

START HERE - Please Type or Print

Part 1. Information about you.

Family Name ALSHEHHI	Given Name MARWAN	Middle Initial YOUSSEF
Address - In Care of:		
Street # and Name 516 W LAUREL RD.		Apt #
City NOKOMIC	State FL.	
Zip Code 34275		
Date of Birth (month/day/year) 05/09/1978	Country of Birth UNITED ARAB EMIRATIS	
Social Security # (if any)	A# (if any)	
Date of Last Arrival into the U.S. 05/09/2000	I-94#	
Current Nonimmigrant Status R B1/B2	Expires on (month/day/year) 01/17/2010	

Part 2. Application Type.

(See instructions for fee.)

1. I am applying for: (check one)
- a. ☐ an extension of stay in my current status
- b. ☐ a change of status. The new status I am requesting is:
2. Number of people included in this application: (check one)
- a. ☐ I am the only applicant
- b. ☐ Members of my family are filing this application with me. The Total number of people included in this application is (complete the supplement for each co-applicant)

M-1
TX0530
19 SEP '00

Part 3. Processing Information.

1. I/We request that my/our current or requested status be extended until (month/day/year) **09/01/01**
2. Is this application based on an extension or change of status already granted to your spouse, child or parent?
☒ No ☐ Yes (receipt # _____)
3. Is this application being filed based on a separate petition or application to give your spouse, child or parent an extension or change of status?
☒ No ☐ Yes, filed with this application ☐ Yes, filed previously and pending with INS
4. If you answered yes to question 3, give the petitioner or applicant name:

If the application is pending with INS, also give the following information:
Office filed at _____ Filed on _____ (date)

Part 4. Additional information.

1. For applicant #1, provide passport information:
Country of issuance **UNITED ARAB EMIRATIS** Valid to: (month/day/year) **01/01/2005**
2. Foreign address:
Street # and Name **ALNAKIL** Apt# _____
City or Town _____ State or Province **Ras Al Khaimah**
Country **UNITED ARAB EMIRATIS** Zip or Postal Code _____

Form I-539 (Rev. 12-2-91)

Continued on back.

FOR INS USE ONLY

Returned Date _____	Receipt 09/22/2008 SRC-00-276-50854 SPCC00082
Resubmitted Date _____	
Reloc Sent Date _____	
Reloc Rec'd Date _____	
<input type="checkbox"/> Applicant Interviewed	
<input checked="" type="checkbox"/> Extension Granted to (date): _____	
<input checked="" type="checkbox"/> Change of Status/Extension Granted New Class: M-1 To (date): 10-1-2001	
If denied: <input type="checkbox"/> Still within period of stay <input type="checkbox"/> V/D to: _____ <input type="checkbox"/> S/D to: _____ <input type="checkbox"/> Place under docket control	
Remarks	
Action Block APPROVED MAHMOUD CHAWY AUG 09 2001 SSC 1 5017	
To Be Completed by Attorney or Representative, if any <input type="checkbox"/> Fill in box if G-28 is attached to represent the applicant	
VOLAG#	
ATTY State License #	

Part 4. Additional Information. (continued)

Answer the following questions. If you answer yes to any question, explain on separate paper.

	Yes	No
a. Are you, or any other person included in this application, an applicant for an immigrant visa or adjustment of status to permanent residence?		X
b. Has an immigrant petition ever been filed for you, or for any other person included in this application?		X
c. Have you, or any other person included in this application ever been arrested or convicted of any criminal offense since last entering the U.S.?		X
d. Have you, or any other person included in this application done anything which violated the terms of the nonimmigrant status you now hold?		X
e. Are you, or any other person included in this application, now in exclusion or deportation proceedings?		X
f. Have you, or any other person included in this application, been employed in the U.S. since last admitted or granted an extension or change of status?		X

If you answered YES to question 3f, give the following information on a separate paper: Name of person, name of employer, address of employer, weekly income, and whether specifically authorized by INS.

If you answered NO to question 3f, fully describe how you are supporting yourself on a separate paper. Include the source and the amount and basis for any income.

Part 5. Signature. Read the information on penalties in the instructions before completing this section. You must file this application while in the United States.

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

Signature	Print your name	Date
Marwan Alshehhi	Marwan Yousef Alshehhi	09/15/2000

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

Part 6. Signature of person preparing form if other than above. (Sign below)

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

Signature	Print Your Name	Date
Firm Name and Address		

(Please remember to enclose the mailing label with your application)