

## **KEEP THIS PAGE FOR YOUR RECORDS**

### **Packet Assembly Checklist - J-1 Visa Waiver Recommendation Application**

*Use this checklist to organize the pages in the J Visa Waiver Recommendation Application packet*

Case Number: **1989948**  
Applicant Name: **Ahmed Hatem Salaheldin Abdelrahman**  
Applicant DOB: **12/27/1992**  
Applicant POB: **EGYPT**  
Waiver Basis: **Persecution**

*Check that the exchange visitor's case number and country/region of last residence is written on any documentation submitted, as well as on the outside envelope of ALL future correspondence with the Waiver Review office.*

**Packet 1. Destination: Department of State, St. Louis, MO Please assemble packet in this order:**

(Items with a \* have been generated in PDF format)

- \_\_\_\_\_ Application fee: Follow the detailed instruction on DS-3035, page 1
- \_\_\_\_\_ Waiver Review Division Barcode Page \*: Accompanies the DS-3035
- \_\_\_\_\_ Form DS-3035, pages 1,2 and 3 \*: Follow the detailed mailing instructions on page 1. The applicant must sign on line 21. If the form is being prepared by an attorney, the attorney needs to sign on line 9.
- \_\_\_\_\_ Supplementary Applicant Information pages \*: Accompanies the DS-3035
- \_\_\_\_\_ Copy of the data page of the EV's current passport containing name and birth date
- \_\_\_\_\_ Copies of all forms DS-2019 or IAP-66
- \_\_\_\_\_ Statement of Reason \*
- \_\_\_\_\_ G-28
- \_\_\_\_\_ Additional items as indicated by the applicant
- \_\_\_\_\_ **\*\*\* Be sure to sign Form DS-3035, line 21 \*\*\***

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**Packet 2. Destination: U.S.C.I.S Service Center having jurisdiction over the EV's current place of residence in the United States**

- \_\_\_\_\_ Form I-612: obtained from the United States Citizenship and Immigration Services (U.S.C.I.S) office (<http://uscis.gov>). Carefully read the instructions for Form I-612 and include all supporting documentation they require.
- \_\_\_\_\_ Third Party Barcode Page \*

The Waiver Review Division will forward a recommendation directly to the United States Citizenship and Immigration Services (USCIS).

IMPORTANT NOTE: Once the Waiver Review Division forwards a waiver recommendation to the USCIS, the case is considered closed at the Department of State. Any further action on the case falls under the jurisdiction of the USCIS. To follow-up on the waiver recommendation, please contact the USCIS Service Center.

**DO NOT SEND THIS PAGE. KEEP THIS PAGE FOR YOUR RECORDS**

## Waiver Review Division Barcode Page

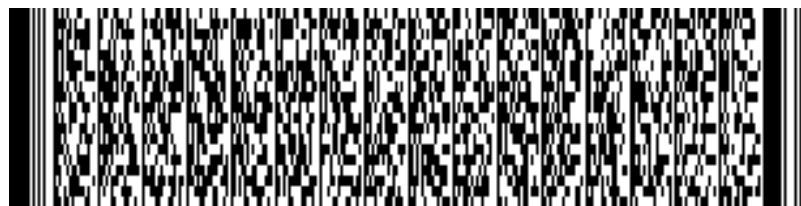
1989948, Abdelrahman, Ahmed Hatem Salaheldin, 12/27/1992, POB: EGYPT,  
Persecution

1.



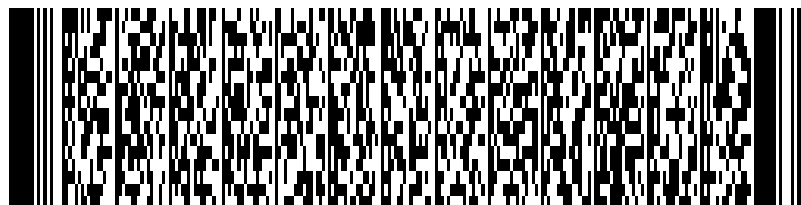
20250620013815101

2.



