

US VISA APPOINTMENT

IMMIGROUP ORDER FORM

INSTRUCTIONS

Read all instructions and follow carefully

1. Please complete one (1) US VISA APPOINTMENT application form. If there are multiple people applying and you all wish to go on the same day, please add their information under "Dependents"

2. Complete this order form in full, ensuring you have included all requirements on the 'US VISA APPOINTMENT INFORMATION'.

4. Send your entire completed package using one of the following methods:

FAX application package to **416-640-2650 OR**

SCAN AND EMAIL your entire application package to usvisa@immigroup.com with the subject line: (Name of Applicant) US VISA Application **OR**

MAIL/DROP OFF your entire application package to our head office at: **1180 DANFORTH AVE, TORONTO, ON CANADA M4J 1M3**

APPLICATIONS SUBMITTED WITHOUT THIS ORDER FORM WILL NOT BE PROCESSED

US VISA APPOINTMENT CHECKLIST

PRINCIPAL APPLICANT NAME:

DIRECT PHONE NUMBER:

EMAIL ADDRESS:

APPOINTMENT NEEDED BY:

CONSULATE REQUESTED:

TYPE OF VISA REQUESTED:

SERVICE OPTIONS

BASIC SERVICE

\$414.25* \$225 service fees
\$29.25 HST (harmonized sales tax)
\$160 *USD Government fee

Number of dependents:

Additional family members pay \$56.50
AVERAGE PROCESSING TIME: 6-10 WEEKS

EXPEDITED SERVICE

I have an urgent deadline, and need to travel by :

AVERAGE PROCESSING TIMES VARY. COSTS DEPEND ON PROCESSING TIME. CALL US FOR MORE INFORMATION.

Additional information

*There will be two charges showing on your credit card.
The first one is \$254.25 Immigroup fee.
The second charge you will see is \$160 USD Government fee.

Where did you find us? Google Bing Yahoo YouTube Referral Returning Client Other

CREDIT CARD INFORMATION

By signing below I agree to be charged the applicable service fees to the credit card I have provided.

We accept Visa, Mastercard, Amex, and bank drafts (call for this method) as acceptable methods of payment

Cardholder name:

Card number:

Expiry date (mm/yy): CVV code:

What is the CVV code? www.sti.nasa.gov/cvv

Cardholder signature:

DISCLAIMER

By signing below applicant agrees to all of the following conditions

*I assert that I have read and agreed to the terms and conditions as listed on

<http://www.immigroup.com/disclaimer.php>

*Immigroup is not responsible for applications lost in the mail or improperly submitted by email or fax

*Immigroup is not responsible for applications that are denied

*Immigroup is not responsible for delays caused by incomplete applications

We do not guarantee the issuing of your visa, which is up to the officer at the US consulate. Our job is to obtain your appointment and guide you through the process. Once the DS-160 has been inputted full service fees will apply. If you decide to cancel before we start inputting your DS-160, a \$42.50 will be charged.

* Government fees are non-refundable in all cases

*I assert that I understand I am using Immigroup to apply for my US visa appointment

*I agree to being charged the total fees according to the service I have selected to the credit card provided.

Sign here:

PRINCIPAL APPLICANT INFORMATION

PLEASE WRITE CLEARLY WITH BIG LETTERS

LAST NAME:

**As shown in passport*

FIRST NAME:

**As shown in passport*

PASSPORT NUMBER:

**Passport must have at least 6 months validity*

COUNTRY OF RESIDENCE:

**Canada/ USA*

ADDRESS 1:

ADDRESS 2:

CITY:

**Your home address in Canada*

POSTAL CODE:

PROVINCE:

HOME PHONE:

WORK PHONE:

CELL PHONE:

EMAIL ADDRESS:

**Please provide at least two different ways to contact you*

NATIONALITY:

DATE OF BIRTH

PLACE OF BIRTH

**Must be same as the information on your passport*

VISA TYPE:

