

Immigration and Naturalization Service

1887 Monterey Road
San Jose, CA 95112

DIRECT MAIL REJECTION NOTICE

Date of this Notice: JUL 19 2002

Your application/petition is rejected for the following reason(s). Please correct these deficiencies and resubmit your application with a copy of this rejection notice, keeping this copy for your records.

FILING FEE--SUBMIT THE FOLLOWING:

- I-485 (\$255)
 I-485 for Child (\$160)
 Fingerprint fee (\$50)
 I-130 (\$130)
 Check not signed / Incorrect Amount Submitted, please resubmit with the correct fee of: \$ _____
 Other I-765 (\$120)

FORM NOT SIGNED OR INCOMPLETE:

- I-485
 I-130

MISSING A REQUIRED FORM:

- I-485
 I-130 or Approval Notice
 Proof of Lawful Entry as a "K" non-immigrant and copy of marriage certificate
 G-325A Petitioner Beneficiary

OTHER REASONS:

- An immigrant visa number is not immediately available for the family-based preference you qualify for.
 You do not live within the jurisdiction of this INS office. You must submit your application to the INS office having jurisdiction over your residence. Please see attached list of INS offices.

Other: Please Review Form I-485 prior to resubmit.

Title 8, Code of Federal Regulations, section 103.2, states in pertinent part: "Every application, petition, appeal, motion, request, or other document submitted on the form prescribed by this chapter shall be executed and filed in accordance with the instructions on the form... Except as otherwise provided in this chapter, an application or petition should be filed with the INS office or Service Center with jurisdiction over the application or petition and the place of residence of the applicant or petitioner as indicated in the instructions with the respective form... An applicant or petitioner must establish eligibility for a requested immigration benefit. An application or petition form must be completed as applicable and filed with any initial evidence required by regulation or by the instructions on the form...."

PHOTOCOPIES OF DOCUMENTS ARE ACCEPTABLE ON THE DATE OF FILING; HOWEVER, ORIGINALS MUST BE PRESENTED AT THE TIME OF INTERVIEW. ADDITIONALLY, CERTIFIED TRANSLATIONS ARE REQUIRED FOR ANY FOREIGN LANGUAGE DOCUMENT.

For: Rosalinda Fernandez, Director of Benefits

INSTRUCTIONS

Purpose of this Form

This form is required to show that an intending immigrant has adequate means of financial support and is not likely to become a public charge.

Sponsor's Obligation

The person completing this affidavit is the sponsor. A sponsor's obligation continues until the sponsored immigrant becomes a U.S. citizen, can be credited with 40 qualifying quarters of work, departs the United States permanently, or dies. Divorce does not terminate the obligation. By executing this form, you, the sponsor, agree to support the intending immigrant and any spouse and/or children immigrating with him or her and to reimburse any government agency or private entity that provides these sponsored immigrants with Federal, State, or local means-tested public benefits.

General Filing Instructions

Please answer all questions by typing or clearly printing in black ink only. Indicate that an item is not applicable with "N/A". If an answer is "none," please so state. If you need extra space to answer any item, attach a sheet of paper with your name and Social Security number, and indicate the number of the item to which the answer refers.

You must submit an affidavit of support for each applicant for immigrant status. You may submit photocopies of this affidavit and all supporting documentation for any spouse or children immigrating with an immigrant you are sponsoring, but the signature on each photocopied affidavit must be original. For purposes of this form, a spouse or child is immigrating with an immigrant you are sponsoring if he or she is: 1) listed in Part 3 of this affidavit of support; and 2) applies for an immigrant visa or adjustment of status within 6 months of the date this affidavit of support is originally completed and signed. The signature on the affidavit, including the signature on photocopies, must be notarized by a notary public or signed before an Immigration or a Consular Officer.

You should give the completed affidavit of support with all required documentation to the sponsored immigrant for submission to either a Consular Officer with Form OF-230, Application for Immigrant Visa and Alien Registration, or an Immigration Officer with Form I-485, Application to Register Permanent Residence or Adjust Status. You may enclose the affidavit of support and accompanying documents in a sealed envelope to be opened only by the designated Government official. The sponsored immigrant must submit the affidavit of support to the Government within 6 months of its signature.

Who Needs an Affidavit of Support under Section 213A?

This affidavit must be filed at the time an intending immigrant is applying for an immigrant visa or adjustment of status. It is required for:

- All immediate relatives, including orphans, and family-based immigrants. (Self-petitioning widow/ers and battered spouses and children are exempt from this requirement); and
- Employment-based immigrants where a relative filed the immigrant visa petition or has a significant ownership interest (5 percent or more) in the entity that filed the petition.

Who Completes an Affidavit of Support under Section 213A?

- For immediate relatives and family-based immigrants, the family member petitioning for the intending immigrant must be the sponsor.
- For employment-based immigrants, the petitioning relative or a relative with a significant ownership interest (5 percent or more) in the petitioning entity must be the sponsor. The term "relative," for these purposes, is defined as husband, wife, father, mother, child, adult son or daughter, brother, or sister.
- If the petitioner cannot meet the income requirements, a joint sponsor may submit an additional affidavit of support.

A sponsor, or joint sponsor, must also be:

- A citizen or national of the United States or an alien lawfully admitted to the United States for permanent residence;
- At least 18 years of age; and
- Domiciled in the United States or its territories and possessions.

Sponsor's Income Requirement

As a sponsor, your household income must equal or exceed 125 percent of the Federal poverty line for your household size. For the purpose of the affidavit of support, household size includes yourself, all persons related to you by birth, marriage, or adoption living in your residence, your dependents, any immigrants you have previously sponsored using INS Form I-864 if that obligation has not terminated, and the intending immigrant(s) in Part 3 of this affidavit of support. The poverty guidelines are calculated and published annually by the Department of Health and Human Services. Sponsors who are on active duty in the U.S. Armed Forces other than for training need only demonstrate income at 100 percent of the poverty line if they are submitting this affidavit for the purpose of sponsoring their spouse or child.

If you are currently employed and have an *individual* income which meets or exceeds 125 percent of the Federal poverty line or (100 percent, if applicable) for your household size, you do not need to list the income of any other person. When determining your income, you may include the income generated by individuals related to you by birth, marriage, or

adoption who are living in your residence, if they have lived in your residence for the previous 6 months, or who are listed as dependents on your most recent Federal income tax return whether or not they live in your residence. For their income to be considered, these household members or dependents must be willing to make their income available for the support of the sponsored immigrant(s) if necessary, and to complete and sign Form I-864A, Contract Between Sponsor and Household Member. However, a household member who is the immigrant you are sponsoring only need complete Form I-864A if his or her income will be used to determine your ability to support a spouse and/or children immigrating with him or her.

If in any of the most recent 3 tax years, you and your spouse each reported income on a joint income tax return, but you want to use only your own income to qualify (and your spouse is not submitting a Form I-864A), you may provide a separate breakout of your individual income for these years. Your individual income will be based on the earnings from your W-2 forms, Wage and Tax Statement, submitted to IRS for any such years. If necessary to meet the income requirement, you may also submit evidence of other income listed on your tax returns which can be attributed to you. You must provide documentation of such reported income, including Forms 1099 sent by the payer, which show your name and Social Security number.

You must calculate your household size and total household income as indicated in Parts 4.C. and 4.D. of this form. You must compare your total household income with the minimum income requirement for your household size using the poverty guidelines. For the purposes of the affidavit of support, determination of your ability to meet the income requirements will be based on the most recent income-poverty guidelines published in the Federal Register at the time the Consular or Immigration Officer makes a decision on the intending immigrant's application for an immigrant visa or adjustment of status. Immigration and Consular Officers will begin to use updated poverty guidelines on the first day of the second month after the date the guidelines are published in the Federal Register.

If your total household income is equal to or higher than the minimum income requirement for your household size, you do not need to provide information on your assets, and you may *not* have a joint sponsor unless you are requested to do so by a Consular or Immigration Officer. If your total household income does not meet the minimum income requirement, the intending immigrant will be ineligible for an immigrant visa or adjustment of status, unless:

- You provide evidence of assets that meet the requirements outlined under "Evidence of Assets" below; and/or
- The immigrant you are sponsoring provides evidence of assets that meet the requirements under "Evidence of Assets" below; or
- A joint sponsor assumes the liability of the intending immigrant with you. A joint sponsor must execute a separate affidavit of support on behalf of the intending

immigrant and any accompanying family members. A joint sponsor must individually meet the minimum requirement of 125 percent of the poverty line based on his or her household size and income and/or assets, including any assets of the sponsored immigrant.

