

Section I: Visitor Information



LAST/FAMILY NAME First/Given Name Middle

Date of Birth (MM/DD/YYYY) Email Address

U.S. Residential Address: Street Apartment # City State Zip Code

Telephone Number: Home Cell Work Fax

Gender: Male Marital Status: Single Married
 Female Other, please indicate: _____

City of Birth Country of Birth Country of Citizenship

Permanent Address in Home Country: _____
Home or Apartment # and Street

City State/Province

Country Postal Code

Section II: Immigration Information



U.S. Entry Information:

Are you currently in the U.S.? Yes No

• If yes, please indicate your current immigration status: _____

• If yes, please provide the 11-digit number on your Form I-94: _____

Passport Information:

Do you have a passport valid 6 months into the future? Yes No

• If yes, please provide the information below:

Name (as it appears on the passport)

Country of Issuance Date of Expiration

J Exchange Visitor Information:

Have you ever been in the U.S. on J-1 or J-2 visa status? Yes No

- If yes, please attach to this form a chronological listing of all previous Exchange Visitor training, to include begin date, departure date, status (e.g. Researcher, Student, Trainee, etc.), program sponsor(s), and name(s) of training institution(s) with legible copies of all DS-2019 or IAP-66 forms issued to you and/or your dependents.

- If yes, were you sponsored by the Educational Commission for Foreign Medical Graduates (ECFMG)? Yes No

- If yes, were/are you subject to the 2-year home residency requirement? Yes No
 - If yes, have you applied for a waiver of the 2-year home residency requirement? Yes No
 - If yes, please explain using the space below on what grounds did you seek the waiver:

- If yes, please use the space below to provide the status and case number of your waiver:

Status

Case Number

- If yes, attach to this form a copy of the waiver recommendation and/or waiver approval.

H Visa Information:

Have you ever been in the U.S. on the "H" classification (e.g. H-1B, H-4, etc.)? Yes No

- If yes, please provide the information below detailing your previous stay(s) in the U.S.:

Year Dates you were physically present in U.S. H Visa Status Classification

2015 _____ _____

2014 _____ _____

2013 _____ _____

2012 _____ _____

2011 _____ _____

2010 _____ _____

2009 _____ _____

If you were physically present in the U.S. prior to 2009 on the "H" classification, please list all periods of stay below:

- If yes, and you were in the U.S. on the H-1B visa, did you depart the U.S. for any length of time during the approved period of validity? Yes No
 - If yes, please use the space below to provide 1) dates of departure from the U.S.; 2) dates of return to the U.S.; and 3) travel destination outside the U.S. (please attach a separate sheet if needed). You must also provide legible copies of any documents issued to you and your dependents as evidence of your departure and return to the U.S.

If you answered yes to of the any questions in this section, you must attach to this form legible copies (front and back) of all immigration documents issued to you and your dependents, such as passport showing expiration date and personal information, Form I-94, or Form I-797.

Permanent Residency Information:

Have you filed an application for permanent residency (green card) with the U.S. government? Yes No

- If yes, under what category? Family Employment Lottery
- If yes, what is the status of the application? _____
- If employment based, what category (e.g. Outstanding, National Interest, etc.)?

- If employment based, was the application self petition or employer petition? Self Employer
- If employment based, please provide a copy of the USCIS receipt notice.

Have you filed an I-485 Adjustment of Status Application with the U.S. government? Yes No

- If yes, do you have an Advance Parole (I-131)? Yes No
- If yes, do you have an Employment Authorization Document (EAD)? Yes No
- If yes, please provide copies of all of the above (e.g. I-485, Advance Parole, EAD)

Section III: Dependent Information

Do you currently have a spouse or unmarried child (under the age of 21) in the U.S. who will require H-4 status?

Yes No

Will you be accompanied by your spouse or unmarried child (under the age of 21) who will seek H-4 status abroad?

Yes No

- If you answered yes to either of the two preceding questions, please provide the following information:

Spouse

_____ LAST/FAMILY NAME	_____ First/Given Name	_____ Middle
_____ Date of Birth (MM/DD/YYYY)	_____ City of Birth	_____ Country of Birth
_____ Country of Citizenship	_____ Country of Legal Permanent Residence	
Has your spouse ever been on J-1 or J-2 status? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<ul style="list-style-type: none">• If yes, has your spouse been recommended for and/or granted a waiver of the two-year home residency obligation? <input type="checkbox"/> Yes <input type="checkbox"/> No<ul style="list-style-type: none">○ If yes, please attach to this form a copy of the waiver recommendation and/or waiver approval.		

Child

_____ LAST/FAMILY NAME	_____ First/Given Name	_____ Middle
_____ Date of Birth (MM/DD/YYYY)	_____ City of Birth	_____ Country of Birth
_____ Country of Citizenship	_____ Country of Legal Permanent Residence	<input type="checkbox"/> Son <input type="checkbox"/> Daughter
Has your child ever been on J-1 or J-2 status? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<ul style="list-style-type: none">• If yes, has your child been recommended for and/or granted a waiver of the two-year home residency obligation? <input type="checkbox"/> Yes <input type="checkbox"/> No○ If yes, please attach to this form a copy of the waiver recommendation and/or waiver approval.		

Child

_____ LAST/FAMILY NAME	_____ First/Given Name	_____ Middle
_____ Date of Birth (MM/DD/YYYY)	_____ City of Birth	_____ Country of Birth
_____ Country of Citizenship	_____ Country of Legal Permanent Residence	<input type="checkbox"/> Son <input type="checkbox"/> Daughter
Has your child ever been on J-1 or J-2 status? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<ul style="list-style-type: none">• If yes, has your child been recommended for and/or granted a waiver of the two-year home residency obligation? <input type="checkbox"/> Yes <input type="checkbox"/> No○ If yes, please attach to this form a copy of the waiver recommendation and/or waiver approval.		



I certify under penalty of perjury that the above information is correct.

Signature: _____

Date: _____