**eg. pleasure, business, student, work*

I AM APPLYING FOR THE FIRST TIME I AM RENEWING MY US VISA

MALE

FEMALE

STATUS IN CANADA

**eg. landed immigrant, student, visitor, temp worker, unknown, other*

PASSPORT TYPE:

**eg. regular, diplomatic, official, other*

DATE APPLICANT BECAME A PERMANENT RESIDENT

PR CARD EXPIRY DATE

PERSONAL INFORMATION

NOTE: Data on this page must match the information on your passport

SURNAME: GIVEN NAME:

If you have one name, list it as the surname and write FNU under given name

LIST ANY OTHER NAME YOU HAVE USED: DO YOU HAVE A TELECODE THAT REPRESENTS YOUR NAME? YES NOIF YES, PLEASE PROVIDE YOUR NAMES: SEX MALE FEMALEMARITAL STATUS(single/married/common law/widowed/divorced/legally separated): DATE OF BIRTH(format dd-mm-yyyy): CITY OF BIRTH: STATE/PROVINCE OF BIRTH: DOES NOT APPLYCOUNTRY OF BIRTH: **YOUR NATIONALITY**NATIONALITY: DO YOU HOLD NATIONALITY OTHER THAN THE ONE INDICATED ABOVE? YES NOIF YES, INDICATE COUNTRY: PASSPORT NUMBER FOR THAT NATIONALITY: NATIONAL IDENTIFICATION NUMBER: DOES NOT APPLYU.S. SOCIAL SECURITY NUMBER: DOES NOT APPLYU.S. TAXPAYER ID NUMBER: DOES NOT APPLY**CONTACT INFORMATION**STREET ADDRESS: CITY: PROVINCE: COUNTRY: POSTAL CODE: HOME PHONE: WORK PHONE: CELL:

MAILING ADDRESS

IS YOUR MAILING ADDRESS THE SAME AS YOUR HOME ADDRESS? YES NO

*COMPLETE ONLY IF MAILING ADDRESS IS DIFFERENT FROM HOME ADDRESS

STREET ADDRESS(LINE 1):

STREET ADDRESS(LINE 2)

CITY:

PROVINCE:

POSTAL CODE:

COUNTRY:

PHONE

HOME PHONE NUMBER:

WORK PHONE NUMBER:

DOES NOT APPLY

WORK FAX NUMBER:

DOES NOT APPLY

MOBILE/CELL PHONE NUMBER:

DOES NOT APPLY

EMAIL ADDRESS:

PASSPORT INFORMATION

PASSPORT NUMBER:

PASSPORT BOOK NUMBER:

DOES NOT APPLY

PASSPORT ISSUING AUTHORITY:

WHERE WAS THE PASSPORT ISSUED?

COUNTRY:

CITY:

STATE OR PROVINCE(IF SHOWN ON PASSPORT):

ISSUANCE DATE(FORMAT:DD-MM-YYYY)

EXPIRATION DATE(FORMAT:DD-MM-YYYY):

HAVE YOU EVER LOST A PASSPORT OR HAD ONE STOLEN? YES NO

IF YES, PROVIDE PREVIOUS PASSPORT NUMBER

LOST/STOLEN PASSPORT ISSUING AUTHORITY:

DATE OF LOSS OR STOLEN PASSPORT (FORMAT:DD-MM-YYYY):

TRAVEL INFORMATION

ARE YOU THE PRINCIPAL APPLICANT? YES NO

WHAT IS THE PURPOSE OF YOUR VISIT TO THE U.S.?

INTENDED DATE OF ARRIVAL(FORMAT DD-MM-YYYY)

INTENDED LENGTH OF STAY IN U.S.:

EXAMPLE:

ADDRESS WHERE YOU WILL STAY IN THE U.S.