The Government may pursue verification of any information provided on or in support of this form, including employment, income, or assets with the employer, financial or other institutions, the Internal Revenue Service, or the Social Security Administration.

Evidence of Income

In order to complete this form you must submit the following evidence of income:

- A copy of your complete Federal income tax return, as filed with the Internal Revenue Service, for each of the most recent 3 tax years. If you were not required to file a tax return in any of the most recent 3 tax years, you must provide an explanation. If you filed a joint income tax return and are using only your own income to qualify, you must also submit copies of your W-2s for each of the most recent 3 tax years, and if necessary to meet the income requirement, evidence of other income reported on your tax returns, such as Forms 1099.
- If you rely on income of any members of your household or dependents in order to reach the minimum income requirement, copies of their Federal income tax returns for the most recent 3 tax years. These persons must each complete and sign a Form I-864A, Contract Between Sponsor and Household Member.

Evidence of current employment or self-employment, such as a recent pay statement, or a statement from your employer on business stationery, showing beginning date of employment, type of work performed, and salary or wages paid. You must also provide evidence of current employment for any person whose income is used to qualify.

Evidence of Assets

If you want to use your assets, the assets of your household members or dependents, and/or the assets of the immigrant you are sponsoring to meet the minimum income requirement, you must provide evidence of assets with a cash value that equals at least five times the difference between your total household income and the minimum income requirement. For the assets of a household member, other than the immigrant(s) you are sponsoring, to be considered, the household member must complete and sign Form I-864A, Contract Between Sponsor and Household Member.

All assets must be supported with evidence to verify location, ownership, and value of each asset. Any liens and liabilities relating to the assets must be documented. List only assets that can be readily converted into cash within 1 year. Evidence of assets includes, but is not limited to the following:

- Bank statements covering the last 12 months, or a statement from an officer of the bank or other financial institution in which you have deposits, including deposit/withdrawal history for the last 12 months, and current balance;
- Evidence of ownership and value of stocks, bonds, and certificates of deposit, and date(s) acquired;
- Evidence of ownership and value of other personal property, and date(s) acquired; and
- Evidence of ownership and value of any real estate, and date(s) acquired.

Change of Sponsor's Address

You are required by 8 U.S.C. 1183a(d) and 8 CFR 213a.3 to report every change of address to the Immigration and Naturalization Service and the State(s) in which the sponsored immigrant(s) reside(s). You must report changes of address to INS on Form I-865, Sponsor's Notice of Change of Address, within 30 days of any change of address. You must also report any change in your address to the State(s) in which the sponsored immigrant(s) live.

Penalties

If you include in this affidavit of support any material information that you know to be false, you may be liable for criminal prosecution under the laws of the United States.

If you fail to give notice of your change of address, as required by 8 U.S.C. 1183a(d) and 8 CFR 213a.3, you may be liable for the civil penalty established by 8 U.S.C. 1183a(d)(2). The amount of the civil penalty will depend on whether you failed to give this notice because you were aware that the immigrant(s) you sponsored had received Federal, State, or local means-tested public benefits.

Privacy Act Notice

Authority for the collection of the information requested on this form is contained in 8 U.S.C. 1182(a)(4), 1183a, 1184(a), and 1258. The information will be used principally by the INS or by any Consular Officer to whom it is furnished, to support an alien's application for benefits under the Immigration and Nationality Act and specifically the assertion that he or she has adequate means of financial support and will not become a public charge. Submission of the information is voluntary. Failure to provide the information will result in denial of the application for an immigrant visa or adjustment of status.

The information may also, as a matter of routine use, be disclosed to other Federal, State, and local agencies or private entities providing means-tested public benefits for use in civil action against the sponsor for breach of contract. It may also be disclosed as a matter of routine use to other Federal, State, local, and foreign law enforcement and regulatory agencies to enable these entities to carry out their law enforcement responsibilities.

Reporting Burden

A person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least

possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. The reporting burden for this collection of information on Form I-864 is computed as follows: 1) learning about the form, 17 minutes; 2) completing the form, 22 minutes; and 3) assembling and filing the form, 30 minutes, for an estimated average of 69 minutes per response. The reporting burden for collection of information on Form I-864A is computed as: 1) learning about the form, 5 minutes; 2) completing the form, 8 minutes; 3) assembling and filing the form, 2 minutes, for an estimated average of 15 minutes per response. If you have comments regarding the accuracy of this estimates, or suggestions for making this form simpler, you can write to the Immigration and Naturalization Service, 425 I Street, N.W., Room 5307, Washington, D.C. 20536. **DO NOT MAIL YOUR COMPLETED AFFIDAVIT OF SUPPORT TO THIS ADDRESS.**

CHECK LIST

The following items must be submitted with Form I-864, Affidavit of Support Under Section 213A:

For ALL sponsors:

This form, the **I-864, completed and signed** before a notary public or a Consular or Immigration Officer.

Proof of current employment or self employment.

Your individual **Federal income tax returns for the most recent 3 tax years**, or an explanation if fewer are submitted. Your **W-2s** for any of the most recent 3 tax years for which you filed a joint tax return but are using only your own income to qualify. Forms 1099 or evidence of other reported income if necessary to qualify.

For SOME sponsors:

If the immigrant you are sponsoring is bringing a spouse or children, photocopies of the immigrant's affidavit of support and all supporting documentation with original notarized signatures on each photocopy of the affidavit for each spouse and/or child immigrating with the immigrant you are sponsoring.

If you are on active duty in the Armed Forces and are sponsoring a spouse or child using the 100 percent of poverty level exception, proof of your active military status.

If you are using the income of persons in your household or dependents to qualify,

A separate **Form I-864A** for each person whose income you will use other than a sponsored immigrant/household member who is not immigrating with a spouse and/or child.

Proof of their residency and relationship to you if they are not listed as dependents on your income tax return for the most recent tax year.

Proof of their current employment or self-employment.

- Copies of their individual Federal **income tax returns for the 3 most recent tax years**, or an explanation if fewer are submitted.

If you use your assets or the assets of the sponsored immigrant to qualify,

- Documentation of assets** establishing location, ownership, date of acquisition, and value. Evidence of any liens or liabilities against these assets.
- A separate **Form I-864A** for each household member other than the sponsored immigrant/household member.

If you or a household member or dependent has used any type of means-tested public benefits in the last 3 years,

- A list of the programs and dates.**

If you are a joint sponsor or the relative of an employment-based immigrant requiring an affidavit of support, proof of your citizenship status.

- For U.S. citizens or nationals, a copy of your birth certificate, passport, or certificate of naturalization or citizenship.
- For lawful permanent residents, a copy of both sides of your I-551, Alien Registration Receipt Card.

Affidavit of Support Under Section 213A of the Act

START HERE - Please Type or Print

Part 1. Information on Sponsor (You)

Last Name DeFaria	First Name Andrew	Middle Name Paul
Mailing Address (<i>Street Number and Name</i>) 6187 Ellerbrook Way		Apt/Suite Number
City San Jose		State or Province California
Country USA		ZIP/Postal Code 95123-5012
Telephone Number 408-363-0562		

Place of Residence if different from above (<i>Street Number and Name</i>)		Apt/Suite Number		FOR AGENCY USE ONLY This Affidavit <input type="checkbox"/> Meets <input type="checkbox"/> Does not meet Requirements of Section 213A Officer's Signature _____ Location _____ Date _____
City		State or Province		
Country	ZIP/Postal Code	Telephone Number		
Date of Birth (<i>Month, Day, Year</i>) 06/28/1960	Place of Birth (<i>City, State, Country</i>) Elizabeth, NJ, USA	Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Social Security Number 138-60-0980	A-Number (<i>If any</i>)			
Part 2. Basis for Filing Affidavit of Support				
I am filing this affidavit of support because (<i>check one</i>):				
a. <input checked="" type="checkbox"/> I filed/am filing the alien relative petition.				
b. <input type="checkbox"/> I filed/am filing an alien worker petition on behalf of the intending immigrant, who is related to me as my _____. (relationship)				
c. <input type="checkbox"/> I have ownership interest of at least 5% of _____. (name of entity which filed visa petition) which filed an alien worker petition on behalf of the intending immigrant, who is related to me as my _____. (relationship)				
d. <input type="checkbox"/> I am a joint sponsor willing to accept the legal obligations with any other sponsor(s).				

