

The Law Offices of
Kathleen Lord Black

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P.O. Box 238
San Francisco, CA
94104-0238

Date

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

-Or- for currier delivery:

USCIS
Attn: FBAS
131 South Dearborn- 3rd Floor
Chicago, IL 60603-5517

Re: Adjustment of Status Application for _____
[name of FOREIGN SPOUSE CLIENT], a national of _____ [COUNTRY].

Dear Sir/Madam:

I am the attorney of record in the above-referenced case. Enclosed please find the following documents in support of this adjustment case:

1. Forms G-28 (Notice of Appearance of Attorney of Record) – one signed by CLIENT, petitioner, and the other signed by CLIENT SPOUSE, the applicant
2. Form I-130 (Petition for Alien Relative) signed by the petitioner, along with the following supporting documents:
 - filing fee of \$355
 - copy of Petitioner's birth certificate showing birth in the U.S.
 - original, certified marriage certificate
 - copies of divorce decrees (if any) of prior marriages of each spouse
 - color passport photos of Petitioner and Beneficiary
 - Form G-325A (Biographical Form) Petitioner
 - evidence of the relationship (e.g. photographs with friends and family, itineraries of joint travel, joint living arrangements, joint leases, joint bank accounts, joint insurance policies, phone records, emails, etc.)

3. Form I-485 (Green Card application) signed by the applicant, along with the following supporting documents:
 - filing fee of \$1010
 - Copy of her/his birth certificate, translation, and certificate of translation
 - Copies of all pages of the applicant's passport and the applicant's I-94
 - Form G-325A (Biographical Form) for Applicant
 - Form I-693 (sealed medical evaluation)
 - 2 color passport photos of the applicant
4. Form I-765 (Work Authorization Application) signed by the applicant, along with the following supporting documents:
 - copy of the applicant's I-94
 - color passport photo of the applicant
5. Form I-864 (Affidavit of Support) signed by the Petitioner, along with the following supporting documents:
 - Petitioner's birth certificate/ passport copy, as proof of U.S. citizenship
 - Petitioner's tax return for XXXX [year]
 - [Copies of additional documents evidencing assets, bank accounts, investment accounts, etc. where applicable]
 - A letter from Petitioner's current employer stating position, salary and start date [-or- if Petitioner is self-employed: a copy of his/her business license, corporate documents, sample contracts or invoices or similar documents evidencing self-employment]
 - Form 864P – poverty guidelines for XXXX.

Thank you for your consideration of the above application. Please do not hesitate to contact me should you have any questions regarding this adjustment application packet.

Very truly yours,

Kathleen Lord-Black

G-28, Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

Part 1. Notice of Appearance as Attorney or Accredited Representative

A. This appearance is in regard to immigration matters before:

☒ USCIS - List the form number(s): I-130, 485, 765, 864
☐ CBP - List the specific matter in which appearance is entered:

☐ ICE - List the specific matter in which appearance is entered:

B. I hereby enter my appearance as attorney or accredited representative at the request of:

List Petitioner, Applicant, or Respondent. **NOTE:** Provide the mailing address of Petitioner, Applicant, or Respondent being represented, and not the address of the attorney or accredited representative, except when filed under VAWA.

Principal Petitioner, Applicant, or Respondent			A Number or Receipt Number, if any none	<input checked="" type="checkbox"/> Petitioner <input type="checkbox"/> Applicant <input type="checkbox"/> Respondent
Name: Last	First	Middle		
SANDERSON	George	Samuel		
Address: Street Number and Street Name Apt. No. City State Zip Code				
2219 Pixart Way #1			Hometown	CA 92219

Pursuant to the Privacy Act of 1974 and DHS policy, I hereby consent to the disclosure to the named Attorney or Accredited Representative of any record pertaining to me that appears in any system of records of USCIS, USCBP, or USICE.

Signature of Petitioner, Applicant, or Respondent

Date

x

x

Part 2. Information about Attorney or Accredited Representative (Check applicable item(s) below)

A. ☒ I am an attorney and a member in good standing of the bar of the highest court(s) of the following State(s), possession(s), territory(ies), commonwealth(s), or the District of Columbia: California

I am not ☒ or ☐ am subject to any order of any court or administrative agency disbaring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law (If you are subject to any order(s), explain fully on reverse side).

B. ☐ I am an accredited representative of the following qualified non-profit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals pursuant to 8 CFR 1292.2. Provide name of organization and expiration date of accreditation:

C. ☐ I am associated with _____
The attorney or accredited representative of record previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative is at his or her request (If you check this item, also complete item A or B above in Part 2, whichever is appropriate).

Part 3. Name and Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before the Department of Homeland Security. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

Name of Attorney or Accredited Representative		Attorney Bar Number(s), if any
x		x
Signature of Attorney or Accredited Representative		Date
x		x
Complete Address of Attorney or Organization of Accredited Representative (Street Number and Street Name, Suite No., City, State, Zip Code)		
x		
Phone Number (Include area code)	Fax Number, if any (Include area code)	E-Mail Address, if any
x	x	

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List Petitioner, Applicant, or Respondent. **NOTE:** Provide the mailing address of Petitioner, Applicant, or Respondent being represented, and not the address of the attorney or accredited representative, except when filed under VAWA.

Principal Petitioner, Applicant, or Respondent			A Number or Receipt Number, if any	<input type="checkbox"/> Petitioner <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Respondent	
Name: Last	First	Middle			
→ WHO	Cindy	Lou	none		
Address: Street Number and Street Name Apt. No.			City	State	Zip Code
2219 Pixart Way #1			Hometown	CA	92219

Pursuant to the Privacy Act of 1974 and DHS policy, I hereby consent to the disclosure to the named Attorney or Accredited Representative of any record pertaining to me that appears in any system of records of USCIS, USCBP, or USICE.

Signature of Petitioner, Applicant, or Respondent

Date

x

x

Part 2. Information about Attorney or Accredited Representative (Check applicable item(s) below)

A. ☒ I am an attorney and a member in good standing of the bar of the highest court(s) of the following State(s), possession(s), territory(ies), commonwealth(s), or the District of Columbia: California

I am not ☒ or ☐ am subject to any order of any court or administrative agency disbaring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law (If you are subject to any order(s), explain fully on reverse side).