20250620013815201

3.



20250620013815301

Important: Make sure to include this page with your DS-3035

U. S. Department of State

## J-1 VISA WAIVER RECOMMENDATION APPLICATION INSTRUCTIONS

**Keep this page for your records**

**Complete the following two pages of this form and send them, along with the fee and supporting documentation listed below, to:**

**Postal Service  
Department of State J-1Waiver  
P.O. Box 979037  
Earth City, MO 63045**

**Courier Service  
Department of State J-1 Waiver  
3180 Rider Trail South  
Earth City, MO 63045**

PLEASE DO NOT STAPLE ANY DOCUMENTS

PLEASE AVOID TWO-SIDED DOCUMENTS AND ONLY USE 8 1/2" X 11" PAPER

Supporting documents and fee:

1. Application fee of \$120 PER J-1 APPLICANT. Please send a cashier's check or money order in U.S. currency drawn on a U.S. bank, made payable to THE U.S. DEPARTMENT OF STATE. Include your name, date and place of birth on whatever form of payment you submit. DO NOT SUBMIT MORE THAN ONE APPLICATION FEE PER PERSON:
2. Any additional pages needed to full respond to the questions in this form;
3. A statement demonstrating why the exchange visitor is eligible to receive a waiver of the two-year home country requirement of the exchange visitor program. The length of the statement may vary;
4. Copies of all DS-2019 "Exchange Visitor Program Certificate Of Eligibility For Exchange Visitor (J-1) Status" (formerly IAP-66) forms;
5. Notice of Entry of Appearance as Attorney or Representative (G-28 form), if the exchange visitor is represented by an attorney;
6. Copy of the data page of the exchange visitor's current passport containing name and birth date.

**Once your application has been processed, you will receive your case number and further instructions on how to proceed. Please do not call to verify that the application has arrived. Current processing times are listed on the U.S. Department of State web site, [www.travel.state.gov](http://www.travel.state.gov).**

### **Paperwork Reduction Act (PRA) Statement**

Public reporting burden for this collection of information is estimated to average 1 hour per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: A/ISS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202.




U. S. Department of State

**J-1 VISA WAIVER RECOMMENDATION APPLICATION**OMB No. 1405-0135  
DS-3035  
VERSION No. 07-2008  
EXPIRATION DATE 08/31/2025  
ESTIMATED BURDEN 1 HourTYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED.  
YOU MAY APPEND ADDITIONAL PAGES IN ORDER TO FULLY RESPOND TO THE QUESTIONS