Part 3. Information on the Immigrant(s) You Are Sponsoring

Last Name DeFaria	First Name Olga	Middle Name Alekseevna
Date of Birth (<i>Month, Day, Year</i>) 02/09/1971	Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Social Security Number (<i>If any</i>) 601-55-7230
Country of Citizenship Ukraine		A-Number (<i>If any</i>) A070924792
Current Address (<i>Street Number and Name</i>) 6187 Ellerbrook Way	Apt/Suite Number	City San Jose
State/Province California	Country USA	ZIP/Postal Code 95123-5012
Telephone Number 408-363-0562		

List any spouse and/or children immigrating with the immigrant named above in this Part: (*Use additional sheet of paper if necessary.*)

Name	Relationship to Sponsored Immigrant			Date of Birth			A-Number (<i>If any</i>)	Social Security Number (<i>If any</i>)
	Spouse	Son	Daughter	Mo.	Day	Yr.		

Part 4. Eligibility to Sponsor

To be a sponsor you must be a U.S. citizen or national or a lawful permanent resident. If you are not the petitioning relative, you must provide proof of status. To prove status, U.S. citizens or nationals must attach a copy of a document proving status, such as a U.S. passport, birth certificate, or certificate of naturalization, and lawful permanent residents must attach a copy of both sides of their Alien Registration Card (Form I-551).

The determination of your eligibility to sponsor an immigrant will be based on an evaluation of your demonstrated ability to maintain an annual income at or above 125 percent of the Federal poverty line (100 percent if you are a petitioner sponsoring your spouse or child and you are on active duty in the U.S. Armed Forces). The assessment of your ability to maintain an adequate income will include your current employment, household size, and household income as shown on the Federal income tax returns for the 3 most recent tax years. Assets that are readily converted to cash and that can be made available for the support of sponsored immigrants if necessary, including any such assets of the immigrant(s) you are sponsoring, may also be considered.

The greatest weight in determining eligibility will be placed on current employment and household income. If a petitioner is unable to demonstrate ability to meet the stated income and asset requirements, a joint sponsor who *can* meet the income and asset requirements is needed. Failure to provide adequate evidence of income and/or assets or an affidavit of support completed by a joint sponsor will result in denial of the immigrant's application for an immigrant visa or adjustment to permanent resident status.

A. Sponsor's Employment

- I am:
1. Employed by Salira Optical Network Systems *(Provide evidence of employment)*
Annual salary \$ 80,000.00 or hourly wage \$ _____ (for _____ hours per week)
 2. Self employed _____ *(Name of business)*
Nature of employment or business _____
 3. Unemployed or retired since _____

B. Use of Benefits

Have you or anyone related to you by birth, marriage, or adoption living in your household or listed as a dependent on your most recent income tax return received any type of means-tested public benefit in the past 3 years?

Yes No *(If yes, provide details, including programs and dates, on a separate sheet of paper)*

C. Sponsor's Household Size

- | | Number |
|--|--------------------------|
| 1. Number of persons (related to you by birth, marriage, or adoption) living in your residence, including yourself. <i>(Do NOT include persons being sponsored in this affidavit.)</i> | 1 |
| 2. Number of immigrants being sponsored in this affidavit <i>(Include all persons in Part 3.)</i> | 1 |
| 3. Number of immigrants NOT living in your household whom you are still obligated to support under a previously signed affidavit of support using Form I-864. | 0 |
| 4. Number of persons who are otherwise dependent on you, as claimed in your tax return for the most recent tax year. | 0 |
| 5. Total household size. <i>(Add lines 1 through 4.)</i> | Total
2 |

List persons below who are included in lines 1 or 3 for whom you previously have submitted INS Form I-864, *if your support obligation has not terminated.*

(If additional space is needed, use additional paper)

Name	A-Number	Date Affidavit of Support Signed	Relationship

Part 4. Eligibility to Sponsor*(Continued)***D. Sponsor's Annual Household Income**

Enter total unadjusted income from your Federal income tax return for the most recent tax year below. If you last filed a joint income tax return but are using only your *own* income to qualify, list total earnings from your W-2 Forms, or, if necessary to reach the required income for your household size, include income from other sources listed on your tax return. If your *individual* income does not meet the income requirement for your household size, you may also list total income for anyone related to you by birth, marriage, or adoption currently living with you in your residence if they have lived in your residence for the previous 6 months, or any person shown as a dependent on your Federal income tax return for the most recent tax year, even if not living in the household. For their income to be considered, household members or dependents must be willing to make their income available for support of the sponsored immigrant(s) and to complete and sign Form I-864A, Contract Between Sponsor and Household Member. A sponsored immigrant/household member only need complete Form I-864A if his or her income will be used to determine your ability to support a spouse and/or children immigrating with him or her.

You must attach evidence of current employment and copies of income tax returns as filed with the IRS for the most recent 3 tax years for yourself and all persons whose income is listed below. See "Required Evidence" in Instructions. Income from all 3 years will be considered in determining your ability to support the immigrant(s) you are sponsoring.

- I filed a single/separate tax return for the most recent tax year.
 I filed a joint return for the most recent tax year which includes only my own income.
 I filed a joint return for the most recent tax year which includes income for my spouse and myself.
 I am submitting documentation of my individual income (Forms W-2 and 1099).
 I am qualifying using my spouse's income; my spouse is submitting a Form I-864A.

Indicate most recent tax year**2001**

(tax year)

\$ 95,832.00

Sponsor's individual income

or

Sponsor and spouse's combined income

(If joint tax return filed; spouse must submit Form I-864A.)

\$ _____

Income of other qualifying persons.

*(List names; include spouse if applicable.**Each person must complete Form I-864A.)*

\$ _____

\$ _____

\$ _____

Total Household Income\$ 95,832.00

Explain on separate sheet of paper if you or any of the above listed individuals are submitting Federal income tax returns for fewer than 3 years, or if other explanation of income, employment, or evidence is necessary.

E. Determination of Eligibility Based on Income

1. I am subject to the 125 percent of poverty line requirement for sponsors.
 I am subject to the 100 percent of poverty line requirement for sponsors on active duty in the U.S. Armed Forces sponsoring their spouse or child.
2. Sponsor's total household size, from Part 4.C., line 5 2.
3. Minimum income requirement from the Poverty Guidelines chart for the year of 2001 is \$ 14,925.00 (year) for this household size.

If you are currently employed and your household income for your household size is equal to or greater than the applicable poverty line requirement (from line E.3.), you do not need to list assets (Parts 4.F. and 5) or have a joint sponsor (Part 6) unless you are requested to do so by a Consular or Immigration Officer. You may skip to Part 7, Use of the Affidavit of Support to Overcome Public Charge Ground of Admissibility. Otherwise, you should continue with Part 4.F.

Part 4. Eligibility to Sponsor**(Continued)****F. Sponsor's Assets and Liabilities**

Your assets and those of your qualifying household members and dependents may be used to demonstrate ability to maintain an income at or above 125 percent (or 100 percent, if applicable) of the poverty line *if* they are available for the support of the sponsored immigrant(s) and can readily be converted into cash within 1 year. The household member, other than the immigrant(s) you are sponsoring, must complete and sign Form I-864A, Contract Between Sponsor and Household Member. List the cash value of each asset *after* any debts or liens are subtracted. Supporting evidence must be attached to establish location, ownership, date of acquisition, and value of each asset listed, including any liens and liabilities related to each asset listed. See "Evidence of Assets" in Instructions.

