

Does Not Apply

This form will be submitted to the USA Consulate as part of your immigration process. Please carefully read and fill out **ALL** spaces that apply, type N/A if it is not applicable. The form **SHOULD** be filled out by computer and **NOT** handwritten. You need to fill out one form per applicant. You will also need to fill out one form for each family member that will be applying with you.

For questions, please contact your local agent or representative.

Does Not Apply

APPLICANT INFORMATION	ON					
Data on this page must m	natch the information as if	t is writter	n in your passport.			
Last Name(s)/Surname:		First Nar	me/Given Name:		Middle Na	me:
Have you ever used other	r names (i.e., maiden, relig	gious, pro	fessional, alias, etc.)	? Yes	No	
If yes, other surnames us	ed:		If yes, other given i	names usec	d:	
Sex: Male Female	Current Marital Status: Legally Married	Single	Widowed	Divor	ced	Legally Separated
Date of Birth (DD/MMM/ D/M/Y	YYYY):		City of Birth:			
State/Province of Birth:			Country/Region of	Birth:		
Help: Last Names: Enter all surna Help: Date of Birth: If day or mor			-	listed, enter th	at as your sur	name.
PERSONAL						
Nationality (Country/Reg	-					
Do you hold or have held	l any nationality other tha	an the one	indicated above on	ı natıonalıty	/? Yes	No
If yes, mention the other	nationalities you hold or l	have held	:			
Do you hold a passport f	rom the nationality indica	ated above	e? Yes No	If yes	, passport	number:
Help: Nationality: Enter all nation legally relinquished the nationality		l nationalities	s you have previously held	d, regardless of	f whether you	have formally and/or
Are you a Permanent Res		n other tha	an your country/reg	ion of origi	n (national	ity) indicated
If yes, provide your other	permanent resident cour	ntry:				
Help: Permanent Resident: Perm without time limitation in the cou		idual who ha	s been legally granted by	a country/reg	ion permissio	n to live and work
National Identification Nu	ımber: U.S. Socia	al Security	Number:	U.S. Taxna	aver ID Nur	mber:

Help: Identification Numbers: Your National ID Number is a unique number that your government provides. The U.S. Government provides unique numbers to those who seek employment (Social Security Number) or pay taxes (Taxpayer ID).

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TRAVEL INFORMATION

Provide the following information concerning your travel plans.

Purpose of Trip to the U.S:		
Temp. Business Pleasure Visitor (B)	Temporary Worker (H)	
Alien in Transit (C)	Exchange Visitor (J)	
Crewmember (D)	Fiancé(e) or Spouse of a l	U.S. Citizen (K)
Treaty Trader or Investor (E)	Alien with extraordinary a	ability (O)
Academic/Student (F)	Other - Not Listed	
Please Specify:		
Business (B1)	Spouse of an E2	
Tourism (B2)	Treaty Investor (E2)	
Border Crossing Card (Mexico Only) (BCC)	Fiancé(e) or Spouse of a l	U.S. Citizen (K)
Child of an E2	Child of a U.S. Citizen (K)	
Executive/Essential Emp (E2)		
Have you made specific travel plans? Yes No	If yes, provide the following in	nformation.
Date of Arrival in U.S. (DD/MMM/YYYY): D/M/Y	Arrival Flight (if known):	
Arrival City:	Date of Departure in U.S. (DDD/M/Y	/MMM/YYYY):
Departure Flight (if known):	Departure City:	
Provide the Locations you plan to visit in the U.S.:		
Address where you will stay in the U.S.		
Street:		
City:	State:	Zip Code (if known):
Person/Entity Paying for Your Trip:		
Self	Employer in the U.S.	
Other Person	Other Company	
Present Employer		

Help: Travel Plans: If you are unsure of your Date of Arrival in U.S. or Date of Departure from U.S., please provide an estimate.

