number and Name

17.b. ☐ Apt. ☐ Ste. ☐ Flr.

17.c. City or Town

17.d. State **17.e.** ZIP Code

17.f. Province

17.g. Postal Code

17.h. Country

18. Beneficiary's Occupation (specify)

19.a. Employment Start Date (mm/dd/yyyy)

19.b. Employment End Date (mm/dd/yyyy)

Part 2. Information About Your Beneficiary (continued)

Beneficiary's Employer 2

20. Full Name of Employer

21.a. Street Number and Name

21.b. ☐ Apt. ☐ Ste. ☐ Flr.

21.c. City or Town

21.d. State **21.e.** ZIP Code

21.f. Province

21.g. Postal Code

21.h. Country

22. Beneficiary's Occupation (specify)

23.a. Employment Start Date (mm/dd/yyyy)

23.b. Employment End Date (mm/dd/yyyy)

Information About Your Beneficiary's Parents

Parent 1's Information

24.a. Family Name (Last Name)

24.b. Given Name (First Name)

24.c. Middle Name

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

26. Gender ☐ Male ☐ Female

27. Country of Birth

28.a. City/Town/Village of Residence

28.b. Country of Residence

Parent 2's Information

29.a. Family Name (Last Name)

29.b. Given Name (First Name)

29.c. Middle Name

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

31. Gender ☐ Male ☐ Female

32. Country of Birth

33.a. City/Town/Village of Residence

33.b. Country of Residence

Other Information About Your Beneficiary

34. Has your beneficiary ever been previously married?

☐ Yes ☐ No

If you answered "Yes" to **Item Number 34.**, provide the names of each prior spouse and the date each prior marriage ended in **Item Numbers 35.a. - 36.** If you need to provide information for more than one spouse, use the space provided in **Part 8. Additional Information**.

Name of Previous Spouse

35.a. Family Name (Last Name)

35.b. Given Name (First Name)

35.c. Middle Name

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

37. Has your beneficiary ever been in the United States?

☐ Yes ☐ No

If your beneficiary is currently in the United States, complete **Item Numbers 38.a. - 38.h.**

38.a. He or she last entered as a (for example, visitor, student, exchange alien, crewman, stowaway, temporary worker, without inspection):

38.b. I-94 Arrival-Departure Record Number

►

38.c. Date of Arrival (mm/dd/yyyy)

Part 2. Information About Your Beneficiary (continued)

38.d. Date authorized stay expired or will expire as shown on Form I-94 or I-95 (mm/dd/yyyy)

38.e. Passport Number

38.f. Travel Document Number

38.g. Country of Issuance for Passport or Travel Document

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

39. Does your beneficiary have any children?

☐ Yes ☐ No

If you answered "Yes" to **Item Number 39.**, provide the following information about each child. If you need to provide information for more than one child, use the space provided in **Part 8. Additional Information**.

Children of Beneficiary

40.a. Family Name (Last Name)

40.b. Given Name (First Name)

40.c. Middle Name

41. Country of Birth

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

43. Does this child reside with your beneficiary?

☐ Yes ☐ No

If the child does not reside with your beneficiary, provide the child's physical residence.

44.a. Street Number and Name

44.b. ☐ Apt. ☐ Ste. ☐ Flr.

44.c. City or Town

44.d. State **44.e.** ZIP Code

44.f. Province

44.g. Postal Code

44.h. Country

Address in the United States Where Your Beneficiary Intends to Live

45.a. Street Number and Name

45.b. ☐ Apt. ☐ Ste. ☐ Flr.

45.c. City or Town

45.d. State **45.e.** ZIP Code

46. Daytime Telephone Number

Your Beneficiary's Physical Address Abroad

47.a. Street Number and Name

47.b. ☐ Apt. ☐ Ste. ☐ Flr.

47.c. City or Town

47.d. Province

47.e. Postal Code

47.f. Country

48. Daytime Telephone Number

Your Beneficiary's Name and Address in His or Her Native Alphabet

49.a. Family Name (Last Name)

49.b. Given Name (First Name)

49.c. Middle Name

50.a. Street Number and Name

50.b. ☐ Apt. ☐ Ste. ☐ Flr.

50.c. City or Town

50.d. Province

50.e. Postal Code

50.f. Country

Part 2. Information About Your Beneficiary (continued)

51. Is your fiancé(e) related to you?

☐ Yes ☐ No ☐ N/A, beneficiary is my spouse

52. Provide the nature and degree of relationship (for example, third cousin or maternal uncle).

53. Have you and your fiancé(e) met in person during the two years immediately before filing this petition?

☐ Yes ☐ No ☐ N/A, beneficiary is my spouse

If you answered "Yes" to **Item Number 53.**, describe the circumstances of your in-person meeting in **Item Number 54.** Attach evidence to demonstrate that you were in each other's physical presence during the required two year period.