STREET ADDRESS(LINE 1):

STREET ADDRESS(LINE 2):

CITY: STATE: ZIP CODE:

PERSON/ENTITY PAYING FOR YOUR TRIP

*IF ORGANIZATION OR OTHER PERSON IS PAYING FOR YOUR TRIP PROVIDE THE INFORMATION LISTED BELOW:

RELATIONSHIP TO PERSON/ORGANIZATION PAYING

MAILING ADDRESS OF PERSON/ORGANIZATION PAYING:

STREET ADDRESS(LINE 1):

STREET ADDRESS(LINE 2):

CITY: PROVINCE/STATE: COUNTRY: POSTAL/ZIP CODE:

HOME PHONE: WORK PHONE: MOBILE/CELL:

HAVE YOU MADE SPECIFIC TRAVEL PLANS? YES NO

*IF YES, PROVIDE DETAILS BELOW. IF YOU ARE UNSURE OF YOUR TRAVEL DATE GIVE AN ESTIMATE DATE OF ARRIVAL AND DEPARTURE:

DATE OF ARRIVAL IN THE U.S.(FORMAT DD-MM-YYYY):

FLIGHT NUMBER(IF KNOWN): ARRIVAL CITY:

DATE OF DEPARTURE FROM THE U.S.(FORMAT DD-MM-YYYY):

FLIGHT NUMBER(IF KNOWN) DEPARTURE CITY:

PROVIDE LOCATIONS YOU PLAN TO VISIT IN THE U.S.

TRAVEL COMPANIONS INFORMATION

ARE THERE OTHER PERSONS TRAVELING WITH YOU? YES NO

IF YES COMPLETE SECTION BELOW:

SURNAMES OF PERSONS TRAVELING WITH YOU GIVEN NAMES OF PERSONS TRAVELING WITH YOU RELATIONSHIP OF PERSON

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

ARE YOU TRAVELING AS PART OF A GROUP OF ORGANIZATION? YES NO

IF YES, ENTER THE NAME OF THE GROUP YOU ARE TRAVELING WITH

PREVIOUS U.S. TRAVEL INFORMATION

HAVE YOU EVER BEEN IN THE U.S.? YES NO IF YES, PROVIDE INFORMATION ON YOUR LAST FIVE U.S.VISITS

DATE OF ARRIVAL(FORMAT DD-MM-YYYY)

LENGTH OF STAY

EXAMPLE
<input type="text" value="5"/> <input type="text" value="DAYS"/>

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DO YOU OR DID YOU EVER HOLD A U.S. DRIVERS LICENCE? DRIVERS LICENCE # STATE:

YES NO

HAVE YOU EVER BEEN ISSUED A U.S. VISA? YES NO

IF YES, DATE LAST VISA WAS ISSUED (FORMAT DD-MM-YYYY)

VISA NUMBER: DO NOT KNOW

ARE YOU APPLYING FOR THE SAME TYPE OF VISA? YES NO

ARE YOU APPLYING IN THE SAME COUNTRY WHERE THE VISA WAS ISSUED AND IS THIS COUNTRY YOUR PRINCIPAL COUNTRY OF RESIDENCE?

PREVIOUS U.S. TRAVEL INFORMATION(CON'T)

HAVE YOU EVER BEEN TEN-PRINTED? YES NO

HAS YOUR U.S. VISA EVER BEEN LOST OR STOLEN? IF YES, PLEASE PROVIDE YEAR (FORMAT DD-MM-YYYY)

HAVE YOU EVER BEEN REFUSED A U.S. VISA, BEEN REFUSED ADMISSION TO THE UNITED STATES, OR WITHDRAWN YOUR APPLICATION FOR ADMISSION AT THE POINT OF ENTRY?

YES NO IF YES, EXPLAIN

HAS YOUR U.S. VISA EVER BEEN CANCELLED OR REVOKED? IF YES, EXPLAIN

HAS ANYONE EVER FILED AN IMMIGRANT PETITION ON YOUR BEHALF WITH THE UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES?