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TRAVEL COMPANIONS INFORMATION	
Are there other persons traveling with you? Yes No	If yes, provide following information:
Surname of Person Traveling with you:	iven Name of Person Traveling with you:
Relationship with Person:	
Surname of Person Traveling with you:	iven Name of Person Traveling with you:
Relationship with Person:	
Help: Traveling with Others: You should answer Yes to this question if you are travegroup or athletic team.	veling with family, as part of an organized tour, or as part of a performing
PREVIOUS USA TRAVEL INFORMATION	
Have you ever been in the U.S.? Yes No If yes, pro	ovide information on your last five (5) U.S. visits.
	ength of Stay: Days Months Years
Date Arrived (DD/MMM/YYYY):	ength of Stay: Days Months Years
Date Arrived (DD/MMM/YYYY):	ength of Stay: Days Months Years
Date Arrived (DD/MMM/YYYY):	ength of Stay: Days Months Years
Date Arrived (DD/MMM/YYYY):	ength of Stay: Days Months Years
Help: Previous U.S. Visits: If you are unsure about when you visited the U.S.A., please	
Have you ever been selled a LLS Visa? Vec No L	ate latest visa was issued (DD/MMM/YYYY):/M/Y
Visa Number: I do not know	re you applying for the same type of visa? Yes No
Are you applying in the same country or location where the vis place of principal residence? Yes No	sa above was issued, and is this country or location your
Have you been ten-printed? Yes No	
Have any of your U.S. visas ever been lost or stolen? Yes	No If yes, enter year visa was lost or stolen:
Explain:	
Have any of your U.S. visas ever been cancelled or revoked?	Yes No
If yes, explain:	
Have you ever been refused a U.S. visa, been refused admission admission at the port of entry? Yes No	n to the United States, or withdrawn your application for
admission at the port of entry? Yes No If yes, explain:	

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Have you ever been denied travel autho		e Depa	rtment of Homeland	Security th	rough the Electronic
System for Travel Authorization (ESTA)?	Yes	No			
If yes, explain:					
Has anyone ever filed an immigrant peti	tion on your k	oehalf v	with the United State	es Citizenshi	p and Immigration
Services? Yes No					
If yes, explain:					
Help: Visa Number: Enter 8-digit number that is displa	ved in red on the	lower rial	ht hand of your visa. If your	nrevious visa w	vas a Border Crossing Card (BCC)
enter the last 12-digit number of the first machine read	-	lower rigi	nt fiding of your visa. If your	previous visa w	as a Border crossing card (Bee)
Help: Ten-Printed: Ten-Printed means that you have p	ovided fingerprin	ts for all v	your fingers, as opposed to	having provide	d only two fingerprints.
			,		
CURRENT ADDRESS INFORMATION					
HOME ADDRESS					
Street Address (Line 1):			Street Address (Lin	e 2):	
City:		State/F	Province:		Postal Zone/ZIP Code:
Country:					
MAILING ADDRESS					
MAILING ADDRESS					
Is your Mailing Address the same as you	r Present Add	dress?	Yes No		
Street Address (Line 1):			Street Address (Lin	e 2):	
etreet / taaress (Eirie 1).			CE1 COL 7 (GG1 COS (E11)	0 2).	
City:		State/F	Province:		Postal Zone/ZIP Code:
		otato, i	TOVITIOO.		l ostal Zolie, Zii osae.
Country:					I
,					
Help: Mailing Address: This is the address where we	will send corresp	ondence	regarding your application	on.	
PHONE & EMAIL					
Primary Phone Number:	Secondary P	hone N	lumber:	Work Phon	e Number:
Email Address:					
Have you used any other email address	in the last five	e years'	? Yes No		
If yes, provide your previous email addre	ess:				

Help: **Phone Number:** You must provide a primary phone number. The primary phone number should be the phone number at which you are most likely to be reached; this could be land line or a mobile number.

Help: Email: The email address you provide will be used for correspondence purposes.

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SOCIAL MEDIA

From the list below, select each social media platform you have used with in the last five years. If you have not used any of the listed social media platforms in the last 5 years, select "None" at the bottom of the list. It's important to ONLY provide your username, NOT your passwords.

Help: In the space next to the platforms name, enter the username or handle you have used on the platform.