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Name of Attorney or Accredited Representative		Attorney Bar Number(s), if any
x		x
Signature of Attorney or Accredited Representative		Date
x		x
Complete Address of Attorney or Organization of Accredited Representative (Street Number and Street Name, Suite No., City, State, Zip Code)		
x		
Phone Number (Include area code)	Fax Number, if any (Include area code)	E-Mail Address, if any
x	x	x

I-130, Petition for Alien Relative

DO NOT WRITE IN THIS BLOCK - FOR USCIS OFFICE ONLY		
A# Section of Law/Visa Category <input type="checkbox"/> 201(b) Spouse - IR-1/CR-1 <input type="checkbox"/> 201(b) Child - IR-2/CR-2 <input type="checkbox"/> 201(b) Parent - IR-5 <input type="checkbox"/> 203(a)(1) Unm. S or D - F1-1 <input type="checkbox"/> 203(a)(2)(A) Spouse - F2-1 <input type="checkbox"/> 203(a)(2)(A) Child - F2-2 <input type="checkbox"/> 203(a)(2)(B) Unm. S or D - F2-4 <input type="checkbox"/> 203(a)(3) Married S or D - F3-1 <input type="checkbox"/> 203(a)(4) Brother/Sister - F4-1	Action Stamp <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div>	Fee Stamp <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div>
Petition was filed on: _____ (priority date) <input type="checkbox"/> Personal Interview <input type="checkbox"/> Previously Forwarded <input type="checkbox"/> Pet. <input type="checkbox"/> Ben. "A" File Reviewed <input type="checkbox"/> I-485 Filed Simultaneously <input type="checkbox"/> Field Investigation <input type="checkbox"/> 204(g) Resolved <input type="checkbox"/> 203(a)(2)(A) Resolved <input type="checkbox"/> 203(g) Resolved		
Remarks: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>		

A. Relationship You are the petitioner. Your relative is the beneficiary.

1. I am filing this petition for my: <input checked="" type="checkbox"/> Husband/Wife <input type="checkbox"/> Parent <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Child	2. Are you related by adoption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3. Did you gain permanent residence through adoption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---

B. Information about you

1. Name (Family name in CAPS) SANDERSON	(First) George	(Middle) Samuel
2. Address (Number and Street) 2219 Pixart Way		
(Apt. No.) 1		
(Town or City) Hometown	(State/Country) CA USA	(Zip/Postal Code) 92219
3. Place of Birth (Town or City) Hometown		
(State/Country) USA		
4. Date of Birth 05/05/1960	5. Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	6. Marital Status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
7. Other Names Used (including maiden name) --		
8. Date and Place of Present Marriage (if married) 03/30/2010 San Francisco, CA, USA		
9. U.S. Social Security Number (If any) 547-00-1234	10. Alien Registration Number --	
11. Name(s) of Prior Husband(s)/Wife(s) none		
12. Date(s) Marriage(s) Ended none		

C. Information about your relative

1. Name (Family name in CAPS) WHO	(First) Cindy	(Middle) Lou
2. Address (Number and Street) 2219 Pixart Way		
(Apt. No.) 1		
(Town or City) Hometown	(State/Country) CA USA	(Zip/Postal Code) 92219
3. Place of Birth (Town or City) Whoville		
(State/Country) Monaco		
4. Date of Birth 01/01/1960	5. Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	6. Marital Status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
7. Other Names Used (including maiden name) --		
8. Date and Place of Present Marriage (if married) 03/30/2010 San Francisco, CA, USA		
9. U.S. Social Security Number (If any) --	10. Alien Registration Number --	
11. Name(s) of Prior Husband(s)/Wife(s) none		
12. Date(s) Marriage(s) Ended none		

13. If you are a U.S. citizen, complete the following:

My citizenship was acquired through (check one):

☒ Birth in the U.S.

☐ Naturalization. Give certificate number and date and place of issuance.

☐ Parents. Have you obtained a certificate of citizenship in your own name?

☐ Yes. Give certificate number, date and place of issuance. ☐ No

14. If you are a lawful permanent resident alien, complete the following:

Date and place of admission for or adjustment to lawful permanent residence and class of admission.

14b. Did you gain permanent resident status through marriage to a U.S. citizen or lawful permanent resident?

☐ Yes ☐ No

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

14. If your relative is currently in the U.S., complete the following:

He or she arrived as a: (visitor, student, stowaway, without inspection, etc.) visitor

Arrival/Departure Record (I-94) **Date arrived**
 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 0 | 0 | 01/01/2010

Date authorized stay expired, or will expire, as shown on Form I-94 or I-95 04/01/2010

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

 Date this employment began n/a

16. Has your relative ever been under immigration proceedings?

☒ No ☐ Yes Where _____ When _____

☐ Removal ☐ Exclusion/Deportation ☐ Rescission ☐ Judicial Proceedings

INITIAL RECEIPT RESUBMITTED RELOCATED: Rec'd Sent COMPLETED: App'd Denied Ret'd



C. Information about your alien relative (continued)**17. List husband/wife and all children of your relative.**

(Name)	(Relationship)	(Date of Birth)	(Country of Birth)
George Samuel Sanderson	husband	05/05/1960	U.S.A.

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

(Street Address)	(Town or City)	(State)
2219 Pixart Way	Hometown	CA

19. Your relative's address abroad. (Include street, city, province and country)

Phone Number (if any)

12 Ceissel Road, Whoville, Monaco

011-0511

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

(Name)

Address (Include street, city, province and country):

--

21. If filing for your husband/wife, give last address at which you lived together. (Include street, city, province, if any, and country):

2219 Pixart Way, Hometown, CA, USA

From:	To:
03/30/2010	present

22. Complete the information below if your relative is in the United States and will apply for adjustment of status.

Your relative is in the United States and will apply for adjustment of status to that of a lawful permanent resident at the USCIS office in:

If your relative is not eligible for adjustment of status, he or she will apply for a visa abroad at the American consular post in:

San Francisco CA

(City)

(State)

Monte Carlo

(City)

Monaco

(Country)

NOTE: Designation of a U.S. embassy or consulate outside the country of your relative's last residence does not guarantee acceptance for processing by that post. Acceptance is at the discretion of the designated embassy or consulate.**D. Other information****1. If separate petitions are also being submitted for other relatives, give names of each and relationship.**

n/a

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

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

WARNING: USCIS investigates claimed relationships and verifies the validity of documents. USCIS seeks criminal prosecutions when family relationships are falsified to obtain visas.**PENALTIES:** By law, you may be imprisoned for not more than five years or fined \$250,000, or both, for entering into a marriage contract for the purpose of evading any provision of the immigration laws. In addition, you may be fined up to \$10,000 and imprisoned for up to five years, or both, for knowingly and willfully falsifying or concealing a material fact or using any false document in submitting this petition.**YOUR CERTIFICATION:** I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit that I am seeking.**E. Signature of petitioner.**

Date

Phone Number ()

F. Signature of person preparing this form, if other than the petitioner.

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

Print Name

Signature

Date

Address

G-28 ID or VOLAG Number, if any.