YES NO IF YES, EXPLAIN

U.S. POINT OF CONTACT

CONTACT PERSON OR ORGANIZATION IN THE UNITED STATES

SURNAME: GIVEN NAME DO NOT KNOW

RELATIONSHIP TO YOU:

ORGANIZATION NAME: DO NOT KNOW

ADDRESS AND PHONE NUMBER OF POINT OF CONTACT

STREET ADDRESS(LINE 1):

STREET ADDRESS(LINE 2):

CITY: STATE: ZIP CODE:

PHONE NUMBER: ADDITIONAL PHONE NUMBER:

EMAIL ADDRESS:

FAMILY INFORMATION: RELATIVES

FATHER'S FULL NAME AND DATE OF BIRTH

SURNAMES:

DO NOT KNOW

GIVEN NAMES:

DO NOT KNOW

DATE OF BIRTH(FORMAT DD-MM-YYYY):

IS YOUR FATHER IN THE U.S?

YES NO

IF YES, FATHER'S STATUS:

MOTHER'S FULL NAME AND DATE OF BIRTH

SURNAMES:

DO NOT KNOW

GIVEN NAMES:

DO NOT KNOW

DATE OF BIRTH(FORMAT DD-MM-YYYY):

IS YOUR MOTHER IN THE U.S?

YES NO

IF YES, MOTHER'S STATUS:

DO YOU HAVE ANY IMMEDIATE RELATIVES, NOT INCLUDING PARENTS, IN THE UNITED STATES?

YES NO

SUCH AS FIANCE, SPOUSE, CHILD OR SIBLING

IF YES PROVIDE THE FOLLOWING INFORMATION:

SURNAME:

GIVEN NAME:

RELATIVES STATUS:

(U.S. Citizen/U.S. Legal Permanent Resident/Nonimmigrant/Other)

RELATIONSHIP TO YOU:

FAMILY INFORMATION: SPOUSE

*ENTER CURRENT SPOUSE INFORMATION, IF DIVORCED, ENTER PREVIOUS INFORMATION.

SPOUSE'S SURNAME:

SPOUSE'S GIVEN NAME:

SPOUSE'S DATE OF BIRTH(FORMAT DD-MM-YYYY):

SPOUSE'S NATIONALITY:

SPOUSE'S PLACE OF BIRTH

CITY:

COUNTRY:

SPOUSE'S ADDRESS

SAME AS PRINCIPAL APPLICANT

STREET ADDRESS(LINE1)

STREET ADDRESS(LINE2)

CITY:

STATE/PROVINCE:

POSTAL/ZIP CODE:

COUNTRY:

PRESENT WORK/EDUCATION/TRAINING INFORMATION

PRIMARY OCCUPATION:

PRESENT EMPLOYER OR SCHOOL NAME:

PRESENT EMPLOYER OR SCHOOL ADDRESS

STREET ADDRESS(LINE1):

STREET ADDRESS(LINE2):

CITY:

STATE/PROVINCE:

POSTAL/ZIP CODE:

COUNTRY:

PHONE NUMBER

MONTHLY SALARY IN LOCAL CURRENCY(IF EMPLOYED):

DOES NOT APPLY

BRIEFLY DESCRIBE YOUR DUTIES

PREVIOUS WORK INFORMATION

PROVIDE YOUR EMPLOYMENT INFORMATION FOR THE LAST 5 YEARS

WERE YOU PREVIOUSLY EMPLOYED? YES NO

IF YES, PLEASE COMPLETE THE INFORMATION BELOW BELOW:

FROM DATE TO DATE JOB TITLE:
dd/mm/yyyy dd/mm/yyyy

PREVIOUS EMPLOYER NAME:

SUPERVISOR'S SURNAME SUPERVISOR'S GIVEN NAME

PREVIOUS EMPLOYER ADDRESS:

STREET ADDRESS(LINE1):