Help: Multiple Accounts: If you have used more than one username or handle or	a single platform, please write them all on the platforms' area separated by a coma.			
Facebook:	Instagram:			
Twitter:	Youtube:			
Google+:	LinkedIn:			
Pinterest:	MySpace:			
Tumblr:	TikTok:			
Flickr:	Vine:			
Douban:	Ask.fm:			
Reddit:	Qzone (QQ):			
Tencent Weibo:	Sina Wiebo:			
Vkontakte (VK):	Twoo:			
None, I don't have a username in any of these social m	nedia platforms.			
Have you used any other social media accounts within the	last 5 years? Yes No			
If yes, please specify:				
PASSPORT INFORMATION				
Passport Number:	Passport Book Number: Does not apply			
Help: Passport: Enter the information on the travel document you will be using passport or other valid, unexpired documentation that is sufficient to establish	when traveling to the U.S.A. Your travel document should be a valid, unexpired your identity and nationality.			
Help: Passport Book Number : The Passport Book Number is commonly called on your passport, it may vary depending on the country.	the inventory control number. You may or may not have a Passport Book Number			
Where was the Passport Issued?	City:			
State/Province:	Country:			
Issuance Date (DD/MMM/YYYY):	Expiration Date (DD/MMM/YYYY):			
D/M/Y	D/M/Y			
Have you ever lost a passport or had one stolen? Yes	No If yes, enter passport number: I do not know			
Country/Authority that Issued Passport: Explain:				

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U.S. POINT OF CONTACT INF	ORMATION				
Do you have a contact person	or organization	in the United Sta	ates? Yes No	If yes,	fill the following information:
Last Name:			First name:		
Relationship to You:					
U.S. Street Address (Line 1):			U.S. Street Address (L	ine 2):	
City:			State:		ZIP Code:
Phone Number:		Email Address:			Does not apply
		I			
FAMILY INFORMATION					
Relatives Please provide the following i following information on your			ological parents. If you	are ado	opted, please provide the
FATHER					
Last Name/Surname:			First Name/Given Name:		
Date of Birth (DD/MMM/YYY) D/M/Y	Y): I do not	know			
Is your father still alive? Ye	es No If	no, year of deat	h: If y	es, fill th	ne following information:
Street Address:			City:		
State/Province:	ZIP Code:		Country/Region:		
Is your father in the U.S.?	Yes No		If yes, what's your father's current status:		
MOTHER					
Last Name/Surname:			First Name/Given Name:		
Date of Birth (DD/MMM/YYY) D/M/Y	Y): I do not	know			
Is your mother still alive?	/es No I	f no, year of dea	ith: If	yes, fill	the following information:
Street Address:			City:		
State/Province:	ZIP Code:		Country/Region:		
Is your mother in the U.S.?	Yes No		If yes, what's your mo	ther's cu	ırrent status:

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IMMEDIATE RELATIVES					
Do you have any immediate relatives, not including parents in the U.S.A.? Yes No If yes, fill the following information:					
Surname:		Given Names:			
Relationship to you:		Relative's Status:			
Surname:		Given Names:			
Relationship to you:		Relative's Status:			
Surname:		Given Names:			
Relationship to you:		Relative's Status:			
Surname:		Given Names:			
Relationship to you:		Relative's Status:			
Do you have any other relatives in the U.S.,	A.? Yes No	0			
Surname:		Given Names:			
Relationship to you:		Relative's Status:			
Surname:		Given Names:			
Relationship to you:		Relative's Status:			
Help: Immediate Relatives: Means fiancé/fiancée, spouse	(husband/wife), child (s	.I son/daughter), or sibling (brother/si	ster).		
SPOUSE (LEGALLY MARRIED)					
Spouse's Surnames:	Spouse's Given I	Names:	Date of Birth (DD/MMM/YYYY): D/M/Y		
Spouse's Country/Region of Origin (Nation	nality):				
Spouse's City of Birth:		Spouse's Country of Birth:			
Spouse's Address		1			
Street Address:		City:			
State/Province:		ZIP Code:			
Country/Region:					
Date and Place of Marriage					
Date (DD/MMM/YYYY): D/M/Y		City:			
State/Province:		Country/Region:			