G-325A, Biographic Information

(Family Name) WHO	(First Name) Cindy	(Middle Name) Lou	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Date of Birth (mm/dd/yyyy) 01/01/1960	Citizenship/Nationality Monaco	File Number A --
All Other Names Used (include names by previous marriages) --			City and Country of Birth Whoville, Monaco		U.S. Social Security # (if any) --	
Family Name Father WHO Mother (Maiden Name) WHOM	First Name Howdy Wendy	Date of Birth (mm/dd/yyyy) 02/02/1932 02/01/1931	City, and Country of Birth (if known) Whoville, Monaco Whoville, Monaco		City and Country of Residence Whoville, Monaco Whoville, Monaco	
Current Husband or Wife (If none, so state) Family Name (For wife, give maiden name) SANDERSON	First Name George	Date of Birth (mm/dd/yyyy) 05/05/1960	City and Country of Birth Renderman, USA	Date of Marriage 03/30/2010	Place of Marriage San Francisco, CA, USA	
Former Husbands or Wives (If none, so state) Family Name (For wife, give maiden name) none	First Name	Date of Birth (mm/dd/yyyy)	Date and Place of Marriage		Date and Place of Termination of Marriage	

Applicant's residence last five years. List present address first.

Street and Number	City	Province or State	Country	From Month	Year	To Month	Year
2219 Pixart Way #1	Hometown	CA	USA	03	2010	Present Time	
12 Geissel Road	Whoville	Whoprovince	Monaco	01	1960	03	2010

Applicant's last address outside the United States of more than 1 year.

Street and Number	City	Province or State	Country	From Month	Year	To Month	Year
12 Geissel Road	Whoville	Whoprovince	Monaco	01	1960	03	2010

Applicant's employment last five years. (If none, so state.) List present employment first.

Full Name and Address of Employer	Occupation (Specify)	From Month	Year	To Month	Year
none	none	09	2009	Present Time	
Je-ne-sait-quoi, 12 Place Vendome, MC, Monaco	computer animator	09	1980	09	2009

Last occupation abroad if not shown above. (Include all information requested above.)

This form is submitted in connection with an application for:		Signature of Applicant	Date
<input type="checkbox"/> Naturalization	<input type="checkbox"/> Other (Specify):		
<input checked="" type="checkbox"/> Status as Permanent Resident			

If your native alphabet is in other than Roman letters, write your name in your native alphabet below:

--

Penalties: Severe penalties are provided by law for knowingly and willfully falsifying or concealing a material fact.

Applicant: Print your name and Alien Registration Number in the box outlined by heavy border below.

Complete This Box (Family Name) WHO	(Given Name) Cindy	(Middle Name) Lou	(Alien Registration Number) A --
--	-----------------------	----------------------	-------------------------------------

Instructions

What Is the Purpose of This Form?

Complete this biographical information form and include it with the application or petition you are submitting to U.S. Citizenship and Immigration Services (USCIS).

USCIS will use the information you provide on this form to process your application or petition.

If you have any questions on how to complete the form, call our National Customer Service Center at **1-800-375-5283**.

Privacy Act Notice

We ask for the information on this form, and associated evidence, to determine if you have established eligibility for the immigration benefit for which you are filing. Our legal right to ask for this information can be found in the Immigration and Nationality Act, as amended. We may provide this information to other government agencies. Failure to provide this information, and any requested evidence, may delay a final decision or result in denial of your immigration benefit.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 15 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Products Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0008. **Do not mail your application to this address.**

G-325A, Biographic Information

(Family Name) SANDERSON	(First Name) George	(Middle Name) Samuel	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy) 05/05/1960	Citizenship/Nationality American	File Number A --
All Other Names Used (include names by previous marriages) --			City and Country of Birth Renderman, USA		U.S. Social Security # (if any) 822-22-2219	
Family Name Father SANDERSON Mother (Maiden Name) SMILEY	First Name Samuel Truly	Date of Birth (mm/dd/yyyy) 02/02/1932 02/01/1931	City, and Country of Birth (if known) Renderman, USA Renderman, USA		City and Country of Residence Renderman, USA Renderman, USA	
Current Husband or Wife (If none, so state) Family Name (For wife, give maiden name) WHO	First Name Cindy	Date of Birth (mm/dd/yyyy) 01/01/1960	City and Country of Birth Whoville, Monaco	Date of Marriage 03/30/2010	Place of Marriage San Francisco, CA, USA	
Former Husbands or Wives (If none, so state) Family Name (For wife, give maiden name) none	First Name	Date of Birth (mm/dd/yyyy)	Date and Place of Marriage		Date and Place of Termination of Marriage	

Applicant's residence last five years. List present address first.

Street and Number	City	Province or State	Country	From		To	
				Month	Year	Month	Year
2219 Pixart Way #1	Hometown	CA	USA	09	1980	Present Time	

Applicant's last address outside the United States of more than 1 year.

Street and Number	City	Province or State	Country	From		To	
				Month	Year	Month	Year

Applicant's employment last five years. (If none, so state.) List present employment first.

Full Name and Address of Employer	Occupation (Specify)	From		To	
		Month	Year	Month	Year
Disney, Katella Ave., Anaheim, CA	actor	09	1990	Present Time	

Last occupation abroad if not shown above. (Include all information requested above.)

This form is submitted in connection with an application for:		Signature of Applicant		Date	
<input type="checkbox"/> Naturalization	<input type="checkbox"/> Other (Specify):				
<input checked="" type="checkbox"/> Status as Permanent Resident					

If your native alphabet is in other than Roman letters, write your name in your native alphabet below:

--

Penalties: Severe penalties are provided by law for knowingly and willfully falsifying or concealing a material fact.

Applicant: Print your name and Alien Registration Number in the box outlined by heavy border below.