Type of Asset	Cash Value of Assets <i>(Subtract any debts)</i>
Savings deposits	\$ _____
Stocks, bonds, certificates of deposit	\$ _____
Life insurance cash value	\$ _____
Real estate	\$ _____
Other (<i>specify</i>)	\$ _____
Total Cash Value of Assets	\$ _____

Part 5. Immigrant's Assets and Offsetting Liabilities

The sponsored immigrant's assets may also be used in support of your ability to maintain income at or above 125 percent of the poverty line *if* the assets are or will be available in the United States for the support of the sponsored immigrant(s) and can readily be converted into cash within 1 year.

The sponsored immigrant should provide information on his or her assets in a format similar to part 4.F. above. Supporting evidence must be attached to establish location, ownership, and value of each asset listed, including any liens and liabilities for each asset listed. See "Evidence of Assets" in Instructions.

Part 6. Joint Sponsors

If household income and assets do not meet the appropriate poverty line for your household size, a joint sponsor is required. There may be more than one joint sponsor, but each joint sponsor must individually meet the 125 percent of poverty line requirement based on his or her household income and/or assets, including any assets of the sponsored immigrant. By submitting a separate Affidavit of Support under Section 213A of the Act (Form I-864), a joint sponsor accepts joint responsibility with the petitioner for the sponsored immigrant(s) until they become U.S. citizens, can be credited with 40 quarters of work, leave the United States permanently, or die.

Part 7. Use of the Affidavit of Support to Overcome Public Charge Ground of Inadmissibility

Section 212(a)(4)(C) of the Immigration and Nationality Act provides that an alien seeking permanent residence as an immediate relative (including an orphan), as a family-sponsored immigrant, or as an alien who will accompany or follow to join another alien is considered to be likely to become a public charge and is inadmissible to the United States unless a sponsor submits a legally enforceable affidavit of support on behalf of the alien. Section 212(a)(4)(D) imposes the same requirement on an employment-based immigrant, and those aliens who accompany or follow to join the employment-based immigrant, if the employment-based immigrant will be employed by a relative, or by a firm in which a relative owns a significant interest. Separate affidavits of support are required for family members at the time they immigrate if they are not included on this affidavit of support or do not apply for an immigrant visa or adjustment of status within 6 months of the date this affidavit of support is originally signed. The sponsor must provide the sponsored immigrant(s) whatever support is necessary to maintain them at an income that is at least 125 percent of the Federal poverty guidelines.

I submit this affidavit of support in consideration of the sponsored immigrant(s) not being found inadmissible to the United States under section 212(a)(4)(C) (or 212(a)(4)(D) for an employment-based immigrant) and to enable the sponsored immigrant(s) to overcome this ground of inadmissibility. I agree to provide the sponsored immigrant(s) whatever support is necessary to maintain the sponsored immigrant(s) at an income that is at least 125 percent of the Federal poverty guidelines. I understand that my obligation will continue until my death or the sponsored immigrant(s) have become U.S. citizens, can be credited with 40 quarters of work, depart the United States permanently, or die.

Notice of Change of Address.

Sponsors are required to provide written notice of any change of address within 30 days of the change in address until the sponsored immigrant(s) have become U.S. citizens, can be credited with 40 quarters of work, depart the United States permanently, or die. To comply with this requirement, the sponsor must complete INS Form I-865. Failure to give this notice may subject the sponsor to the civil penalty established under section 213A(d)(2) which ranges from \$250 to \$2,000, unless the failure to report occurred with the knowledge that the sponsored immigrant(s) had received means-tested public benefits, in which case the penalty ranges from \$2,000 to \$5,000.

If my address changes for any reason before my obligations under this affidavit of support terminate, I will complete and file INS Form I-865, Sponsor's Notice of Change of Address, within 30 days of the change of address. I understand that failure to give this notice may subject me to civil penalties.

Means-tested Public Benefit Prohibitions and Exceptions.

Under section 403(a) of Public Law 104-193 (Welfare Reform Act), aliens lawfully admitted for permanent residence in the United States, with certain exceptions, are ineligible for most Federally-funded means-tested public benefits during their first 5 years in the United States. This provision does not apply to public benefits specified in section 403(c) of the Welfare Reform Act or to State public benefits, including emergency Medicaid; short-term, non-cash emergency relief; services provided under the National School Lunch and Child Nutrition Acts; immunizations and testing and treatment for communicable diseases; student assistance under the Higher Education Act and the Public Health Service Act; certain forms of foster-care or adoption assistance under the Social Security Act; Head Start programs; means-tested programs under the Elementary and Secondary Education Act; and Job Training Partnership Act programs.

Consideration of Sponsor's Income in Determining Eligibility for Benefits.

If a permanent resident alien is no longer statutorily barred from a Federally-funded means-tested public benefit program and applies for such a benefit, the income and resources of the sponsor and the sponsor's spouse will be considered (or deemed) to be the income and resources of the sponsored immigrant in determining the immigrant's eligibility for Federal means-tested public benefits. Any State or local government may also choose to consider (or deem) the income and resources of the sponsor and the sponsor's spouse to be the income and resources of the immigrant for the purposes of determining eligibility for their means-tested public benefits. The attribution of the income and resources of the sponsor and the sponsor's spouse to the immigrant will continue until the immigrant becomes a U.S. citizen or has worked or can be credited with 40 qualifying quarters of work, provided that the immigrant or the worker crediting the quarters to the immigrant has not received any Federal means-tested public benefit during any creditable quarter for any period after December 31, 1996.

I understand that, under section 213A of the Immigration and Nationality Act (the Act), as amended, this affidavit of support constitutes a contract between me and the U.S. Government. This contract is designed to protect the United States Government, and State and local government agencies or private entities that provide means-tested public benefits, from having to pay benefits to or on behalf of the sponsored immigrant(s), for as long as I am obligated to support them under this affidavit of support. I understand that the sponsored immigrants, or any Federal, State, local, or private entity that pays any means-tested benefit to or on behalf of the sponsored immigrant(s), are entitled to sue me if I fail to meet my obligations under this affidavit of support, as defined by section 213A and INS regulations.

Civil Action to Enforce.

If the immigrant on whose behalf this affidavit of support is executed receives any Federal, State, or local means-tested public benefit before this obligation terminates, the Federal, State, or local agency or private entity may request reimbursement from the sponsor who signed this affidavit. If the sponsor fails to honor the request for reimbursement, the agency may sue the sponsor in any U.S. District Court or any State court with jurisdiction of civil actions for breach of contract. INS will provide names, addresses, and Social Security account numbers of sponsors to benefit-providing agencies for this purpose. Sponsors may also be liable for paying the costs of collection, including legal fees.

Part 7. Use of the Affidavit of Support to Overcome Public Charge Grounds (Continued)

I acknowledge that section 213A(a)(1)(B) of the Act grants the sponsored immigrant(s) and any Federal, State, local, or private agency that pays any means-tested public benefit to or on behalf of the sponsored immigrant(s) standing to sue me for failing to meet my obligations under this affidavit of support. I agree to submit to the personal jurisdiction of any court of the United States or of any State, territory, or possession of the United States if the court has subject matter jurisdiction of a civil lawsuit to enforce this affidavit of support. I agree that no lawsuit to enforce this affidavit of support shall be barred by any statute of limitations that might otherwise apply, so long as the plaintiff initiates the civil lawsuit no later than ten (10) years after the date on which a sponsored immigrant last received any means-tested public benefits.

Collection of Judgment.

I acknowledge that a plaintiff may seek specific performance of my support obligation. Furthermore, any money judgment against me based on this affidavit of support may be collected through the use of a judgment lien under 28 U.S.C. 3201, a writ of execution under 28 U.S.C. 3203, a judicial installment payment order under 28 U.S.C. 3204, garnishment under 28 U.S.C. 3205, or through the use of any corresponding remedy under State law. I may also be held liable for costs of collection, including attorney fees.

Concluding Provisions.

I, Andrew DeFaria, certify under penalty of perjury under the laws of the United States that:

- (a) I know the contents of this affidavit of support signed by me;
- (b) All the statements in this affidavit of support are true and correct;
- (c) I make this affidavit of support for the consideration stated in Part 7, freely, and without any mental reservation or purpose of evasion;
- (d) Income tax returns submitted in support of this affidavit are true copies of the returns filed with the Internal Revenue Service; and
- (e) Any other evidence submitted is true and correct.