<b>1. Title</b> <input checked="" type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		<b>Surname (As in Passport)</b> Abdelrahman									
<b>Given Names (As in Passport, First &amp; Middle)</b> Ahmed Hatem Salaheldin			<b>Maiden Name (if any)</b>								
<b>Please indicate any other names that you are, or have been, known by. These can include aliases, previous married names, religious names, professional names, etc.</b>											
<b>Other Surname(s)</b> Abdelrahman El Nashar Elnashar			<b>Other Given Name(s)</b> Ahmed Ahmed Hatem Ahmed Hatem								
<b>Sex</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		<b>3. Date of Birth (mmm-dd-yyyy)</b> Dec-27-1992									
<b>4. Country Information (As shown on your most recent DS-2019/formerly IAP-66)</b>											
<b>City of Birth</b> Fayoum		<b>Country of Birth</b> EGYPT		<b>Citizenship Country</b> EGYPT							
<b>Legal Permanent Residence Country</b> EGYPT											
<b>5. I am requesting a recommendation for a waiver of the 212(e) requirement based on: (check only one)</b> <table><tr><td><input type="checkbox"/> Exceptional Hardship</td><td><input checked="" type="checkbox"/> Persecution</td><td><input type="checkbox"/> Interested Government Agency (Physician)</td></tr><tr><td><input type="checkbox"/> Interested Government Agency (non-physician)</td><td><input type="checkbox"/> State Health Agency Request</td><td><input type="checkbox"/> No Objection Statement</td></tr></table>						<input type="checkbox"/> Exceptional Hardship	<input checked="" type="checkbox"/> Persecution	<input type="checkbox"/> Interested Government Agency (Physician)	<input type="checkbox"/> Interested Government Agency (non-physician)	<input type="checkbox"/> State Health Agency Request	<input type="checkbox"/> No Objection Statement
<input type="checkbox"/> Exceptional Hardship	<input checked="" type="checkbox"/> Persecution	<input type="checkbox"/> Interested Government Agency (Physician)									
<input type="checkbox"/> Interested Government Agency (non-physician)	<input type="checkbox"/> State Health Agency Request	<input type="checkbox"/> No Objection Statement									
<b>6. Did your exchange visitor program(s) include U.S. Government funds, funds from your own government or funds from an international organization?</b> No											
<b>7. Current address of exchange visitor</b>											
<b>Street</b> 23-15 44th Road , Apt 45L		<b>City</b> Long Island City		<b>State/Province</b> NEW YORK	<b>Zip/Postal Code</b> 11101						
<b>Country (if not U.S.)</b> UNITED STATES OF AMERICA											
<b>Home Phone</b> 832-888-6787		<b>Business Phone</b>		<b>Fax</b>							
<b>Email Address</b> drahmedhatem92@gmail.com											
<b>8. Last U.S. city and state, if not currently living in U.S.:</b>											
<b>City</b> Long Island City				<b>State</b> NEW YORK							
<b>9. Are you represented by an attorney or other organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please enter the following information about his attorney or organization)											
<b>Attorney, Representative, and/or Organization Name</b> Marina Fooksman / Fooksman Law Firm PC											
<b>Street</b> 303 5th Avenue , Suite 1005		<b>City</b> New York		<b>State/Province</b> NEW YORK	<b>Zip/Postal Code</b> 10016						
<b>Business Phone/Ext.</b> 2124814115 /		<b>Fax</b>		<b>Email Address</b> marina@fooksmanlaw.com							
<b>If this form is being prepared by an attorney, the attorney must sign here:</b>											
<b>10. Mailing address of exchange visitor (If different from your current or attorney address)</b>											
<b>Street</b>		<b>City</b>		<b>State/Province</b>	<b>Zip/Postal Code</b>						
<b>Country (if not U.S.)</b> UNITED STATES OF AMERICA											
<b>11. I request that all correspondence, including my recommendation, be sent to my: (check only ONE)</b> <input type="checkbox"/> Current Address (Line 7) <input checked="" type="checkbox"/> Attorney Address (Line 9) <input type="checkbox"/> Mailing Address (Line 10)											
<b>12. List all exchange visitor programs in which you participated, beginning with the first program</b>											
<b>SEVIS Number</b>	<b>Program Number</b>	<b>Purpose of the Form</b>	<b>Begin Date (mmm-dd-yyyy)</b>	<b>End Date (mmm-dd-yyyy)</b>	<b>Subject/Field Code</b>	<b>Funding Amount</b>					
N0030982281	P- 3- 04510	Replace/Amend Previous Form	Jun-29-2020	Jun-30-2024	61.1201	\$ 86,646					
N0030982281	P- 3- 04510	Replace/Amend	Jun-29-2020	Jun-30-2023	61.1201	\$ 80,110					

N0030982281	P- 3- 04510	Previous Form Replace/Amend Previous Form	Jun-29-2020	Jun-30-2022	61.1201	\$ 73,711
N0030982281	P- 3- 04510	New Program	Jun-29-2020	Jun-30-2021	60.0415	\$ 55,620
N0030982281	P- 3- 04510	New Program	Nov-01-2019	Oct-31-2020	51.1201	\$ 18,500