Complete This Box (Family Name)	(Given Name)	(Middle Name)	(Alien Registration Number)
WHO	Cindy	Lou	A --

Instructions

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START HERE - Type or Print (Use black ink)

Part 1. Information About You

Family Name (Last Name)	Given Name (First Name)	Middle Name
WHO	Cindy	Lou
Address - Street Number and Name		Apt. #
--		
C/O (in care of)		
2219 Pixart Way		
City	State	Zip Code
Hometown	CA	92219
Date of Birth (mm/dd/yyyy)	Country of Birth	
01/01/1960	Monaco	
Country of Citizenship/Nationality	U.S. Social Security # (if any)	A # (if any)
Monaco	000-00-0000	000-000-000
Date of Last Arrival (mm/dd/yyyy)	I-94 #	
01/01/2010	001234567 89	
Current USCIS Status	Expires on (mm/dd/yyyy)	
visitor	04/01/2010	

Part 2. Application Type (Check one)

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

- a. ☒ An immigrant petition giving me an immediately available immigrant visa number that has been approved. (Attach a copy of the approval notice, or a relative, special immigrant juvenile, or special immigrant military visa petition filed with this application that will give you an immediately available visa number, if approved.)
- b. ☐ My spouse or parent applied for adjustment of status or was granted lawful permanent residence in an immigrant visa category that allows derivative status for spouses and children.
- c. ☐ I entered as a K-1 fiancé(e) of a U.S. citizen whom I married within 90 days of entry, or I am the K-2 child of such a fiancé(e). (Attach a copy of the fiancé(e) petition approval notice and the marriage certificate.)
- d. ☐ I was granted asylum or derivative asylum status as the spouse or child of a person granted asylum and am eligible for adjustment.
- e. ☐ I am a native or citizen of Cuba admitted or paroled into the United States after January 1, 1959, and thereafter have been physically present in the United States for at least 1 year.
- f. ☐ I am the husband, wife, or minor unmarried child of a Cuban described above in (e), and I am residing with that person, and was admitted or paroled into the United States after January 1, 1959, and thereafter have been physically present in the United States for at least 1 year.
- g. ☐ I have continuously resided in the United States since before January 1, 1972.
- h. ☐ Other basis of eligibility. Explain (for example, I was admitted as a refugee, my status has not been terminated, and I have been physically present in the United States for 1 year after admission). If additional space is needed, see **Page 2** of the instructions.

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

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

For USCIS Use Only

Returned	Receipt
Resubmitted	
Reloc Sent	
Reloc Rec'd	
Applicant Interviewed	

Section of Law

- ☐ Sec. 209(a), INA
☐ Sec. 209(b), INA
☐ Sec. 13, Act of 9/11/57
☐ Sec. 245, INA
☐ Sec. 249, INA
☐ Sec. 1 Act of 11/2/66
☐ Sec. 2 Act of 11/2/66
☐ Other

Country Chargeable

Eligibility Under Sec. 245

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

Preference

Action Block

**To be Completed by
Attorney or Representative, if any**
☐ Fill in box if Form G-28 is attached to represent the applicant.

VOLAG #

ATTY State License #



Part 3. Processing Information

A. City/Town/Village of Birth

Whoville

Current Occupation

computer animator

Your Mother's First Name

Wendy

Your Father's First Name

Howdy

Give your name exactly as it appears on your Form I-94, Arrival-Departure Record

Cindy Lou Who

**Place of Last Entry Into the United States
(City/State)**

San Francisco, CA

In what status did you last enter? (Visitor, student, exchange visitor, crewman, temporary worker, without inspection, etc.)

visitor

Were you inspected by a U.S. Immigration Officer? Yes ☒ No ☐

Nonimmigrant Visa Number

98765432100

Consulate Where Visa Was Issued

Monte Carlo, Monaco

Date Visa Issued (mm/dd/yyyy)

12/12/2009

Gender

☐ Male

☒ Female

Marital Status

☒ Married

☐ Single

☐ Divorced

☐ Widowed

Have you ever applied for permanent resident status in the U.S.?

☐ Yes (If "Yes" give date and place of filing and final disposition.)

☒ No

B. List your present spouse and all of your children (include adult sons and daughters). (If you have none, write "None." If additional space is needed, see Page 2 of the instructions.)

Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
SANDERSON	George	S	05/05/2010
Country of Birth	Relationship	A # (if any)	Applying with you?
USA	spouse	000-000-000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A # (if any)	Applying with you?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A # (if any)	Applying with you?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A # (if any)	Applying with you?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A # (if any)	Applying with you?
			Yes <input type="checkbox"/> No <input type="checkbox"/>



Part 3. Processing Information *(Continued)*

- C. List your present and past membership in or affiliation with every organization, association, fund, foundation, party, club, society, or similar group in the United States or in other places since your 16th birthday. Include **any military service** in this part. If none, write "None." Include the name of each organization, location, nature, and dates of membership. If additional space is needed, attach a separate sheet of paper. Continuation pages must be submitted according to the guidelines provided on **Page 2** of the instructions under "What Are the General Filing Instructions?"

Name of Organization	Location and Nature	Date of Membership From	Date of Membership To
none			

Answer the following questions. (If your answer is "Yes" to any question, explain on a separate piece of paper. Continuation pages must be submitted according to the guidelines provided on **Page 2** of the instructions under "What Are the General Filing Instructions?" Information about documentation that must be include with your application is also provide in this section.) Answering "Yes" does not necessarily mean that you are not entitled to adjust status or register for permanent residence.

1. Have you EVER, in or outside the United States:

- a. Knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested? Yes ☐ No ☒
- b. Been arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations? Yes ☐ No ☒
- c. Been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency, or similar action? Yes ☐ No ☒
- d. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? Yes ☐ No ☒

2. 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), or are you likely to receive public assistance in the future? Yes ☐ No ☒

3. Have you EVER:

- a. Within the past 10 years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future? Yes ☐ No ☒
- b. Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? Yes ☐ No ☒
- c. Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally? Yes ☐ No ☒
- d. Illicitly trafficked in any controlled substance, or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance? Yes ☐ No ☒

4. Have you EVER engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or funds for, or have you through any means ever assisted or provided any type of material support to any person or organization that has ever engaged or conspired to engage in sabotage, kidnapping, political assassination, hijacking, or any other form of terrorist activity? Yes ☐ No ☒