(Sponsor's Signature)

(Date)

Subscribed and sworn to (or affirmed) before me this

____ day of _____, _____
(Month) (Year)

at _____.

My commission expires on _____.

(Signature of Notary Public or Officer Administering Oath)

(Title)

Part 8. If someone other than the sponsor prepared this affidavit of support, that person must complete the following:

I certify under penalty of perjury under the laws of the United States that I prepared this affidavit of support at the sponsor's request, and that this affidavit of support is based on all information of which I have knowledge.

Signature	Print Your Name	Date	Daytime Telephone Number
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Firm Name and Address

2000 Poverty Guidelines*

Minimum Income Requirement For Use in Completing Form I-864

**For the 48 Contiguous States, the District of Columbia, Puerto Rico,
the U.S. Virgin Islands, and Guam:**

Sponsor's Household Size	100% of Poverty Line For sponsors on active duty in the U.S. Armed Forces who are petitioning for their spouse or child.	125% of Poverty Line For all other sponsors
2	\$11,250	\$14,062
3	14,150	17,687
4	17,050	21,312
5	19,950	24,937
6	22,850	28,562
7	25,750	32,187
8	28,650	35,812
	Add \$2,900 for each additional person.	Add \$3,625 for each additional person.

For Alaska

Sponsor's Household Size	100% of Poverty Line	125% of Poverty Line	100% of Poverty Line	125% of Poverty Line
	For sponsors on active duty in the U.S. Armed Forces who are petitioning for their spouse or child	For all other sponsors	For sponsors on active duty in the U.S. Armed Forces who are petitioning for their spouse or child	For all other sponsors
2	\$14,060	\$17,575	\$12,930	\$16,162
3	17,690	22,112	16,270	20,337
4	21,320	26,650	19,610	24,512
5	24,950	31,187	22,950	28,687
6	28,580	35,725	26,290	32,862
7	32,210	40,262	29,630	37,037
8	35,840	44,800	32,970	41,212
	Add \$3,630 for each additional person.	Add \$4,537 for each additional person.	Add \$3,340 for each additional person.	Add \$4,175 for each additional person.

For Hawaii

Means-tested Public Benefits

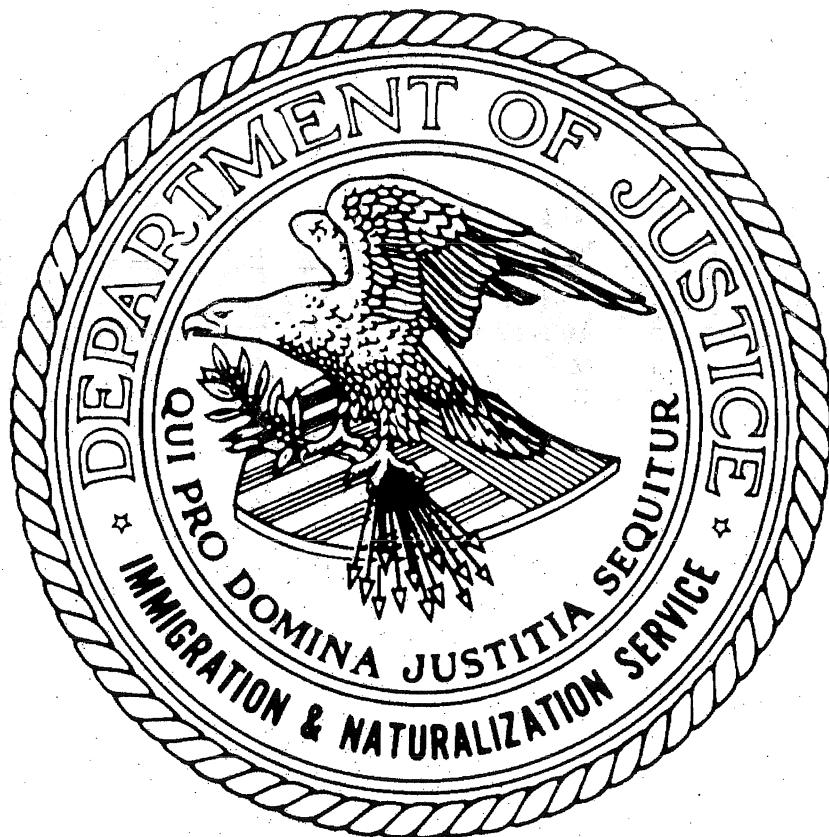
Federal Means-tested Public Benefits. To date, Federal agencies administering benefit programs have determined that Federal means-tested public benefits include Food Stamps, Medicaid, Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), and the State Child Health Insurance Program (CHIP).

State Means-tested Public Benefits. Each State will determine which, if any, of its public benefits are means-tested. If a State determines that it has programs which meet this definition, it is encouraged to provide notice to the public on which programs are included. Check with the State public assistance office to determine which, if any, State assistance programs have been determined to be State means-tested public benefits.

Programs Not Included: The following Federal and State programs are *not* included as means-tested benefits: emergency Medicaid; short-term, non-cash emergency relief; services provided under the National School Lunch and Child Nutrition Acts; immunizations and testing and treatment for communicable diseases; student assistance under the Higher Education Act and the Public Health Service Act; certain forms of foster-care or adoption assistance under the Social Security Act; Head Start Programs; means-tested programs under the Elementary and Secondary Education Act; and Job Training Partnership Act programs.

* These poverty guidelines remain in effect for use with the Form I-864 Affidavit of Support from April 1, 2000 until new poverty guidelines go into effect in the Spring of 2001.

Application for Employment Authorization



Instructions for Application for Employment Authorization

The Immigration and Naturalization Service (INS) recommends that you retain a copy of your completed application for your records.

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Part 1. General.

Purpose of the Application. Certain aliens who are temporarily in the United States may file a Form I-765, Application for Employment Authorization, to request an Employment Authorization Document (EAD). Other aliens who are authorized to work in the United States without restrictions should also use this form to apply to the INS for a document evidencing such authorization. Please review Part 2 ELIGIBILITY CATEGORIES to determine whether you should use this form.

If you are a Lawful Permanent Resident, a Conditional Resident, or a nonimmigrant authorized to be employed with a specific employer under 8 CFR 274a.12(b), please do NOT use this form.

Definitions.

Employment Authorization Document (EAD): Form I-688; Form I-688A; Form I-688B; or any successor document issued by the INS as evidence that the holder is authorized to work in the United States.

Renewal EAD: an EAD issued to an eligible applicant at or after the expiration of a previous EAD issued under the same category.

Replacement EAD: an EAD issued to an eligible applicant when the previously issued EAD has been lost, stolen, mutilated, or contains erroneous information, such as a misspelled name.

Interim EAD: an EAD issued to an eligible applicant when the INS has failed to adjudicate an application within 90 days of receipt of a properly filed EAD application or within 30 days of a properly filed initial EAD application based on an asylum application filed on or after January 4, 1995. The interim EAD will be granted for a period not to exceed 240 days and is subject to the conditions noted on the document.

Part 2. Eligibility Categories.

The INS adjudicates a request for employment authorization by determining whether an applicant has submitted the required information and documentation, and whether the applicant is eligible. In order to determine your eligibility, you must identify the category in which you are eligible and fill in that category in question 16 on the Form I-765. Enter only one of the following category numbers on the application form.

NOTE: Category (c)(13) is no longer available. You may not renew or replace your EAD based on (c)(13). If you have an EAD based on that category, please review the categories below to determine if you are eligible under another category.

Asylee, (granted asylum) -- (a)(5). File your EAD application with a copy of the INS letter granting you asylum. It is not necessary to apply for an EAD as an asylee until 90 days before the expiration of your current EAD.

Refugee--(a)(3). File your EAD application with either a copy of your Form I-590, Registration for Classification as Refugee, approval letter or a copy of a Form I-730, Refugee/Asylee Relative Petition, approval notice.

Paroled as a Refugee--(a)(4). File your EAD application with a copy of your Form I-94, Departure Record.

