

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

RELATING TO BENEFICIARY OF PRIVATE BILL

OMB. NO. 1653-0026
Expires 05/31/2009

File Number

TO ASSIST U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT IN MAKING ITS REPORT TO CONGRESS WITH RESPECT TO PRIVATE BILL NO. _____ FOR RELIEF OF _____
IN WHICH I AM THE BENEFICIARY INTERESTED PARTY, THE FOLLOWING INFORMATION IS FURNISHED.
Submit separate form for each beneficiary or interested party. If you need more space to answer fully any questions on this form, use a separate sheet, identify each answer with the number of the corresponding question, and date and sign each sheet.

PLEASE TYPE OR PRINT.

1. PERSONAL DATA

Name <i>(Last in caps)</i>		<i>(First)</i>		<i>(Middle)</i>		Alien Registration Number A -	
Other names used <i>(including maiden name)</i>						Naturalization Certificate Number	
Date of birth			Place of birth			Citizenship <i>(country)</i>	
Sex	Complexion	Height ft. in.	Weight lbs.	Eyes	Hair	Visible marks or scars	

2. RESIDENCE DATA

List complete addresses, including zip code if possible, for past 10 years.

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

3. EDUCATIONAL DATA

Show name and location of last school attended including highest grade completed or degrees earned and date.

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4. EMPLOYMENT DATA

Employment during past 5 years.

Full name and address of employer	Type of work	From		To	
		Month	Year	Month	Year

Present salary \$ _____ Per _____ United States Social Security Number _____

Show any other present income.

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5. ASSETS AND LIABILITIES

List value of each asset and your equity in each, and show all debts. The value of all personal property may be shown as a single figure.

6. MARITAL DATA

Name of present spouse		Address of present spouse	
Date of birth of spouse	Place of birth of spouse	Citizenship of spouse	
Date of marriage	Place of marriage	Present spouse depends on me for support <input type="checkbox"/> Yes <input type="checkbox"/> No	
Show the following for all previous marriages (Name of spouse, date and place of marriage, date and place marriage terminated and how marriage was terminated)			

7. DATA CONCERNING CHILDREN (If child depends on you for support, place an "X" before his or her name)

Name of child (Include address if not living with you)	Date of birth	Place of birth	Citizenship

8. OTHER PERSONS DEPENDENT UPON ME FOR SUPPORT (Do not include children named in item 7 or present spouse)

Name	Relationship	Amount (Weekly or monthly)

9. DATA RELATING TO PARENTS

Father's name		Address if living (If deceased, write "Deceased")
Date of birth	Place of birth	Citizenship
Mother's name		Address if living (If deceased, write "Deceased")
Date of birth	Place of birth	Citizenship

10. SELECTIVE SERVICE DATA (If applicable)

Number and location of local board where registered	Date registered	Classification
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11. MILITARY SERVICE DATA (If you are now serving or have ever served in the U.S. Armed Forces)

Branch of service	Serial number	Dates served From _____ To _____
If discharged, show type of discharge received (Honorable, dishonorable, etc.)		Present APO service address
Rank at time of discharge		

12. DATA RELATING TO UNITED STATES ENTRIES AND DEPARTURES

Date of entry	Port of entry	Status at time of entry (Visitor, permanent resident, etc.)	Date of departure	Port of departure

13. DATA CONCERNING VISAS

a. If you were ever refused a visa by an American Consul fill in the following:

Location of Consul	Date visa refused
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Reason for refusal

b. If you are the beneficiary of a Preference Immigrant Visa Petition fill in the following:

(Check one) A 1st 2nd 3rd 4th 5th 6th Preference Immigrant Visa Petition in my behalf was filed on: _____

Date filed	Place filed	Person who filed petition
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c. Did you ever apply for Classification as a Conditional Entrant (7th Preference) Yes No

Date filed	Place filed	Was application approved <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
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d. If you have ever registered with an American Consul show the following:

Location of Consulate	Date registered
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14. LIST PRESENT AND PAST MEMBERSHIP IN ALL ORGANIZATIONS, CLUBS, ASSOCIATIONS, ETC.

Name of organization	Location	Dates of membership	
		From	To

15. IF YOU HAVE EVER BEEN ARRESTED ANYWHERE SHOW THE FOLLOWING: (Include traffic violations)

Place arrested	Date arrested	Charge	Disposition

16. IF YOU HAVE EVER BEEN HOSPITALIZED OR INSTITUTIONALIZED SHOW THE FOLLOWING:

Name and location of hospital or institution	Dates		Reason
	From	To	

17. DATA CONCERNING NECESSITY FOR PRIVATE BILL

Show in this block any additional information concerning the beneficiary and/or concerning the necessity for a private bill in his or her behalf (include any outstanding acts benefiting the United States or other friendly nations which would be of interest to Congress)

18. OTHER DATA CONCERNING THIS CASE

Please include in this block any derogatory information concerning this case which you believe would aid the Congress in its consideration of this bill. Also, if you wish this information to be treated in a confidential manner, please so state and give reason for desiring such treatment.

19. DATA RELATING TO BENEFICIARIES BROTHERS AND SISTERS (*List all living brothers and sisters - include half or step brothers and sisters*)

<i>Name</i>	<i>Age</i>	<i>Address</i>	<i>Citizenship</i>

20. DATA RELATING TO BENEFICIARY WHO HAS BEEN OR WILL BE ADOPTED

Name of child prior to adoption	Date of adoption	Place of adoption (<i>Include court</i>)
The adoption was <input type="checkbox"/> by proxy <input type="checkbox"/> with both adoptive parents present <input type="checkbox"/> with one adoptive parent present.		
The child's parents consented to the adoption <input type="checkbox"/> No <input type="checkbox"/> Yes Date consented _____		
Name and addresses of child's living natural parents and step parents		

Child lives with (<i>include address</i>)	Child has resided with adoptive parents
	Dates: From _____ To _____

21. DATA CONCERNING ANY PERSON IN THE UNITED STATES WHO COULD FURNISH ADDITIONAL INFORMATION

(State whether relative, or business or social acquaintance)

Name _____ Relationship _____
Address _____ (<i>Street and number</i>) (City) (State) (Zip Code)

22. SIGNATURE OF BENEFICIARY OR INTERESTED PARTY

I hereby certify that the information given on this form is complete and true to the best of my knowledge and belief.

_____ Date	_____ Signature
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23. SIGNATURE OF PERSON PREPARING FORM, IF OTHER THAN BENEFICIARY OR INTERESTED PARTY

I declare that this document was prepared by me at the request of the beneficiary or interested party and is based on all information of which I have any knowledge.

_____ Signature	_____ Address	_____ Date
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