Part 3. Processing Information *(Continued)*

5. Do you intend to engage in the United States in:
- a. Espionage? Yes ☐ No ☒
 - b. Any activity a purpose of which is opposition to, or the control or overthrow of, the Government of the United States, by force, violence, or other unlawful means? Yes ☐ No ☒
 - c. Any activity to violate or evade any law prohibiting the export from the United States of goods, technology, or sensitive information? Yes ☐ No ☒
6. Have you **EVER** been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party? Yes ☐ No ☒
7. Did you, during the period from March 23, 1933, to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist, or otherwise participate in the persecution of any person because of race, religion, national origin, or political opinion? Yes ☐ No ☒
8. Have you **EVER** been deported from the United States, or removed from the United States at government expense, excluded within the past year, or are you now in exclusion, deportation, removal, or rescission proceedings? Yes ☐ No ☒
9. Are you under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act for use of fraudulent documents or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the United States, or any immigration benefit? Yes ☐ No ☒
10. Have you **EVER** left the United States to avoid being drafted into the U.S. Armed Forces? Yes ☐ No ☒
11. Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and have not yet complied with that requirement or obtained a waiver? Yes ☐ No ☒
12. Are you now withholding custody of a U.S. citizen child outside the United States from a person granted custody of the child? Yes ☐ No ☒
13. Do you plan to practice polygamy in the United States? Yes ☐ No ☒
14. Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:
- a. Acts involving torture or genocide? Yes ☐ No ☒
 - b. Killing any person? Yes ☐ No ☒
 - c. Intentionally and severely injuring any person? Yes ☐ No ☒
 - d. Engaging in any kind of sexual contact or relations with any person who was being forced or threatened? Yes ☐ No ☒
 - e. Limiting or denying any person's ability to exercise religious beliefs? Yes ☐ No ☒
15. Have you **EVER**:
- a. Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization? Yes ☐ No ☒
 - b. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? Yes ☐ No ☒
16. Have you **EVER** been a member of, assisted in, 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 ☒



Part 3. Processing Information *(Continued)*

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

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

Part 4. Accommodations for Individuals With Disabilities and/or Impairments *(See Page 10 of the instructions before completing this section.)*

Are you requesting an accommodation because of your disability(ies) and/or impairment(s)? Yes ☐ No ☒

If you answered "Yes," check any applicable box:

- ☐ a. I am deaf or hard of hearing and request the following accommodation(s) (if requesting a sign-language interpreter, indicate which language (e.g., American Sign Language)):

- ☐ b. I am blind or sight-impaired and request the following accommodation(s):

- ☐ c. I have another type of disability and/or impairment (describe the nature of your disability(ies) and/or impairment(s) and accommodation(s) you are requesting):

Part 5. Signature *(Read the information on penalties on Page 10 of the instructions before completing this section. You must file this application while in the United States.)*

Your Registration With U.S. Citizenship and Immigration Services

"I understand and acknowledge that, under section 262 of the Immigration and Nationality Act (INA), as an alien who has been or will be in the United States for more than 30 days, I am required to register with U.S. Citizenship and Immigration Services (USCIS). I understand and acknowledge that, under section 265 of the INA, I am required to provide USCIS with my current address and written notice of any change of address within **10** days of the change. I understand and acknowledge that USCIS will use the most recent address that I provide to USCIS, on any form containing these acknowledgements, for all purposes, including the service of a Notice to Appear should it be necessary for USCIS to initiate removal proceedings against me. I understand and acknowledge that if I change my address without providing written notice to USCIS, I will be held responsible for any communications sent to me at the most recent address that I provided to USCIS. I further understand and acknowledge that, if removal proceedings are initiated against me and I fail to attend any hearing, including an initial hearing based on service of the Notice to Appear at the most recent address that I provided to USCIS or as otherwise provided by law, I may be ordered removed in my absence, arrested, and removed from the United States."

Selective Service Registration

The following applies to you if you are a male at least 18 years of age, but not yet 26 years of age, who is required to register with the Selective Service System: "I understand that my filing Form I-485 with U.S. Citizenship and Immigration Services (USCIS) authorizes USCIS to provide certain registration information to the Selective Service System in accordance with the Military Selective Service Act. Upon USCIS acceptance of my application, I authorize USCIS to transmit to the Selective Service System my name, current address, Social Security Number, date of birth, and the date I filed the application for the purpose of recording my Selective Service registration as of the filing date. If, however, USCIS does not accept my application, I further understand that, if so required, I am responsible for registering with the Selective Service by other means, provided I have not yet reached 26 years of age."



Part 5. Signature (Continued)

Applicant's Statement (Check one)

☒ I can read and understand English, and I have read and understand each and every question and instruction on this form, as well as my answer to each question.

☐ Each and every question and instruction on this form, as well as my answer to each question, has been read to me in the _____ language, a language in which I am fluent, by the person named in **Interpreter's Statement and Signature**. I understand each and every question and instruction on this form, as well as my answer to each question.

I certify, under penalty of perjury under the laws of the United States of America, that the information provided with this application is all true and correct. I certify also that I have not withheld any information that would affect the outcome of this application.

I authorize the release of any information from my records that U.S. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit I am seeking.

Signature (Applicant)	Print Your Full Name	Date (mm/dd/yyyy)	Daytime Phone Number (include area code)
<input type="text"/>	Cindy Lou Who	<input type="text"/>	(510) 879-8391

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

Interpreter's Statement and Signature

I certify that I am fluent in English and the below-mentioned language.

Language Used (language in which applicant is fluent)

I further certify that I have read each and every question and instruction on this form, as well as the answer to each question, to this applicant in the above-mentioned language, and the applicant has understood each and every instruction and question on the form, as well as the answer to each question.

Signature (Interpreter)	Print Your Full Name	Date (mm/dd/yyyy)	Phone Number (include area code)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 6. Signature of Person Preparing Form, If Other Than Above

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

Signature	Print Your Full Name	Date (mm/dd/yyyy)	Phone Number (include area code)
<input type="text"/>	Kathleen Lord-Black, Esq.	<input type="text"/>	(415) 205-5601

Firm Name and Address

Lord-Black Law Offices
P.O. Box 238
50 California Street, Suite 1500
San Francisco, CA 94104

E-Mail Address (if any)

kathleen@kathleenlord.co



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

I-864, Affidavit of Support Under Section 213A of the Act

Part 1. Basis for filing Affidavit of Support.

1. I, George Samuel SANDERSON,
am the sponsor submitting this affidavit of support because (Check only one box):
- a. ☒ I am the petitioner. I filed or am filing for the immigration of my relative.
- b. ☐ I filed an alien worker petition on behalf of the intending immigrant, who is related to me as my _____
- 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 _____
- d. ☐ I am the only joint sponsor.
- e. ☐ I am the ☐ first ☐ second of two joint sponsors. (Check appropriate box.)
- f. ☐ The original petitioner is deceased. I am the substitute sponsor. I am the intending immigrant's _____.

For Government
Use Only

This I-864 is from:

- ☐ the Petitioner
- ☐ a Joint Sponsor # _____
- ☐ the Substitute Sponsor
- ☐ 5% Owner

This I-864:

- ☐ does not meet the requirements of section 213A.
- ☐ meets the requirements of section 213A.

Reviewer _____

Location _____

Date (mm/dd/yyyy) _____

Number of Affidavits of Support in file:

☐ 1 ☐ 2

Part 2. Information on the principal immigrant.