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FIA	ANCÉ/FIANCÉE (IF APPLICABLE)					
Fia	ncé/Fiancée's Surnames:	Fiancé/Fiancé	e's Giv	ven Names:		Date of Birth (DD/MMM/YYYY): D/M/Y
Fia	ncé/Fiancée's Country/Region of Origin	(Nationality):				
Fia	ncé/Fiancée's City of Birth:		Fia	ncé/Fiancée's Co	ountry	of Birth:
Fia	ncé/Fiancée's Address					
Str	eet Address:		City	y:		
Sta	te/Province:		ZIP	Code:		
Со	untry/Region:		Fia	ncé/Fiancée's O	ccupati	on:
FO	RMER SPOUSE (IF APPLICABLE)					
Do	you have any previous spouses? Yes	s No	lf y	es, number of pr	revious	spouses (only if legally married):
	Last Name/Surname:	First Name	e/Give	n Name:		Date of Birth (DD/MMM/YYYY): D/M/Y
SE # 1	Date of Marriage (DD/MMM/YYYY): D/M/Y				nded (DD/MMM/YYYY):
SPOUS)			Divorce Other		
	Country where marriage was terminated	? 				
	Last Name/Surname:	First Name	e/Give	n Name:		Date of Birth (DD/MMM/YYYY): D/M/Y
#	Date of Marriage (DD/MMM/YYYY): D/M/Y			Date Marriage E D/M	nded (DD/MMM/YYYY):
SPOUSE	Annument Death Year of Death.			Divorce	0	ther
	Country where marriage was terminated					
	Last Name/Surname:	First Name	e/Give			Date of Birth (DD/MMM/YYYY): D/M/Y
SE # 3	Date of Marriage (DD/MMM/YYYY): D/M/Y			Date Marriage E D/M		DD/MMM/YYYY):
SPOUS	How was your marriage terminated? Annulment Death Year of D			Divorce	0	ther
	Country where marriage was terminated	17				

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CHILDREN						
Do you have any children? Yes No						
CHILD 1						
Last Name/Surname:	First Name/Given Name:	Date of Birth (DD/MMM/YYYY): D/M/Y				
Place of Birth						
City:	State/Province:	Country:				
Is this child immigrating to the U.S.A. with y	you? Yes No					
If answered no, is this child immigrating to	the U.S.A. at a later date to join y	ou? Yes No				
CHILD 2						
Last Name/Surname:	First Name/Given Name:	Date of Birth (DD/MMM/YYYY): D/M/Y				
Place of Birth						
City:	State/Province:	Country:				
Is this child immigrating to the U.S.A. with y	you? Yes No					
If answered no, is this child immigrating to	the U.S.A. at a later date to join y	ou? Yes No				
CHILD 3 Last Name/Surname:	First Name/Given Name:	Date of Birth (DD/MMM/YYYY):				
Last Name/ Sumame.	rist Name/Given Name.	D/M/Y				
Place of Birth						
City:	State/Province:	Country:				
Is this child immigrating to the U.S.A. with	you? Yes No					
If answered no, is this child immigrating to	the U.S.A. at a later date to join y	ou? Yes No				
CHILD 4						
Last Name/Surname:	First Name/Given Name:	Date of Birth (DD/MMM/YYYY): D/M/Y				
Place of Birth						
City:	State/Province:	Country:				
Is this child immigrating to the U.S.A. with	you? Yes No					
If answered no, is this child immigrating to the U.S.A. at a later date to join you? Yes No						

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CHILD 5							
Last Name/Surname:	First Name/Give	en Name:		Date of Birth (DD/MMM/YYYY): D/M/Y			
Place of Birth							
City:	State/Province:		Country:				
Is this child immigrating to the U.S.A. with you? Yes No							
If answered no, is this child immigrating to the U.S.A. at a later date to join you? Yes No							
CHILD 6							
Last Name/Surname:	First Name/Give	en Name:		Date of Birth (DD/MMM/YYYY): D/M/Y			
Place of Birth							
City:	State/Province:		Country:				
Is this child immigrating to the U.S.A. with	you? Yes	No					
If answered no, is this child immigrating to	the U.S.A. at a lat	ter date to join y	ou? Yes	s No			
WORK/EDUCATION/TRAINING INFORMA	TION						
PRESENT							
Primary Occupation:	Specify	y (if needed):					
Present Employer or School Name:	l l						
Street Address:							
City:		State/Province	:	Postal Zone/ZIP Code:			
Phone Number:		Country/Region:					
Start Date (DD/MMM/YYYY): Monthly Income in Local Currency (if employed): D/M/Y							
Briefly describe your duties:							
PREVIOUS							
Were you previously employed? Yes No							
If yes, provide the following information on all of your employers from the last five (5) years , starting with the most recent employer. It's very important that you provide as much information as possible . If you are unsure, please provide best estimate.							