Asylum Applicant (with a pending asylum application) who Filed for Asylum on or after January 4, 1995--(c)(8). If you filed a Form I-589, Request for Asylum and for Withholding of Deportation, on or after January 4, 1995, you must wait at least 150 days before you are eligible to apply for an EAD. If you file your EAD application early, it will be denied and you will have to file a new application. File your EAD application with:

- A copy of the INS acknowledgement mailer which was mailed to you; or
- Other evidence that your Form I-589 was filed with the INS; or
- Evidence that your Form I-589 was filed with an Immigration Judge at the Executive Office for Immigration Review (EOIR); or
- Evidence that your asylum application remains under administrative or judicial review.

Asylum Applicant (with a pending asylum application) who Filed for Asylum and for Withholding of Deportation Prior to January 4, 1995 and is NOT in Exclusion or Deportation Proceedings--(c)(8). You may file your EAD application at any time; however, it will only be granted if the INS finds that your asylum application is not frivolous. File your EAD application with:

- A complete copy of your previously filed Form I-589; and
- A copy of your INS receipt notice; or
- A copy of the INS acknowledgement mailer; or
- Evidence that your Form I-589 was filed with EOIR; or
- Evidence that your asylum application remains under administrative or judicial review; or
- Other evidence that you filed an asylum application.

Asylum Applicant (with a pending asylum application) who Filed an Initial Request for Asylum Prior to January 4, 1995, and IS IN Exclusion or Deportation Proceedings--(c)(8). If you filed your Request for Asylum and Withholding of Deportation (Form I-589) prior to January 4, 1995 and you ARE IN exclusion or deportation proceedings, file your EAD application with:

- A date-stamped copy of your previously filed Form I-589; or
- A copy of Form I-221, Order to Show Cause and Notice of Hearing, or Form I-122, Notice to Applicant for Admission Detained for Hearing Before Immigration Judge; or
- A copy of EOIR-26, Notice of Appeal, date stamped by the Office of the Immigration Judge; or
- A date-stamped copy of a petition for judicial review or for *habeas corpus* issued to the asylum applicant; or
- Other evidence that you filed an asylum application with EOIR.

Asylum Application under the ABC Settlement Agreement--(c)(8)

If you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement, American Baptist Churches v. Thornburgh, 760 F. Supp. 976 (N.D. Cal. 1991), please follow the instructions contained in this section when filing your Form I-765.

You must have asylum application (Form I-589) on file either with INS or with an immigration judge in order to receive work authorization. Therefore, please submit evidence that you have previously filed an asylum application when you submit your EAD application. You are not required to submit this evidence when you apply, but it will help INS process your request efficiently.

If you are renewing or replacing your EAD, you must pay the filing fee.

Mark your application as follows:

- Write "ABC" in the top right corner of your EAD application. You must identify yourself as an ABC class member if you are applying for an EAD under the ABC settlement agreement.
- Write "(c)(8)" in Section 16 of the application.

You are entitled to an EAD without regard to the merits of your asylum claim. Your application for an EAD will be decided within 60 days if: (1) you pay the filing fee, (2) you have a complete, pending asylum application on file, and (3) write "ABC" in the top right corner of your EAD application. If you do not pay the filing fee for an initial EAD request, your request may be denied if INS finds that your asylum application is frivolous.

However, if you cannot pay the filing fee for an EAD, you may qualify for a fee waiver under 8 CFR 103.7(c). See instructions in Part 4 regarding eligibility for a fee waiver.

NACARA Section 203 Applicants who are eligible to apply for NACARA relief with INS--(c)(10)

See the instructions to Form I-881, Application for Suspension of Deportation or Special Rule Cancellation of Removal, to determine if you are eligible to apply for NACARA 203 relief with INS.

If you are eligible, follow the instructions below and submit your Form I-765 at the same time you file your Form I-881 application with INS:

- If you are filing a Form I-881 with INS, file your EAD application at the same time and at the same filing location. Your response to question 16 on the Form I-765 should be "(c)(10)."
- If you have already filed your I-881 application at the service center specified on the Form I-881, and now wish to apply for employment authorization, your response to question 16 on Form I-765 should be "(c)(10)." You should file your EAD application at the Service Center designated in Part 5 of these instructions.

- If you are a NACARA Section 203 applicant who previously filed a Form I-881 with the INS, and the application is still pending, you may renew your EAD. Your response to question 16 on Form I-765 should be "(c)(10)." Submit the required fee and the EAD application to the service center designated in Part 5 of these instructions.

Deferred Enforced Departure (DED) / Extended Voluntary Departure--(a)(11). File your EAD application with evidence of your identity and nationality.

F-1 Student Seeking Optional Practical Training in an Occupation Directly Related to Studies--(c)(3)(i). File your EAD application with a Certificate of Eligibility of Nonimmigrant (F-1) Student Status (Form I-20 A-B/I-20 ID) endorsed by a designated school official within the past 30 days.

F-1 Student Offered Off-Campus Employment under the Sponsorship of a Qualifying International Organization--(c)(3)(ii). File your EAD application with the international organization's letter of certification that the proposed employment is within the scope of its sponsorship, and a Certificate of Eligibility of Nonimmigrant (F-1) Student Status--For Academic and Language Students (Form I-20 A-B/I-20 ID) endorsed by the designated school official within the past 30 days.

F-1 Student Seeking Off-Campus Employment Due to Severe Economic Hardship--(c)(3)(iii). File your EAD application with Form I-20 A-B/I-20 ID, Certificate of Eligibility of Nonimmigrant (F-1) Student Status--For Academic and Language Students; Form I-538, Certification by Designated School Official, and any evidence you wish to submit, such as affidavits, which detail the unforeseen economic circumstances that cause your request, and evidence you have tried to find off-campus employment with an employer who has filed a labor and wage attestation.

J-2 Spouse or Minor Child of an Exchange Visitor--(c)(5). File your EAD application with a copy of your J-1's (principal alien's) Certificate of Eligibility for Exchange Visitor (J-1) Status (Form IAP-66). You must submit a written statement, with any supporting evidence showing, that your employment is not necessary to support the J-1 but is for other purposes.

M-1 Student Seeking Practical Training after Completing Studies--(c)(6). File your EAD application with a completed Form I-538, Application by Nonimmigrant Student for Extension of Stay, School Transfer, or Permission to Accept or Continue Employment, Form I-20 M-N, Certificate of Eligibility for Nonimmigrant (M-1) Student Status--For Vocational Students endorsed by the designated school official within the past 30 days.

Dependent of CCNAA E-1 Nonimmigrant--(c)(2). File your EAD application with the required certification from the American Institute in Taiwan if you are the spouse, or unmarried child, of an E-1 employee of the Coordination Council for North American Affairs.

Dependent of NATO Personnel--(c)(7). File your EAD application with a letter from the Department of Defense or NATO / SACLANT verifying your principal alien's status, your status, and your relationship to your principal alien.

N-8 or N-9 Nonimmigrant--(a)(7). File your EAD application with the required evidence listed in Part 3.

Family Unity Program--(a)(13). File your EAD application with a copy of the approval notice, if you have been granted status under this program. You may choose to file your EAD application concurrently with your Form I-817, Application for Voluntary Departure under the Family Unity Program. The INS may take up to 90 days from the date upon which you are granted status under the Family Unity Program to adjudicate your EAD application. If you were denied Family Unity status solely because your legalized spouse or parent first applied under the Legalization/SAW programs after May 5, 1988, file your EAD application with a new Form I-817 application and a copy of the original denial. However, if your EAD application is based on continuing eligibility under (c)(12), please refer to **Deportable Alien Granted Voluntary Departure**.

K-1 Nonimmigrant Fiance(e) of US. Citizen or K-2 Dependent--(a)(6). File your EAD application if you are filing within 90 days from the date of entry. This EAD cannot be renewed. Any EAD application other than for a replacement must be based on your pending application for adjustment under (c)(9).

Citizen of Micronesia or the Marshall Islands or Palau--(a)(8). File your EAD application if you were admitted to the United States as a citizen of the Federated States of Micronesia (CFA/FSM) or of the Marshall Islands (CFA/MIS) pursuant to agreements between the United States and the former trust territories.