2. Last Name <u>WHO</u>			
First Name <u>Cindy</u>		Middle Name <u>Lou</u>	
3. Mailing Address Street Number and Name (Include Apartment Number) <u>2219 Pixart Way #1</u>			
City <u>Hometown</u>	State/Province <u>CA</u>	Zip/Postal Code <u>92219</u>	Country <u>USA</u>
4. Country of Citizenship <u>Monaco</u>		5. Date of Birth (mm/dd/yyyy) <u>01/01/1960</u>	
6. Alien Registration Number (if any) <u>A- --</u>		7. U.S. Social Security Number (if any) <u>--</u>	

Part 3. Information on the immigrant(s) you are sponsoring.

8. ☒ I am sponsoring the principal immigrant named in Part 2 above.
☒ Yes ☐ No (Applicable only in cases with two joint sponsors)
9. ☐ I am sponsoring the following family members immigrating at the same time or within six months of the principal immigrant named in **Part 2** above. Do not include any relative listed on a separate visa petition.

Name	Relationship to Sponsored Immigrant	Date of Birth (mm/dd/yyyy)	A-Number (if any)	U.S. Social Security Number (if any)
a. _____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____
d. _____	_____	_____	_____	_____
e. _____	_____	_____	_____	_____

10. Enter the total number of immigrants you are sponsoring on this form from **Part 3**, Items 8 and 9. /

Part 4. Information on the Sponsor.

11. Name	Last Name SANDERSON		For Government Use Only
	First Name George	Middle Name Samuel	
12. Mailing Address	Street Number and Name <i>(Include Apartment Number)</i> 2219 Pixart Way #1		
	City Hometown	State or Province CA	
	Country USA	Zip/Postal Code 92219	
13. Place of Residence <i>(if different from mailing address)</i>	Street Number and Name <i>(Include Apartment Number)</i>		
	City	State or Province	
	Country	Zip/Postal Code	
14. Telephone Number <i>(Include Area Code or Country and City Codes)</i> (510) 221-2219			
15. Country of Domicile USA			
16. Date of Birth <i>(mm/dd/yyyy)</i> 05/05/1960			
17. Place of Birth <i>(City)</i> Renderman	State or Province CA	Country USA	
18. U.S. Social Security Number <i>(Required)</i> 822-22-2219			
19. Citizenship/Residency <input checked="" type="checkbox"/> I am a U.S. citizen. <input type="checkbox"/> I am a U.S. national (for joint sponsors only). <input type="checkbox"/> I am a lawful permanent resident. My alien registration number is A- If you checked box (b), (c), (d), (e) or (f) in line 1 on Page 1, you must include proof of your citizen, national, or permanent resident status.			
20. Military Service (To be completed by petitioner sponsors only.) I am currently on active duty in the U.S. armed services. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Part 5. Sponsor's household size.**21. Your Household Size - DO NOT COUNT ANYONE TWICE*****Persons you are sponsoring in this affidavit:***

a. Enter the number you entered on line 10.

 1***Persons NOT sponsored in this affidavit:***

b. Yourself.

 1

c. If you are currently married, enter "1" for your spouse.

d. If you have dependent children, enter the number here.

e. If you have any other dependents, enter the number here.

f. If you have sponsored any other persons on an I-864 or I-864 EZ who are now lawful permanent residents, enter the number here.

 g. **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. h. Add together lines and enter the number here. **Household Size:** 2**For Government
Use Only****Part 6. Sponsor's income and employment.****22. I am currently:**a. ☒ Employed as a/an actor.Name of Employer #1 (if applicable) Disney.

Name of Employer #2 (if applicable) _____.

b. ☐ Self-employed as a/an _____.c. ☐ Retired from _____ since _____.

(Company Name)

(Date)

d. ☐ Unemployed since _____.

(Date)

23. My current individual annual income is:\$ 22190.00

(See Step-by-Step Instructions)

24. My current annual household income:**a. List your income from line 23 of this form.**\$ 22190.00**b. Income you are using from any other person who was counted in your household size, including, in certain conditions, the intending immigrant. (See step-by-step instructions.) Please indicate name, relationship and income.**

Name	Relationship	Current Income
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

c. Total Household Income:\$ 22190.00

(Total all lines from 24a and 24b. Will be Compared to Poverty Guidelines -- See Form I-864P.)

d. ☐ The persons listed above have completed Form I-864A. I am filing along with this form all necessary Forms I-864A completed by these persons.**e.** ☐ The person listed above, _____ does not need to
(Name)
complete Form I-864A because he/she is the intending immigrant and has no accompanying dependents.**For Government
Use Only**

Household Size = _____

Poverty line for year _____ is:

\$ _____

25. Federal income tax return information.☒ I have filed a Federal tax return for each of the three most recent tax years. I have attached the required photocopy or transcript of my Federal tax return for only the most recent tax year.

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

Tax Year	Total Income
<u>2009</u> (most recent)	\$ <u>22190.00</u>
<u>2008</u> (2nd most recent)	\$ <u>23110.00</u>
<u>2007</u> (3rd most recent)	\$ <u>21183.00</u>

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

Part 7. Use of assets to supplement income. (Optional)**For Government Use
Only**

If your income, or the total income for you and your household, from line 24c exceeds the Federal Poverty Guidelines for your household size, YOU ARE NOT REQUIRED to complete this Part. Skip to Part 8.

Household Size = _____

26. Your assets (Optional)

- a. Enter the balance of all savings and checking accounts. \$ _____
- b. Enter the net cash value of real-estate holdings. (Net means current assessed value minus mortgage debt.) \$ _____
- c. Enter the net cash value of all stocks, bonds, certificates of deposit, and any other assets not already included in lines 26 (a) or (b). \$ _____
- d. Add together lines 26 a, b and c and enter the number here. **TOTAL: \$** _____

Poverty line for year

_____ is:

\$ _____

27. Your household member's assets from Form I-864A. (Optional)

Assets from Form I-864A, line 12d for

\$ _____

(Name of Relative)

28. Assets of the principal sponsored immigrant. (Optional)

The principal sponsored immigrant is the person listed in line 2.

- a. Enter the balance of the sponsored immigrant's savings and checking accounts. \$ _____
- b. Enter the net cash value of all the sponsored immigrant's real estate holdings. (Net means investment value minus mortgage debt.) \$ _____
- c. Enter the current cash value of the sponsored immigrant's stocks, bonds, certificates of deposit, and other assets not included on line a or b. \$ _____
- d. Add together lines 28a, b, and c, and enter the number here. \$ _____

The total value of all assets, line 29, 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 24c.

29. Total value of assets.

Add together lines 26d, 27 and 28d and enter the number here.