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	Employer Name:						
	Employer Street Address:						
	City:	State/Province:	Postal Zone/ZIP Code:				
-	Country:	Telephone Number:					
10B#	Job Title:						
	Supervisor's Last Name/Surname:	Supervisor's First Name/	Give Name:				
	Employment Date From (DD/MMM/YYYY): D/M/Y	Employment Date To (DI					
	Briefly describe your duties:						
	Employer Name:						
	Employer Street Address:						
JOB # 2	City:	State/Province:	Postal Zone/ZIP Code:				
	Country: Telephone Number:						
	Job Title:						
	Supervisor's Last Name/Surname:	Supervisor's First Name/Give Name:					
	Employment Date From (DD/MMM/YYYY): D/M/Y	Employment Date To (DD/MMM/YYYY): D/M/Y					
	Briefly describe your duties:						
	Employer Name:						
	Employer Street Address:						
	City:	State/Province:	Postal Zone/ZIP Code:				
22							
JOB#	Job Title:	ı					
	Supervisor's Last Name/Surname:	Supervisor's First Name/	Give Name:				
	Employment Date From (DD/MMM/YYYY): D/M/Y	Employment Date To (DI	D/MMM/YYYY):				
	Briefly describe your duties:						

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	Employer Name:		
	Employer Street Address:		
	City:	State/Province:	Postal Zone/ZIP Code:
‡ †	Country:	Telephone Number:	
ם כ	Job Title:		
	Supervisor's Last Name/Surname:	Supervisor's First Name/	Give Name:
	Employment Date From (DD/MMM/YYYY): D/M/Y	Employment Date To (DED/M/Y	
	Briefly describe your duties:	'	
	Employer Name:		
	Employer Street Address:		
	Employer Street Address.		
	City:	State/Province:	Postal Zone/ZIP Code:
n ‡	Country:	Telephone Number:	
	Job Title:	·	
	Supervisor's Last Name/Surname:	Supervisor's First Name/	Give Name:
	Employment Date From (DD/MMM/YYYY): D/M/Y	Employment Date To (DED/M/Y	
	Briefly describe your duties:		

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EDUCATION INFORMATION

Help: Level of Education: You must answer yes to this question if you have ever attended high school, college, university, graduate school, doctoral program, or a vocational program.

Have you attended any educational institutions at a secondary level or above? Yes No

If yes, provide the following information on all educational institutions at a secondary level or above you have attended. If you are unsure, please provide best estimate.

Help: Course of Study: For high school course of study please indicate "Academic" or "Vocational". For all other education levels please indicate your major

or concentration.		,
Name of Institution:		
Street Address:		
City:	State/Province:	Postal Zone/ZIP Code:
Country:	Course of Study:	
Degree, Diploma or Certificate Received:		
Date of Attendance From (DD/MMM/YYYY): D/M/Y	Date of Attendance To (
Name of Institution:		
Street Address:		
City:	State/Province:	Postal Zone/ZIP Code:
Country:	Course of Study:	
Degree, Diploma or Certificate Received:		
Date of Attendance From (DD/MMM/YYYY): D/M/Y	Date of Attendance To (DD/MMM/YYYY): D/M/Y	
Name of Institution:		
Street Address:		
City:	State/Province:	Postal Zone/ZIP Code:
Country:	Course of Study:	
Degree, Diploma or Certificate Received:	I	
Date of Attendance From (DD/MMM/YYYY): D /M /Y	Date of Attendance To (