STREET ADDRESS(LINE2):

CITY:

STATE/PROVINCE:

POSTAL/ZIP CODE:

COUNTRY:

PHONE NUMBER

BRIEFLY DESCRIBE YOUR DUTIES

PREVIOUS WORK INFORMATION

PROVIDE YOUR EMPLOYMENT INFORMATION FOR THE LAST 5 YEARS

FROM DATE TO DATE JOB TITLE:
dd/mm/yyyy dd/mm/yyyy

PREVIOUS EMPLOYER NAME:

SUPERVISOR'S SURNAME SUPERVISOR'S GIVEN NAME

PREVIOUS EMPLOYER ADDRESS:

STREET ADDRESS(LINE1):

STREET ADDRESS(LINE2):

CITY: STATE/PROVINCE:

POSTAL/ZIP CODE: COUNTRY:

PHONE NUMBER

BRIEFLY DESCRIBE YOUR DUTIES

PREVIOUS WORK INFORMATION

PROVIDE YOUR EMPLOYMENT INFORMATION FOR THE LAST 5 YEARS

FROM DATE TO DATE JOB TITLE:
dd/mm/yyyy dd/mm/yyyy

PREVIOUS EMPLOYER NAME:

SUPERVISOR'S SURNAME SUPERVISOR'S GIVEN NAME

PREVIOUS EMPLOYER ADDRESS:

STREET ADDRESS(LINE1):

STREET ADDRESS(LINE2):

CITY: STATE/PROVINCE:

POSTAL/ZIP CODE: COUNTRY:

PHONE NUMBER

BRIEFLY DESCRIBE YOUR DUTIES

PREVIOUS EDUCATION/TRAINING INFORMATION(CON'T)

HAVE YOU ATTENDED ANY EDUCATIONAL INSTITUTIONS OTHER THAN ELEMENTARY SCHOOL? YES NO

IF YES, PLEASE COMPLETE THE INFORMATION BELOW BELOW:

FROM DATE
dd/mm/yyyy

TO DATE
dd/mm/yyyy

PREVIOUS SCHOOL NAME:

PREVIOUS SCHOOL ADDRESS

STREET ADDRESS(LINE1):

STREET ADDRESS(LINE2):

CITY:

STATE/PROVINCE:

POSTAL/ZIP CODE:

COUNTRY:

COURSE OF STUDY

ADDITIONAL WORK/EDUCATION/TRAINING INFORMATION

PROVIDE A LIST OF LANGUAGES YOU SPEAK:

DO YOU BELONG TO A CLAN OR TRIBE? YES NO

CLAN OR TRIBE NAME:

HAVE YOU TRAVELLED TO ANY COUNTRIES WITHIN THE LAST FIVE YEARS? YES NO

PROVIDE A LIST OF COUNTRIES VISITED:

HAVE YOU BELONGED TO, CONTRIBUTED TO, OR WORKED FOR ANY PROFESSIONAL, SOCIAL, OR CHARITABLE ORGANIZATION?

YES NO

PROVIDE A LIST OF ORGANIZAIONS

ADDITIONAL WORK/EDUCATION/TRAINING INFORMATION(CON'T)

DO YOU HAVE ANY SPECIALIZED SKILLS OR TRAINING, SUCH AS FIREARMS, EXPLOSIVES, NUCLEAR, BIOLOGICAL, OR CHEMICAL EXPERIENCE?

- YES
 NO
 IF YES, EXPLAIN

HAVE YOU EVER SERVED IN THE MILITARY? YES NO

IF YES, PROVIDE THE FOLLOWING INFORMATION:

NAME OF COUNTRY:

BRANCH OF SERVICE:

RANK/POSITION:

MILITARY SPECIALTY:

DATE OF SERVICE FROM(FORMAT DD-MM-YYYY):

DATE OF SERVICE TO(FORMAT DD-MM-YYYY):

HAVE YOU EVER SERVED IN, BEEN A MEMBER OF, OR BEEN INVOLVED WITH A PARAMILITARY UNIT, VIGILANTE UNIT, REBEL GROUP, OR INSURGENT ORGANIZATON?