TOTAL: \$ _____

Part 8. 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 and other Federal laws. The following paragraphs describe those obligations. Please read the following information carefully before you sign the 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 a Form I-864?

If you sign a 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 permanent resident, and that intending immigrant submits the Form I-864 to the U.S. Government with his or her application for an immigrant visa or adjustment of status, under section 213A of the Immigration and Nationality Act these actions create a contract between you and the U. S. Government. The intending immigrant's becoming a 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 an alien likely to become a public charge, the U.S. Government can consider your income and assets to be available for the support of the intending immigrant.

What If I choose Not to Sign a Form I-864?

You cannot be made to sign a Form I-864 if you do not want to do so. But if you do not sign the Form I-864, the intending immigrant may not be able to become a permanent resident in the United States.

What Does Signing the Form I-864 Require Me to do?

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

- 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 and the person is your husband, wife, unmarried child under 21 years old.)
- Notify 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 permanent resident in the United States based on a Form I-864 that you have signed, then until your obligations under the Form I-864 terminate, your income and assets may be considered ("deemed") to be 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, but not limited to, 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.

Contract continued on following page.

What If I Do Not Fulfill My Obligations?

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

If a Federal, State or local agency, or a private agency provides any covered means-tested public benefit to the person who becomes a permanent resident based on the 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 will end if the person who becomes a permanent resident based on a Form I-864 that you signed:

- Becomes a U.S. citizen;
- Has worked, or can be credited with, 40 quarters of coverage under the Social Security Act;
- No longer has lawful permanent resident status, and has departed the United States;
- Becomes 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
- Dies.

Note that divorce **does not** terminate your obligations under this Form I-864.

Your obligations under a Form I-864 also end if you die. Therefore, if you die, your Estate will not be required to take responsibility for the person's support after your death. Your Estate may, however, be responsible for any support that you owed before you died.

30. I, George Samuel Sanderson,

(Print Sponsor's Name)

certify under penalty of perjury under the laws of the United States that:

- a. I know the contents of this affidavit of support that I signed.
- b. All the factual statements in this affidavit of support are true and correct.
- c. 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 permanent residents of the United States;
- d. 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;
- e. 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 U.S. Internal Revenue Service; and

Sign on following page.

- f. I authorize the Social Security Administration to release information about me in its records to the Department of State and U.S. Citizenship and Immigration Services.
- g. Any and all other evidence submitted is true and correct.

31.


(Sponsor's Signature)

05/11/2010
(Date-- mm/dd/yyyy)

Part 9. Information on Preparer, if prepared by someone other than the sponsor.

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

Signature: _____

Date: _____
(mm/dd/yyyy)

Printed Name: _____

Firm Name: _____

Address: _____

Telephone Number: _____

E-Mail Address : _____

Business State ID # (if any) _____



Print

Close

I-864P - Poverty Guidelines for Affidavit of Support

2009 POVERTY GUIDELINES***Minimum Income Requirement for Use in Completing Form I-864**

For the 48 Contiguous States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam:		
Sponsor's Household Size	100% Poverty Line	125% Poverty Line
2	\$14,570	\$18,213
3	\$18,310	\$22,888
4	\$22,050	\$27,563
5	\$25,790	\$32,238
6	\$29,530	\$36,913
7	\$33,270	\$41,588
8	\$37,010	\$46,263
	Add \$3,740 for each additional person	Add \$4,675 for each additional person

2009 Poverty Guidelines for Alaska		
Sponsor's Household Size	100% Poverty Line	125% Poverty Line
2	\$18,210	\$22,763
3	\$22,890	\$28,613
4	\$27,570	\$34,463
5	\$32,250	\$40,313
6	\$36,930	\$46,163
7	\$41,610	\$52,013
8	\$46,290	\$57,863
	Add \$4,680 for each additional person	Add \$5,850 for each additional person

2009 Poverty Guidelines for Hawaii		
Sponsor's Household Size	100% Poverty Line	125% Poverty Line
2	\$16,760	\$20,950
3	\$21,060	\$26,325
4	\$25,360	\$31,700
5	\$29,660	\$37,075
6	\$33,960	\$42,450

7	\$38,260	\$47,825
8	\$42,560	\$53,200
	Add \$4,300 for each additional person	Add \$5,375 for each additional person

These poverty guidelines remain in effect for use with the Form I-864 Affidavit of Support from February 13, 2009 until new poverty guidelines go into effect in the Spring of 2010.

This page URL:

<http://www.immihelp.com/affidavit-of-support/i-864p-poverty-guidelines.html>

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Print

Close

Do not write in this block.

Remarks	Action Block	Fee Stamp
A#		
Applicant is filing under §274a.12 _____		
<input type="checkbox"/> Application Approved. Employment Authorized / Extended (Circle One) until _____ (Date). Subject to the following conditions: _____ (Date). Application Denied. <input type="checkbox"/> Failed to establish eligibility under 8 CFR 274a.12 (a) or (c). <input type="checkbox"/> Failed to establish economic necessity as required in 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)		

I am applying for: ☒ Permission to accept employment.
☐ Replacement (of lost employment authorization document).
☐ Renewal of my permission to accept employment (attach previous employment authorization document).

1. Name (Family Name in CAPS) (First) (Middle) Which USCIS Office? Date(s)
WHO Cindy Lou --
2. Other Names Used (include Maiden Name) Results (Granted or Denied - attach all documentation)
-- --
3. Address in the United States (Number and Street) (Apt. Number) 12. Date of Last Entry into the U.S. (mm/dd/yyyy)
2219 Pixart Way 1 01/01/2010
(Town or City) (State/Country) (ZIP Code)
Hometown CA 92219
4. Country of Citizenship/Nationality 13. Place of Last Entry into the U.S.
Monaco San Francisco, CA
5. Place of Birth (Town or City) (State/Province) (Country) 14. Manner of Last Entry (Visitor, Student, etc.)
Whoville Whoprovence Monaco visitor
6. Date of Birth (mm/dd/yyyy) 7. Gender 15. Current Immigration Status (Visitor, Student, etc.)
01/01/1960 <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female visitor
8. Marital Status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single 16. Go to Part 2 of the Instructions, Eligibility Categories. In the space below, place the letter and number of the category you selected from the instructions (For example, (a)(8), (c)(17)(iii), etc.).
<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced Eligibility under 8 CFR 274a.12 (c) (9) () ()
9. Social Security Number (include all numbers you have ever used) (if any) 17. If you entered the Eligibility Category, (c)(3)(C), in item 16 above, list your degree, your employer's name as listed in E-Verify, and your employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number in the space below.