<b>13. Is there any period of time in the U.S. that is not covered by your form DS-2019/formerly IAP-66?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If yes please explain below) Applicant was previously inspected and admitted on a B-2 visa from September 31, 2018 to March 31, 2019; May 12, 2019 to July 19, 2019; and July 28, 2019 to October 1, 2019. The Applicant filed an I-589 Application for Asylum and Withholding of Removal on May 26, 2023, which remains pending with USCIS. Since his J-1 program end date on June 30, 2024, the Applicant is lawfully in the United States under a period of authorized stay due to his pending Asylum application.  ...See supplementary applicant Information Page for Completed Explanation				
<b>14. Does this application include any J-2 dependents?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes please enter information about these J-2 dependents below)				
Surname	Given name	Date of Birth (mmm-dd-yyyy)	Country of Birth	Relationship
<b>15. Is your spouse in J-1 status?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, he or she must apply separately for a waiver)				
<b>16. If your spouse has applied for a waiver, please enter information about his/her J waiver case below:</b>				
Surname	Given name	Date of Birth (mmm-dd-yyyy)	Country of Birth	J Waiver Case Number
<b>17. Date and place of first entry into the U.S. on your original exchange visitor (J-1) visa. Entry information should refer to the first time the J-1 visa was used to enter the U.S. If the EV changed to J-1 visa status while already in the U.S., enter the date of status change, control number and issuing post of that first J-1 visa.</b>				
Date (mmm-dd-yyyy) Oct-14-2019	Port of Entry ORD	State of Entry ILLINOIS	Issuing Post CAIRO	
<b>18. Alien Registration Number, if any:</b>		<b>19. I-94 Number:</b> <u>284709325A2</u>		
<b>20. If you have ever applied for a J visa waiver recommendation or advisory opinion, please enter your most recent case number:</b> _____				
<b>21. I certify that I have read and understood all the questions set forth in this application and the answers I have furnished are true and correct to the best of my knowledge and belief. I understand that any false or misleading statement may result in the refusal of a waiver recommendation.</b> <div style="text-align: center;"></div> Signature of Exchange Visitor: _____ Date (mmm-dd-yyyy) <u>Jun-20-2025</u>				

DO NOT WRITE BELOW THIS SPACE - FOR OFFICE USE ONLY			
Case No: 1989948	Date Rec.:	Fee Paid:	G-28:

Case Number: **1989948**  
 Request Type: **Persecution**

### Applicant Information

Title: **Dr.**  
 Surname(Last): **Abdelrahman**  
 Given Name (First/Middle): **Ahmed Hatem Salaheldin**  
 Maiden Name:  
 Sex: **Male**  
 Date of Birth: **12/27/1992**  
 City of Birth: **Fayoum**  
 Place of Birth: **EGYPT**  
 Country/Region of Origin (Nationality): **EGYPT**  
 Country/Region of Legal Permanent Residence: **EGYPT**  
 Alien Registration Number:  
 I-94 Departure Number: **284709325A2**

### Other Names (Aliases)

	Given Name (First/Middle)	Surname (Last)
Other Name 1:	Ahmed	Abdelrahman
Other Name 2:	Ahmed Hatem	El Nashar
Other Name 3:	Ahmed Hatem	Elnashar

### Contact Information

	Current	Mailing	Phone Number(s)
Address 1:	23-15 44th Road		
Address 2:	Apt 45L		
Address 3:		UNITED STATES OF AMERICA	
City:	Long Island City		
Province:		Mailing Preference: ( ) Mailing Address	
State:	NEW YORK	( ) Current Address	
Country/Region:	UNITED STATES OF AMERICA	(✓) Attorney	
Zip Code:	11101	Address	
Postal Code:		Most Recent City/State:	
		Long Island City, NEW YORK	
Location	Number	Extension	Type
US	832-888-6787	-	Home
			Business
		-	Fax

### Email Information

Email Address: drahmedhatem92@gmail.com

### Attorney Information

Law Firm or Organization Name: **Fooksman Law Firm PC**  
 Name of Attorney or Representative: **Marina Fooksman**  
 Address 1: **303 5th Avenue**  
 Address 2: **Suite 1005**  
 Address 3:  
 City: **New York**  
 State: **NEW YORK**  
 Zip code: **10016**  
 Phone: **2124814115** Extension:  
 Fax:  
 Email Address: **marina@fooksmanlaw.com**

