

**(Jose Tomas Dominguez) myUSCIS Responses to Your (06-23-2020)  
Application to Extend/Change Nonimmigrant Status (USCIS I-539)**

**Applicant**

**Alien Number:**

**USCIS Online Account Number:**

**Last Name:** Dominguez

**First Name:** Jose

**Middle Name:** Tomas

**Country Of Birth:** CHL

**Country Of Citizenship Or Nationality:** CHL

**Date Of Birth:** 08-12-1992

**Social Security Number:**

**Mailing Address**

**In Care Of Name:** Jose Tomas Dominguez Fuenzalida

**Address Line One:** 540 MEMORIAL DR APT 1610

**Address Line Two:**

**City:** CAMBRIDGE

**State:** MA

**Zip Code:** 02139-4904

**Physical Address**

**Address Line One:** 540 MEMORIAL DR APT 1610

**Address Line Two:**

**City:** CAMBRIDGE

**State:** MA

**Zip Code:** 02139-4904

**I-94 Data**

**Date Of Last Arrival:** 03-17-2020

**Arrival Departure Record Number:** 530225475A2

**Current Non Immigrant Status:** B2

**Current Non Immigrant Status Expiration Date:** 09-16-2020

**Is Granted Duration Of Status:** Yes

**Passport Or Travel Document**

**Passport Number:** F26636486

**Travel Document Number:** F26636486

**Country Of Issuance:** CHL

**Expiration Date:** 12-03-2023

**Application Detail**

**Receipt Number:** MCT2041463700

**Submission Date:** 06-23-2020

**Application Type:** Extension of Stay

**New Non Immigrant Status Effective Date:**

**New Non Immigrant Status:**

**Is Only Applicant:** Yes

**Number Included In Application Total:**

<b>Processing Information</b>
<p><b>Current Status Extension Date:</b> 12-31-2020</p> <p><b>Is Based On Granted Family Petition:</b> No</p> <p><b>Is Based On Granted Family Petition Receipt Number:</b></p> <p><b>Based On Separate Family Petition:</b> No</p>
<b>Based On Separate Family Petition Pending Data</b>
<p><b>Receipt Number:</b></p> <p><b>First Name:</b></p> <p><b>Last Name:</b></p> <p><b>Date Filed:</b></p>
<b>Current Passport</b>
<p><b>Number:</b> F26636486</p> <p><b>Country Of Issuance:</b> CHL</p> <p><b>Expiration Date:</b> 12-03-2023</p>
<b>Foreign Physical Address</b>
<p><b>Address Line One:</b> 540 Memorial Drive Apt 1610</p> <p><b>Address Line Two:</b></p> <p><b>City:</b> Cambridge</p> <p><b>Province:</b> Region metropolitana</p> <p><b>Postal Code:</b> 02139</p> <p><b>Country:</b> CHL</p>
<b>Additional Information About the Applicant</b>
<p><b>Is Applicant For Immigrant Visa:</b> No</p> <p><b>Additional Explanation:</b></p> <p><b>Has Immigrant Petition Been Filed:</b> No</p> <p><b>Additional Explanation:</b></p> <p><b>Has I 485 Been Filed:</b> No</p> <p><b>Additional Explanation:</b></p>
<p><b>Has Been Arrested Or Convicted:</b> No</p> <p><b>Additional Explanation:</b></p> <p><b>Has Participated In Torture Or Genocide:</b> No</p> <p><b>Additional Explanation:</b></p> <p><b>Has Participated In Killing Any Person:</b> No</p> <p><b>Additional Explanation:</b></p> <p><b>Has Participated In Injuring Any Person:</b> No</p> <p><b>Additional Explanation:</b></p> <p><b>Has Participated In Forced Sexual Contact:</b> No</p> <p><b>Additional Explanation:</b></p> <p><b>Has Participated In Denying Religious Beliefs:</b> No</p> <p><b>Additional Explanation:</b></p> <p><b>Has Served In Military:</b> No</p> <p><b>Additional Explanation:</b></p> <p><b>Has Served In Prison:</b> No</p> <p><b>Additional Explanation:</b></p>

<p><b>Has Served In Organization With Weapons:</b> No</p> <p><b>Additional Explanation:</b></p> <p><b>Has Transported Weapons:</b> No</p> <p><b>Additional Explanation:</b></p> <p><b>Has Weapons Training:</b> No</p> <p><b>Additional Explanation:</b></p> <p><b>Has Violated Non Immigrant Status:</b> No</p> <p><b>Additional Explanation:</b></p> <p><b>Is In Removal Proceedings:</b> No</p> <p><b>Additional Explanation:</b></p> <p><b>Is Employed In Us:</b> No</p> <p><b>Employment Additional Explanation:</b></p> <p><b>Supporting Self Additional Explanation:</b> I work for a university in Chile, I just renewed my contract with them, later on I uploaded the contract request from the university. I earn USD 24.000 per year.</p> <p><b>Is Exchange Visitor Or Dependent:</b> No</p> <p><b>Additional Explanation:</b></p>
<b>Applicant Statement</b>
<b>Has English Applicant Statement:</b> Yes
<b>Signature</b>
<p><b>Form Type:</b> I-539</p> <p><b>Signature Block:</b> Jose Tomas Dominguez Fuenzalida</p> <p><b>Email Address:</b> josetodf@gmail.com</p> <p><b>eSign Date:</b> 06-23-2020</p>
<b>Contact Information</b>
<p><b>Daytime Phone Number:</b> 617-230-9434</p> <p><b>Mobile Phone Number:</b> 617-230-9434</p> <p><b>Email Address:</b> josetodf@gmail.com</p>
<b>Interpreter</b>
<p><b>First Name:</b></p> <p><b>Last Name:</b></p> <p><b>Organization Name:</b></p>
<p><b>Address Line One:</b></p> <p><b>Address Line Two:</b></p> <p><b>City:</b></p> <p><b>State:</b></p> <p><b>Zip Code:</b></p> <p><b>Province:</b></p> <p><b>Postal Code:</b></p> <p><b>Country:</b></p>
<p><b>Mobile Phone Number:</b></p> <p><b>Daytime Phone Number:</b></p> <p><b>Email Address:</b></p> <p><b>Fluent Language:</b></p> <p><b>Has Interpreter Applicant Statement:</b></p>
<b>Signature:</b>

Date of Signature:
<b>Preparer</b>
First Name:
Last Name:
Organization Name:
Address Line One:
Address Line Two:
City:
State:
Zip Code:
Province:
Postal Code:
Country:
Mobile Phone Number:
Daytime Phone Number:
Email Address:
Has Preparer Applicant Statement:
Is Attorney Or Accredited Representative:
Has Representation Extend Beyond Preparation:
Signature:
Date of Signature:
<b>Public Benefits</b>
<b>Certification</b>
Certification Item: No, I am not certified to receive any of the public benefits listed above.
<b>Categories</b>
<b>Benefit Information</b>
<b>Benefit Classification</b>
<b>Medicaid Classification</b>
Medicaid Classification Item: None of the above statements apply.
Medicaid From Date:
Medicaid To Date:
<b>Additional Information</b>
I dont have an A-Number, my visa number is: N7588138. I dont have Medicaide
<b>Evidence Items</b>
Original File Name: I94 - Official Website.pdf
Category: I-94
Original File Name: VisaExtension.pdf
Category: Written Statements
Original File Name: WorkContract.pdf
Category: Other Supporting Documents
Original File Name: CelesteDominguez_Proof_of_Birth.jpeg
Category: Other Supporting Documents