B-1 Nonimmigrant who is the personal or domestic servant of a nonimmigrant employer--(c)(17)(i). File your EAD application with:

- Evidence from your employer that he or she is a B, E, F, H, I, J, L, M, O, P, R, or TN nonimmigrant and you were employed for at least one year by the employer before the employer entered the United States or your employer regularly employs personal and domestic servants and has done so for a period of years before coming to the United States; and

- Evidence that you have either worked for this employer as a personal or domestic servant for at least one year or, evidence that you have at least one year's experience as a personal or domestic servant; and
- Evidence establishing that you have a residence abroad which you have no intention of abandoning.

B-1 Nonimmigrant Domestic Servant of a US. Citizen--(c)(17)(ii). File your EAD application with:

- Evidence from your employer that he or she is a U.S. citizen; and
- Evidence that your employer has a permanent home abroad or is stationed outside the United States and is temporarily visiting the United States or the citizen's current assignment in the United States will not be longer than four (4) years; and
- Evidence that he or she has employed you as a domestic servant abroad for at least six (6) months prior to your admission to the United States.

B-1 Nonimmigrant Employed by a Foreign Airline--(c)(17)(iii).

File your EAD application with a letter from the airline fully describing your duties and indicating that your position would entitle you to E nonimmigrant status except for the fact that you are not a national of the same country as the airline or because there is no treaty of commerce and navigation in effect between the United States and that country.

Temporary Protected Status (TPS)--(a)(12). File your EAD application with Form I-821, Application for Temporary Protected Status.

- Initial TPS-based application only: include evidence of identity and nationality as required by the Form I-821 instructions.

Temporary treatment benefits --(c)(19) -- For and EAD based on 8 CFR 244.5. Include evidence of nationality and identity as required by the Form I-821 instructions.

- Extension of TPS status: include a copy (front and back) of your last available TPS document: EAD, Form I-94 or approval notice.
- Registration for TPS only without employment authorization: file the Form I-765, Form I-821, and a letter indicating that this form is for registration purposes only. No fee is required for the Form I-765 filed as part of TPS registration. (Form I-821 has separate fee requirements.)

Note-- If you are using this application to register for TPS only and do not want to work in the United States, you must indicate this application is for registration purposes only. No fee is required to register.

Granted Withholding of Deportation--(a)(10). File your EAD application with a copy of the Immigration Judge's order. It is not necessary to apply for a new EAD until 90 days before the expiration of your current EAD.

Dependent of A-1 or A-2 Foreign Government Officials--(c)(1). File your EAD application with a Form I-566, Inter-Agency Record of Individual Requesting Change/Adjustment to or from A or G Status; or Requesting A, G, or NATO Dependent Employment Authorization, with the Department of State endorsement.

Dependent of G-1, G-3 or G-4 Nonimmigrant--(c)(4). File your EAD application with a Form I-566, Inter-Agency Record of Individual Requesting Change/Adjustment to or from A or G Status; or Requesting A, G, or NATO Dependent Employment Authorization with the Department of State endorsement if you are the dependent of a qualifying G-1, G-3 or G-4 officer of, representative to, or employee of an international organization and you hold a valid nonimmigrant status.

Adjustment Applicant--(c)(9). File your EAD application with a copy of the receipt notice or other evidence that your Form I-485, Application for Permanent Residence, is pending. You may file Form I-765 together with your Form I-485.

Applicant for Suspension of Deportation--(c)(10). File your EAD application with evidence that your Form I-256A, Application for Suspension of Deportation, is pending.

Paroled in the Public Interest--(c)(11). File your EAD application if you were paroled into the United States for emergent reasons or reasons strictly in the public interest.

Deportable Alien Granted Voluntary Departure--(c)(12). File your EAD application with a copy of the order or notice granting voluntary departure, and evidence establishing your economic need to work.

Deferred Action--(c)(14). File your EAD application with a copy of the order, notice or document placing you in deferred action and evidence establishing economic necessity for an EAD.

Adjustment Applicant Based on Continuous Residence Since January 1, 1972--(c)(16). File your EAD application with your Form I-485, Application for Permanent Residence; a copy of your receipt notice; or other evidence that the Form I-485 is pending.

Final Order of Deportation--(c)(18). File your EAD application with a copy of the order of supervision and a request for employment authorization which may be based on, but not limited to the following:

- Existence of economic necessity to be employed;
- Existence of a dependent spouse and/or children in the United States who rely on you for support; and
- Anticipated length of time before you can be removed from the United States.

LIFE Legalization applicant -- (c)(24). We encourage you to file your EAD application together with your Form I-485, Application for Permanent Residence to facilitate processing. However, you may file Form I-765 at a later date with evidence that you were a CSS, LULAC, or Zambrano class member applicant before October 1, 2000 and with a copy of the receipt notice or other evidence that your Form I-485 is pending.

Part 3. Required Documentation With Each Application.

All applications must be filed with the documents required below, in addition to the evidence required for the category listed in Part 2 ELIGIBILITY CATEGORIES, with fee, if required.

If you are required to show economic necessity for your category (See Part 2), submit a list of your assets, income and expenses.

Please assemble the documents in the following order:

Your application with the filing fee. See Part 4 FEE for details.

If you are mailing your application to the INS, you must also submit:

- Form I-765 Signature Card. If one is not enclosed with your application, ask your local INS office for one. Sign the card in the blue box marked "signature". Your signature must fit within the blue box. DO NOT fold this card when you mail your application.
- A copy of Form I-94 Departure Record (front and back), if available.
- A copy of your last EAD (front and back).
- 2 photos with a white background taken no earlier than 30 days before submission to the INS. They should be unmounted; printed on thin paper; glossy; and unretouched. The photos should show a three-quarter front profile of the right side of your face, with your

right ear visible. Your head should be bare unless you are wearing a headdress as required by a religious order to which you belong. The photo should not be larger than 1 ½ X 1 ½ inches, with the distance from the top of the head to just below the chin about 1 1/4 inches. Lightly print your name and your A#, if known on the back of each photo with a pencil.

Part 4. Fee.

Applicants must pay a fee of \$100 to file this form unless noted below. If a fee is required, it will not be refunded. Pay in the exact amount. Checks and money orders must be payable in U.S. currency. Make check or money order payable to "Immigration and Naturalization Service." If you live in Guam make your check or money order payable to "Treasurer, Guam." If you live in the U.S. Virgin Islands make your check or money order payable to "Commissioner of Finance of the Virgin Islands." A charge of \$30.00 will be imposed if a check in payment of a fee is not honored by the bank on which it is drawn. Please do **not** send cash in the mail.

Initial EAD: If this is your initial application and you are applying under one of the following categories, a filing fee is not required:

- (a)(3) Refugee;
- (a)(4) Paroled as Refugee;
- (a)(5) Asylee;
- (a)(7) N-8 or N-9 nonimmigrant;
- (a)(8) Citizen of Micronesia, Marshall Islands or Palau;
- (a)(10) Granted Withholding of Deportation;
- (a)(11) Deferred Enforced Departure;
- (c)(1) or (c)(4) Dependent of certain foreign government or international organization personnel; or
- (c)(8) Applicant for asylum [an applicant filing under the special ABC procedures must pay the fee].

Renewal EAD: If this is a renewal application and you are applying under one of the following categories, a filing fee is not required:

- (a)(8) Citizen of Micronesia, Marshall Islands, or Palau.
- (a)(10) Granted Withholding of Deportation;
- (a)(11) Deferred Enforced Departure; or
- (c)(1) or (c)(4) Dependent of certain foreign government or international organization personnel.

Replacement EAD: If this is your replacement application and you are applying under one of the following categories, a filing fee is not required:

- (c)(1) or (c)(4) Dependent of certain foreign government or international organization personnel.

You may be eligible for a fee waiver under 8 CFR 103.7(c).

The INS will use The Community Service Administration Income Poverty Guidelines ("Poverty Guidelines") found at 45 CFR 1060.2 as the basic criteria in determining the applicant's eligibility when economic necessity is identified as a factor.

The Poverty Guidelines will be used as a guide, but not as a conclusive standard, in adjudicating fee waiver requests for employment authorization applications requiring a fee.

Part 5. Where to File.