10. Alien Registration Number (A-Number) or I-94 Number (if any)
98765432100
11. Have you ever before applied for employment authorization from USCIS?
<input type="checkbox"/> Yes (If "Yes," complete below) <input checked="" type="checkbox"/> No

Certification

Your Certification: I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the Instructions in Part 2 and have identified the appropriate eligibility category in Block 16.

Signature Telephone Number Date

Signature of Person Preparing Form, If Other Than Above: I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Print Name Address Signature Date

Remarks	Initial Receipt	Resubmitted	Relocated			Completed	
			Rec'd	Sent	Approved	Denied	Returned

I-131, Application for Travel Document

DO NOT WRITE IN THIS BLOCK		FOR USCIS USE ONLY (except G-28 block below)
Document Issued <input type="checkbox"/> Reentry Permit <input type="checkbox"/> Refugee Travel Document <input type="checkbox"/> Single Advance Parole <input type="checkbox"/> Multiple Advance Parole Valid to: _____ If Reentry Permit or Refugee Travel Document, mail to: <input type="checkbox"/> Address in Part 1 <input type="checkbox"/> American embassy/consulate at: _____ <input type="checkbox"/> Overseas DHS office at: _____	Action Block	Receipt <input type="checkbox"/> Document Hand Delivered On _____ By _____ <i>To be completed by Attorney/Representative, if any.</i> Attorney State License # _____ <input type="checkbox"/> Check box if G-28 is attached.

Part 1. Information about you. (Please type or print in black ink.)

1. A # none	2. Date of Birth (mm/dd/yyyy) 01/01/1960	3. Class of Admission B-2 visitor	4. Gender Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
5. Name (Family name in capital letters) WHO	(First) Cindy	(Middle) Lou	
6. Address (Number and Street) 2219 Pixart Way			Apt. # 1
City Hometown	State or Province CA	Zip/Postal Code 92219	Country USA
7. Country of Birth Monaco	8. Country of Citizenship Monaco	9. Social Security # (if any.) none	

Part 2. Application type (check one).

- a. ☐ I am a permanent resident or conditional resident of the United States and I am applying for a reentry permit.
- b. ☐ I now hold U.S. refugee or asylee status and I am applying for a refugee travel document.
- c. ☐ I am a permanent resident as a direct result of refugee or asylee status and I am applying for a refugee travel document.
- d. ☒ I am applying for an advance parole document to allow me to return to the United States after temporary foreign travel.
- e. ☐ I am outside the United States and I am applying for an advance parole document.
- f. ☐ I am applying for an advance parole document for a person who is outside the United States. *If you checked box "f", provide the following information about that person:*

1. Name (Family name in capital letters) _____	(First) _____	(Middle) _____	
2. Date of Birth (mm/dd/yyyy) _____	3. Country of Birth _____	4. Country of Citizenship _____	
5. Address (Number and Street) _____	Apt. # _____	Daytime Telephone # (area/country code) _____	
City _____	State or Province _____	Zip/Postal Code _____	Country _____



Part 3. Processing information.

1. Date of Intended Departure (mm/dd/yyyy) 2. Expected Length of Trip

3. Are you, or any person included in this application, now in exclusion, deportation, removal or recission proceedings? ☒ No ☐ Yes (Name of DHS office):

If you are applying for an Advance Parole Document, skip to Part 7.

4. Have you ever before been issued a reentry permit or refugee travel? ☐ No ☐ Yes (Give the following information for the last document issued to you):

Date Issued (mm/dd/yyyy): Disposition (attached, lost, etc.):

5. Where do you want this travel document sent? (Check one)

a. ☐ To the U.S. address shown in **Part 1** on the first page of this form.

b. ☐ To an American embassy or consulate at: City: Country:

c. ☐ To a DHS office overseas at: City: Country:

d. If you checked "b" or "c", where should the notice to pick up the travel document be sent?

☐ To the address shown in **Part 2** on the first page of this form.

☐ To the address shown below:

Address (Number and Street) Apt. # Daytime Telephone # (area/country code)
City State or Province Zip/Postal Code Country

Part 4. Information about your proposed travel.

Purpose of trip. If you need more room, continue on a separate sheet(s) of paper.	List the countries you intend to visit.

Part 5. Complete only if applying for a reentry permit.

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

<input type="checkbox"/> less than six months	<input type="checkbox"/> two to three years
<input type="checkbox"/> six months to one year	<input type="checkbox"/> three to four years
<input type="checkbox"/> one to two years	<input type="checkbox"/> more than four years

Since you became a permanent resident of the United States, have you ever filed a federal income tax return as a nonresident, or failed to file a federal income tax return because you considered yourself to be a nonresident? (If "Yes," give details on a separate sheet(s) of paper.) ☐ Yes ☐ No

Part 6. Complete only if applying for a refugee travel document.

1. Country from which you are a refugee or asylee:

If you answer "Yes" to any of the following questions, you must explain on a separate sheet(s) of paper.

2. Do you plan to travel to the above named country? ☐ Yes ☐ No

3. Since you were accorded refugee/asylee status, have you ever:

a. returned to the above named country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. applied for and/or obtained a national passport, passport renewal or entry permit of that country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. applied for and/or received any benefit from such country (for example, health insurance benefits).	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. Since you were accorded refugee/asylee status, have you, by any legal procedure or voluntary act:

a. reacquired the nationality of the above named country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. acquired a new nationality?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. been granted refugee or asylee status in any other country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part 7. Complete only if applying for advance parole.

On a separate sheet(s) of paper, please explain how you qualify for an advance parole document and what circumstances warrant issuance of advance parole. Include copies of any documents you wish considered. *(See instructions.)*

1. For how many trips do you intend to use this document? ☐ One trip ☒ More than one trip
2. If the person intended to receive an advance parole document is outside the United States, provide the location (city and country) of the American embassy or consulate or the DHS overseas office that you want us to notify.

City

Country

3. If the travel document will be delivered to an overseas office, where should the notice to pick up the document be sent:

- ☐ To the address shown in **Part 2** on the first page of this form.
- ☐ To the address shown below:

Address (Number and Street)

Apt. #

Daytime Telephone # (area/country code)

City

State or Province

Zip/Postal Code

Country

Part 8. Signature.

Read the information on penalties in the instructions before completing this section. If you are filing for a reentry permit or refugee travel document, you must be in the United States to file this application.

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

Signature

Date (mm/dd/yyyy)

Daytime Telephone Number (with area code)

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

Part 9. Signature of person preparing form, if other than the applicant. (Sign below.)

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

Signature

Print or Type Your Name

Firm Name and Address

Daytime Telephone Number (with area code)

Fax Number (if any.)

Date (mm/dd/yyyy)