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ADDITIONAL	
Do you belong to a clan or tribe? Yes No If yes, write Clan or Tribe name:	
Provide a list of languages you speak:	
Language:	Language:
Language:	Language:
Have you traveled to any countries/regions within the las	t five years? Yes No
Country/Region:	Country/Region:
Have you resided in any country/region for six months or Country/Region:	Country/Region:
Country/Region:	Country/Region:
Have you belonged to, contributed to, or worked for any	professional, social, or charitable organization? Yes No
Organization Name:	Organization Name:
Organization Name:	Organization Name:
Have you ever been a member of the Taliban? Yes If yes, explain:	No
ii yes, explain.	
Have you ever served in the military? Yes No If yes	s, provide the following information:
Name of Country/Region:	Branch of service:
Rank/Position:	Military Specialty:
Date of Service From (DD/MMM/YYYY): D/M/Y	Date of Service To (DD/MMM/YYYY): D/M/Y
Have you ever served in, been a member of, or been invoinsurgent organization? Yes No If yes, explain:	lved with a paramilitary unit, vigilante unit, rebel group, or

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SECURITY AND BACKGROUND

Provide the following security and background information. Provide complete and accurate information to all questions that require an explanation. A visa may not be issued to persons who are within specific categories defined by law as inadmissible to the United States (except when a waiver is obtained in advance). Please note that should you answer Yes to any questions, you may be requested to provide documentation to support your explanation.

SECURITY AND BACKGROUND: PART 1		
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 other diseases as determined by the Department of Health and Human Services.)	Yes	No
If yes, explain:		
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
If yes, explain:		
Are you or have you ever been a drug abuser or addict?	Yes	No
If yes, explain:		
Do you have documentation to establish that you have received vaccinations in accordance with U.S.A. law?	Yes	No
If yes, explain:		
SECURITY AND BACKGROUND: PART 2		

SECURITY AND BACKGROUND: PART 2		
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
If yes, explain:		
Are you coming to the United States to engage in prostitution or unlawful commercialized vice or have you been engaged in prostitution or procuring prostitutes within the past 10 years?	Yes	No
If yes, explain:		
Have you ever been involved in, or do you seek to engage in, money laundering?	Yes	No
If yes, explain:		
Have you ever committed or conspired to commit a human trafficking offense in the United States or outside the United States?	Yes	No
If yes, explain:		

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Have you ever knowingly aided, abetted, assisted, or colluded with an individual who has been identified by the President of the United States as a person who plays a significant role in a severe form of trafficking in persons?	Yes	No
If yes, explain:		
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? If yes, explain:	Yes	No
Are you the spouse, son or daughter of an individual who has been identified by the President of the		
United States of America as a person who plays a significant role in a severe form of trafficking in persons and have you, within the last five years, knowingly benefited from the trafficking activities?	Yes	No
If yes, explain:		
Are you the spouse, son or daughter of an individual who had violated any controlled substance trafficking law, and have knowingly benefited from the trafficking activities in the past five years?	Yes	No
If yes, explain:		

SECURITY AND BACKGROUND: PART 3		
Do you seek to engage in espionage, sabotage, export control violations, or any other illegal activity while in the United States?	Yes	No
If yes, explain:		
Do you seek to engage in terrorist activities while in the United States or have you ever engaged in terrorist activities?	Yes	No
If yes, explain:		
Have you ever or do you intend to provide financial assistance or other support to terrorists or terrorist organizations?	Yes	No
If yes, explain:		
Are you a member or representative of a terrorist organization?	Yes	No
If yes, explain:		
Are you spouse, son or daughter of an individual who has engaged in terrorist activity, including providing financial assistance or other support to terrorists or terrorist organizations, in the last five years?	Yes	No
If yes, explain:		
Have you ever ordered, incited, committed, assisted, or otherwise participated in genocide?	Yes	No
If yes, explain:		
Have you ever committed, ordered, incited, assisted, or otherwise participated in torture?	Yes	No
If yes, explain:		