- YES
 NO

IF YES, EXPLAIN

SECURITY AND BACKGROUND: MEDICAL AND HEALTH INFORMATION

DO YOU HAVE A COMMUNICABLE DISEASE OF PUBLIC HEALTH SIGNIFICANCE? (Communicable diseases of public significance include chancroid, gonorrhea, granuloma inguinale, infectious leprosy, lymphogranuloma venereum, infectious stage syphilis, active tuberculosis, and others diseases as determined by the Department of Health and Human Services.)

- YES
 NO

DO YOU HAVE A MENTAL OR PHYSICAL DISORDER THAT POSES OR IS LIKELY TO POSE A THREAT TO THE SAFETY OR WELFARE OF YOURSELF OR OTHERS?

- YES
 NO

ARE YOU OR HAVE YOU EVER BEEN A DRUG ABUSER OR ADDICT?

- YES
 NO

PROVIDE DETAILS BELOW:

SECURITY AND BACKGROUND:CRIMINAL INFORMATION

HAVE YOU EVER BEEN ARRESTED OR CONVICTED FOR ANY OFFENSE OR CRIME, EVEN THOUGH SUBJECT OF A PARDON,AMNESTY, OR OTHER SIMILAR ACTION?

YES NO IF YES, EXPLAIN

HAVE YOU EVER VIOLATED, OR ENGAGED IN A CONSPIRACY TO VIOLATE, ANY LAW RELATING TO CONTROLLED SUBSTANCES?

YES NO

ARE YOU COMING TO THE UNITED STATES TO ENGAGE IN PROSTITUTION OR UNLAWFUL COMMERCIALIZED VICE OR HAVE BEEN ENGAGED IN PROSTITUTION OR PROCURING PROSTITUTES WITHIN THE PAST 10 YEARS?

YES NO

HAVE YOU EVER BEEN INVOLVED IN, OR DO YOU SEEK TO ENGAGE IN MONEY LAUNDERING?

YES NO

HAVE YOU EVER COMMITTED OR CONSPIRED TO COMMIT A HUMAN TRAFFICKING OFFENSE IN THE UNITED STATES OR OUTSIDE THE UNITED STATES?

YES NO

HAVE YOU EVER KNOWINGLY AIDED, ABETTED, ASSISTED OR COLLUDED WITH AN INDIVIDUAL WHO HAS COMMITTED, OR CONSPIRED TO COMMIT A SEVERE HUMAN TRAFFICKING OFFENSE IN THE UNITED STATES OR OUTSIDE THE UNITED STATES?

YES NO

ARE YOU THE SPOUSE, SON, OR DAUGHTER OF AN INDIVIDUAL WHO HAS COMMITTED OR CONSPIRED TO COMMIT A HUMAN TRAFFICKING OFFENSE IN THE UNITED STATES OR OUTSIDE THE UNITED STATES AND HAVE YOU WITHIN THE LAST FIVE YEARS, KNOWINGLY BENEFITED FROM THE TRAFFICKING ACTIVITIES?

YES NO

SECURITY AND BACKGROUND;SECURITY INFORMATION

DO YOU SEEK TO ENGAGE IN ESPIONAGE, SABOTAGE, EXPORT CONTROL VIOLATIONS, OR ANY ILLEGAL ACTIVITY WHILE IN THE UNITED STATES?

YES NO

DO YOU SEEK TO ENGAGE IN TERRORIST ACTIVITIES WHILE IN THE UNITED STATES OR HAVE YOU EVER ENGAGED IN TERRORIST ACTIVITIES?

YES NO

HAVE YOU EVER OR DO YOU INTEND TO PROVIDE FINANCIAL ASSISTANCE OR OTHER SUPPORT TO TERRORISTS ORGANIZATIONS?