If you answered "No," explain your reasons for requesting an exemption from the in person meeting requirement in **Item Number 54.** and provide evidence that you should be exempt from this requirement. Refer to **Part 2.**, **Item Numbers 53. - 54.** of the **Specific Instructions** section of the Instructions for additional information about the requirement to meet. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

54.

International Marriage Broker (IMB) Information

55. Did you meet your beneficiary through the services of an IMB? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 55.**, provide the IMB's contact information and Website information below. In addition, attach a copy of the signed, written consent form the IMB obtained from your beneficiary authorizing your beneficiary's personal contact information to be released to you.

56. IMB's Name (if any)

57.a. Family Name of IMB (Last Name)

57.b. Given Name of IMB (First Name)

58. Organization Name of IMB

59. Website of IMB

60.a. Street Number and Name

60.b. ☐ Apt. ☐ Ste. ☐ Flr.

60.c. City or Town

60.d. Province

60.e. Postal Code

60.f. Country

61. Daytime Telephone Number

Consular Processing Information

Your beneficiary will apply for a visa abroad at the U.S. Embassy or U.S. Consulate at:

62.a. City or Town

62.b. Country

Part 3. Other Information

Criminal Information

NOTE: These criminal information questions must be answered even if your records were sealed, cleared, or if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

1. Have you **EVER** been subject to a temporary or permanent protection or restraining order (either civil or criminal)? ☐ Yes ☐ No

Have you EVER been arrested or convicted of any of the following crimes:

2.a. Domestic violence, sexual assault, child abuse, child neglect, dating violence, elder abuse, stalking or an attempt to commit any of these crimes? (See **Part 3. Other Information**, **Item Numbers 1. - 3.c.** of the Instructions for the full definition of the term "domestic violence.") ☐ Yes ☐ No

Part 3. Other Information (continued)

2.b. Homicide, murder, manslaughter, rape, abusive sexual contact, sexual exploitation, incest, torture, trafficking, peonage, holding hostage, involuntary servitude, slave trade, kidnapping, abduction, unlawful criminal restraint, false imprisonment, or an attempt to commit any of these crimes? ☐ Yes ☐ No

2.c. Three or more arrests or convictions, not from a single act, for crimes relating to a controlled substance or alcohol? ☐ Yes ☐ No

NOTE: If you were ever arrested or convicted of any of the specified crimes, you must submit certified copies of all court and police records showing the charges and disposition for every arrest or conviction. You must do so even if your records were sealed, expunged, or otherwise cleared, and regardless of whether anyone, including a judge, law enforcement officer, or attorney, informed you that you no longer have a criminal record. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

If you have provided information about a conviction for a crime listed in **Item Numbers 2.a. - 2.c.** and you were being battered or subjected to extreme cruelty at the time of your conviction, select all of the following that apply to you:

3.a. ☐ I was acting in self-defense.

3.b. ☐ I violated a protection order issued for my own protection.

3.c. ☐ I committed, was arrested for, was convicted of, or pled guilty to a crime that did not result in serious bodily injury and there was a connection between the crime and me having been battered or subjected to extreme cruelty.

4.a. Have you ever been arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance in any country, excluding traffic violations (unless a traffic violation was alcohol- or drug-related or involved a fine of $500 or more)? ☐ Yes ☐ No

4.b. If the answer to **Item Number 4.a.** is "Yes," provide information about each of those arrests, citations, charges, indictments, convictions, fines, or imprisonments in the space below. If you were the subject of an order of protection or restraining order and believe you are the victim, please explain those circumstances and provide any evidence to support your claims. Include the dates and outcomes. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

_____

_____

Multiple Filer Waiver Request Information

Refer to **Part 3. Types of Waivers** in the **Specific Instructions** section of the Instructions for an explanation of the filing waivers.

Indicate which one of the following waivers you are requesting:

5.a. ☐ Multiple Filer, No Permanent Restraining Orders or Convictions for a Specified Offense **(General Waiver)**

5.b. ☐ Multiple Filer, Prior Permanent Restraining Orders or Criminal Conviction for Specified Offense **(Extraordinary Circumstances Waiver)**

5.c. ☐ Multiple Filer, Prior Permanent Restraining Order or Criminal Convictions for Specified Offense Resulting from Domestic Violence **(Mandatory Waiver)**

5.d. ☐ Not applicable, beneficiary is my spouse or I am not a multiple filer

Part 4. 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

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 5. Petitioner's Statement, Contact Information, Declaration, and Signature

NOTE: Read the **Penalties** section of the Form I-129F 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 6.** read to me every question and instruction on this petition 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.**, _____, 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 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

Part 6. Interpreter's Contact Information, Certification, and Signature (continued)

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 5.**, **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 7. 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

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)

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, or G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this petition.

Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner (continued)

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)

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

Part 8. Additional Information

If you need extra space to provide any additional information within this petition, 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 petition 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.