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Have you committed, ordered, incited, assisted, or otherwise participated in extrajudicial killings, political killings, or other acts of violence?	\/	
	Yes	No
If yes, explain:		
Have you ever engaged in the recruitment of or the use of child soldiers?	Yes	No
If yes, explain:		
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
If yes, explain:		
Are you a member of or affiliated with the Communist or other totalitarian party?	Yes	No
If yes, explain:		
Have you ever directly or indirectly assisted or supported any of the groups in Colombia known as the Revolutionary Armed Forces of Colombia (FARC), National Liberation Army (ELN), or United Self-Defense Forces of Colombia (AUC)?	Yes	No
If yes, explain:		
Have you ever, through abuse of governmental or political position converted for personal gain, confiscated or expropriated property in a foreign nation to which a United States national had claim of ownership?	Yes	No
If yes, explain:		
Are you the spouse, minor child, or agent of an individual who has through abuse of governmental or political position converted for personal gain, confiscated or expropriated property in a foreign nation to which a United States national had claim of ownership?	Yes	No
If yes, explain:		
Have you ever disclosed or trafficked in confidential U.S. business information obtained in connection with U.S. participation in the Chemical Weapons Convention?	Yes	No
If yes, explain:		
Are you the spouse, minor child, or agent of an individual who has disclosed or trafficked in confidential U.S. business information obtained in connection with U.S. participation in the Chemical Weapons Convention?	Yes	No
If yes, explain:		
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
If yes, explain:		

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SECUDITY AND PACKGROUND, DADT 4		
SECURITY AND BACKGROUND: PART 4 Have you over been the subject of a removal or deportation hearing?	Yes	No
Have you ever been the subject of a removal or deportation hearing? If yes, explain:	162	INO
ii yes, explain.		
Have you ever sought to obtain or assist others to obtain a visa, entry into the United States, or any other	Yes	No
United States immigration benefit by fraud or willful misrepresentation or other unlawful means?	100	110
If yes, explain:		
Have you ever been the subject of a removal or deportation hearing?	Yes	No
If yes, explain:		
Have you failed to attend a hearing on removability or inadmissibility within the last five years?	Yes	No
If yes, explain:		
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
If yes, explain:		
Are you subject to a civil penalty under INA 274C?	Yes	No
If yes, explain:		
Have you been ordered removed from the U.S. during the last five years?	Yes	No
If yes, explain:		
Have you been ordered removed from the U.S. for a second time within the last 20 years?	Yes	No
If yes, explain:		
Have you ever been unlawfully present and ordered removed from the U.S. during the last ten years?	Yes	No
If yes, explain:		
Have you ever been convicted of an aggravated felony and been ordered removed from the U.S.?	Yes	No
If yes, explain:		
Have you ever been unlawfully present in the U.S. for more than 180 days (but no more than one year)	\/	NI-
and have voluntarily departed the U.S. within the last three years?	Yes	No
If yes, explain:		
Have you ever been unlawfully present in the U.S. for more than one year or more than one year in the	Yes	No
aggregate at any time during the last 10 years?	103	140
If yes, explain:		
Have you ever been removed or deported from any country?	Yes	No
If yes, explain:		

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SECURITY AND BACKGROUND: PART 5		
Have you ever been withheld custody of a U.S. citizen child outside the United States from a person granted legal custody by a U.S. court? If yes, explain:	Yes	No
ii yes, explairi.		
Have you voted in the United States in violation of any law or regulation?	Yes	No
If yes, explain:		
Have you ever renounced United States citizenship for the purpose of avoiding taxation?	Yes	No
If yes, explain:		
Are you a former exchange visitor (J) who has not yet fulfilled the two-year foreign residence requirement? If yes, explain:	Yes	No
Do you seek to enter the United States for the purpose of performing skilled or unskilled labor but have not yet been certified by the Secretary of Labor?	Yes	No
If yes, explain:		
Are you a graduate of a foreign medical school seeking to perform medical services in the United States but have not yet passed the National Board of Medical Examiners examination or its equivalent?	Yes	No
If yes, explain:		
Are you a health worker seeking to perform such work in the United States but have not yet received certification from the Commission on Graduates of Foreign Nursing Schools or from an equivalent approved independent credentialing organization? If yes, explain:	Yes	No
Are you permanently ineligible for U.S. citizenship?	Yes	No
If yes, explain:		
Have you ever departed the United States in order to evade military service during a time of war?	Yes	No
If yes, explain:		
Are you coming to the U.S. to practice polygamy?	Yes	No
If yes, explain:		
Has the Secretary of Homeland Security of the United States ever determined that you knowingly made	Yes	No

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