YES NO

ARE YOU A MEMBER OR REPRESENTATIVE OF A TERRORIST ORGANIZATION?

YES NO

HAVE YOU EVER ORDERED, INCITED, ASSISTED, OR OTHERWISE PARTICIPATED IN GENOCIDE?

YES NO

HAVE YOU EVER COMMITTED, ORDERED,INCITED,ASSISTED, OR OTHERWISE PARTICIPATED IN TORTURE?

YES NO

HAVE YOU EVER COMMITTED,ORDERED,INCITED,ASSISTED, OR OTHERWISE PARTICIPATED IN EXTRAJUDICIAL KILLINGS,POLITICAL KILLINGS, OR OTHER ACTS OF VIOLENCE?

YES NO

HAVE YOU EVER ENGAGED IN THE RECRUITMENT OR THE USE OF CHILD SOLDIERS?

YES NO

SECURITY AND BACKGROUND;SECURITY INFORMATION

HAVE YOU, WHILE SERVING AS A GOVERNMENT OFFICIAL, BEEN RESPONSIBLE FOR OR DIRECTLY CARRIED OUT, AT ANY TIME, PARTICULARLY SEVERE VIOLATIONS OF RELIGIOUS FREEDOM?

YES NO

HAVE YOU EVER BEEN DIRECTLY INVOLVED IN THE ESTABLISHMENT OR ENFORCEMENT OF POPULATION CONTROLS FORCING A WOMAN TO UNDERGO AN ABORTION AGAINST HER FREE CHOICE OR A MAN OR A WOMAN TO UNDERGO STERILIZATION AGAINST HIS OR HER FREE WILL?

YES NO

HAVE YOU EVER BEEN DIRECTLY INVOLVED IN THE COERCIVE TRANSPLANTATION OF HUMAN ORGANS OR BODILY TISSUE?

YES NO

SECURITY AND BACKGROUND:IMMIGRATION LAW VIOLATION INFORMATION

HAVE YOU EVER BEEN THE SUBJECT OF A REMOVAL OR DEPORTATION HEARING?

YES NO

HAVE YOU EVER SOUGHT TO OBTAIN OR ASSIST OTHERS TO OBTAIN A VISA, ENTRY INTO THE UNITED STATES, OR ANY OTHER UNITED STATES IMMIGRATION BENEFIT BY FRAUD OR WILLFUL MISREPRESENTATION OR OTHER UNLAWFUL MEANS?

YES NO

HAVE YOU FAILED TO ATTEND A HEARING ON REMOVABILITY OR INADMISSIBILITY WITHIN THE LAST FIVE YEARS?

YES NO

HAVE YOU EVER BEEN UNLAWFULLY PRESENT, OVERSTAYED THE AMOUNT OF TIME GRANTED BY AN IMMIGRATION OFFICIAL OR OTHERWISE VIOLATED THE TERMS OF A U.S. VISA?

YES NO

SECURITY AND BACKGROUND:MISCELLANEOUS INFORMATION

HAVE YOU EVER WITHHELD CUSTODY OF A U.S. CITIZEN CHILD OUTSIDE THE UNITED STATES FROM A PERSON GRANTED LEGAL CUSTODY BY A U.S. COURT?

YES NO

HVE YOU VOTED IN THE UNITED STATES IN VIOLATION OF ANY LAW OR REGULATION?

YES NO

HAVE YOU EVER RENOUNCED UNITED STATES CITIZENSHIP FOR THE PURPOSE OF AVOIDING TAXATION?

YES NO

HAVE YOU ATTENDED A PUBLIC ELEMENTARY SCHOOL ON STUDENT(F) STATUS OR A PUBLIC SECONDARY SCHOOL AFTER NOVEMBER 30, 1996 WITHOUT REIMBURSING THE SCHOOL?

YES NO