**Important: Make sure to include this page with your DS-3035**

Case Number: 1989948  
Name: Dr. Ahmed Hatem Salaheldin Abdelrahman  
Request Type: Persecution

Visa History

Entry Date of First J-1 Visa: 10/14/2019  
Entry Port of First J-1 Visa: ORD  
Entry State of First J-1 Visa: ILLINOIS  
Issuing Post of First J-1 Visa: CAIRO

Program Information

SEVIS ID	Program Number	Purpose	Begin Date	End Date	Subject Field Code	Funding Amount
N0030982281	P-3-04510	Replace/Amend Previous Form	06/29/2020	06/30/2024	61.1201	\$ 86,646
N0030982281	P-3-04510	Replace/Amend Previous Form	06/29/2020	06/30/2023	61.1201	\$ 80,110
N0030982281	P-3-04510	Replace/Amend Previous Form	06/29/2020	06/30/2022	61.1201	\$ 73,711
N0030982281	P-3-04510	New Program	06/29/2020	06/30/2021	60.0415	\$ 55,620
N0030982281	P-3-04510	New Program	11/01/2019	10/31/2020	51.1201	\$ 18,500

Dependent Information

Given name	Surname	Date of Birth	Place of Birth	Relationship	Status
Type text here					

Explanation for any period of time in the U.S. not covered DS-2019 or IAP-66 form.

Applicant was previously inspected and admitted on a B-2 visa from September 31, 2018 to March 31, 2019; May 12, 2019 to July 19, 2019; and July 28, 2019 to October 1, 2019. The Applicant filed an I-589 Application for Asylum and Withholding of Removal on May 26, 2023, which remains pending with USCIS. Since his J-1 program end date on June 30, 2024, the Applicant is lawfully in the United States under a period of authorized stay due to his pending Asylum application.



## STATEMENT OF REASON

1989948, Ahmed Hatem Salaheldin, Abdelrahman, 12/27/1992, POB: EGYPT

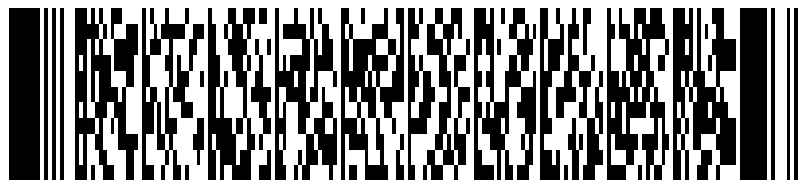
June 20, 2025

SOR: The Applicant merits the grant of a waiver of the 2 year home residency requirement because he would be subject to persecution in Egypt on account of political opinion. Due leading and participating in numerous antigovernment protests, the Applicant was detained for several months, falsely accused, criminally charged, and severely beaten to the point of suffering a brain injury and requiring emergency medical treatment. The Applicant later discovered, through his lawyer in Egypt, that he had an arrest warrant and was convicted in absentia for his participation in protests. The Applicants brother was also beaten, arrested, and has since fled the country. The Applicants father was further imprisoned, falsely accused, and criminally convicted to a life sentence for his political activism, and has also fled the country. If the Applicant were forced to return to Egypt, the Applicant would be arrested, criminally prosecuted, tortured, and imprisoned under inhumane conditions due to his political activism in Egypt.

**Important: Make sure to include this page with your DS-3035**

### THIRD PARTY BARCODE PAGE

Case Number: 1989948  
Applicant Name: Ahmed Hatem Salaheldin Abdelrahman  
Applicant DOB: 12/27/1992  
Applicant POB: EGYPT  
Waiver Basis: Persecution



20250620013815401

#### TO THE USCIS:

1) Please return this page (the Third Party Barcode Page) and the documents listed below to the Department of State at the address below:

[212eAdvisoryOpinion@state.gov](mailto:212eAdvisoryOpinion@state.gov)

2) Form I-613. Please print the waiver applicant's case file number on both the statement and on the LOWER RIGHT of the envelope.