If your response to question 16 is:

(a)(3), (a)(4), (a)(5), (a)(7), or (a)(8)

mail your application to:

INS Service Center
P.O. Box 87765
Lincoln, NE 68501-7765

If your response to question 16 is:

(a)(6), (a)(11), (a)(13),
(c)(2), (c)(3)(i), (c)(3)(ii), (c)(3)(iii), (c)(5), (c)(6), (c)(7), (c)(8),
(c)(17)(i), (c)(17)(ii), or (c)(17)(iii)

mail your application based on your address to the appropriate Service Center:

If you live in: Connecticut, Delaware, the District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Puerto Rico, Rhode Island, Vermont, Virginia, West Virginia or the U.S. Virgin Islands, mail your application to:

INS Service Center
75 Lower Welden Street
St. Albans, VT 05479-0001

If you live in: Arizona, California, Guam, Hawaii or Nevada, mail your application to:

INS Service Center
P.O. Box 10765
Laguna Niguel, CA 92607-0765

If you live in: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, New Mexico, N. Carolina, Oklahoma, S. Carolina, Tennessee or Texas, mail your application to:

INS Service Center
P.O. Box 851041
Mesquite, TX 75185-1041

If you live elsewhere in the U.S., mail your application to:

INS Service Center
P.O. Box 87765
Lincoln, NE 68501-7765

If your response to question 16 is:

(a)(10), (a)(12),
(c)(1), (c)(4), (c)(11), (c)(12), (c)(14), (c)(16),
(c)(18)

apply at the local INS office having jurisdiction over your place of residence.

LIFE Legalization applicants submit your application to:

If your response to question 16 is (c)(24), mail your application to:

United States Immigration and Naturalization Service
Post Office Box 7219
Chicago, IL 60607-7219

NOTE:

If your response to question 16 is (c)(8) under the special ABC filing instructions and you are filing your asylum and EAD applications together, mail your application to the office where you are filing your asylum application.

If your response to question 16 is (c)(9), file your application at the same local INS office or Service Center where you submitted your adjustment application.

If your response to question 16 is (c)(10), and you are a NACARA 203 applicant eligible to apply for relief with the INS, or if your I-881 application is still pending with INS and you wish to renew your EAD, mail your EAD application with the required fee to the appropriate INS service center below:

- If you live in Alabama, Arkansas, Colorado, Connecticut, Delaware, the District of Columbia, Florida, Georgia, Louisiana, Maine, Maryland, Massachusetts, Mississippi, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Oklahoma, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Tennessee, Texas, Utah, the United States Virgin Islands, Vermont, Virginia, West Virginia or Wyoming, mail your application to:

USINS Vermont Service Center
75 Lower Welden St.
St. Albans, VT 05479-0001

- If you live in Alaska, Arizona, California, the Commonwealth of Guam, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, North Dakota, Oregon, Ohio, South Dakota, Washington, or Wisconsin, mail your application to:

UNINS California Service Center
P.O. Box 10765
Laguna Niguel, CA 92607-0881

You should submit the fee for the EAD application on a separate check or money order. Do not combine your check or money order with the fee for the Form I-881.

If your response to question 16 is **(c)(10) and you are not eligible to apply for NACARA 203 relief with INS**, but you are eligible for other deportation or removal relief, apply at the local INS office having jurisdiction over your place of residence.

Part 6. Processing Information.

Acceptance. An application filed without the required fee, evidence, signature or photographs (if required) will be returned to you as incomplete. You may correct the deficiency and resubmit the application; however, an application is not considered properly filed until the INS accepts it. If your application is complete and filed at an INS Service Center, you will be mailed a Form I-797 receipt notice.

Decision on your application.

- **Approval.** If approved, your EAD will either be mailed to you or you may be required to appear at your local INS office to pick it up.
- **Request for evidence.** If additional information or documentation is required, a written request will be sent to you specifying the information or advising you of an interview.
- **Denial.** If your application cannot be granted, you will receive a written notice explaining the basis of your denial.

No decision

- **Interim EAD.** If you have not received a decision within 90 days of receipt by the INS of a properly filed EAD application or within 30 days of a properly filed initial EAD application based on an asylum application filed on or after January 4, 1995, you may obtain interim work

authorization by appearing in person at your local INS district office. You must bring proof of identity and any notices that you have received from the INS in connection with your application for employment authorization.

Part 7. Other Information.

Penalties for Perjury. All statements contained in response to questions in this application are declared to be true and correct under penalty of perjury. Title 18, United States Code, Section 1546, provides in part:

... Whoever knowingly makes under oath, or as permitted under penalty of perjury under 1746 of Title 28, United States Code, knowingly subscribes as true, any false statement with respect to a material fact in any application, affidavit, or other document required by the immigration laws or regulations prescribed thereunder, or knowingly presents any such application, affidavit, or other document containing any such false statement-shall be fined in accordance with this title or imprisoned not more than five years, or both.

The knowing placement of false information on this application may subject you and/or the preparer of this application to criminal penalties under Title 18 of the United States Code. The knowing placement of false information on this application may also subject you and/or the preparer to civil penalties under Section 274C of the Immigration and Nationality Act (INA), 8 U.S.C. 1324c. Under 8 U.S.C. 1324c, a person subject to a final order for civil document fraud is deportable from the United States and may be subject to fines.

Authority for Collecting this Information. The authority to require you to file Form I-765, Application for Employment Authorization, when applying for employment authorization is found at 8 CFR 274A(b)(1)(C)(iii). Information you provide on your Form I-765 is used to determine whether you are eligible for employment authorization and for the preparation of your Employment Authorization Document if you are found eligible. Failure to provide all information as requested may result in the denial or rejection of this application. The information you provide may also be disclosed to other federal, state, local and foreign law enforcement and regulatory agencies during the course of the INS investigations.

Paperwork Reduction Act. A person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The Immigration and Naturalization Service (INS) tries to create forms and instructions which are accurate and easily understood. Often this is difficult because immigration law can be very complex. The public reporting burden for this form is estimated to average three (3) hours and twenty-five (25) minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and completing and reviewing the collection of information. The INS welcomes your comments regarding this burden estimate or any other aspect of this form, including suggestions for reducing this burden to Immigration and Naturalization Service, HQPDI, 425 I Street, N.W., Room 4034, Washington, DC 20536; OMB No. 1115-0163. **DO NOT MAIL YOUR COMPLETED APPLICATION TO THIS ADDRESS.**

Application for Employment Authorization

Do Not Write in This Block

Remarks A# Applicant is filing under §274a.12	Action Stamp	Fee Stamp
<input type="checkbox"/> Application Approved. Employment Authorized / Extended (Circle One) until _____ (Date). <input type="checkbox"/> Application Denied. <input type="checkbox"/> Failed to establish eligibility under 8 CFR 274a.12 (a) or (c). <input type="checkbox"/> Failed to establish economic necessity as required in 8 CFR 274a.12(c) (14), (18) and 8 CFR 214.2(f)		

I am applying for: Permission to accept employment
 Replacement (of lost employment authorization document).
 Renewal of my permission to accept employment (attach previous employment authorization document).

1. Name (Family Name in CAPS) (First) DEFARIA	(Middle) Olga	A.	11. Have you ever before applied for employment authorization from INS? <input checked="" type="checkbox"/> Yes (if yes, complete below) <input type="checkbox"/> No
2. Other Names Used (Include Maiden Name) Moffat, Fedoryaka		Which INS Office? Phoenix	
3. Address in the United States (Number and Street) 6187 Ellerbrook Way	(Apt. Number)	Results (Granted or Denied - attach all documentation) Granted	
(Town or City) San Jose	(State/Country) California	(ZIP Code) 951235012	12. Date of Last Entry into the U.S. (Month/Day/Year) 05/02/2002
4. Country of Citizenship/Nationality Ukraine		13. Place of Last Entry into the U.S. Chicago, Illinois	
5. Place of Birth (Town or City) Meronovka	(State/Province) Kiev	(Country) Ukraine	14. Manner of Last Entry (Visitor, Student, etc.) K-1 Visa
6. Date of Birth (Month/Day/Year) 02/09/1951	7. Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
8. Marital Status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Divorced		
9. Social Security Number (Include all Numbers you have ever used) (if any) 601-55-7230			
10. Alien Registration Number (A-Number) or 1-94 Number (if any) A070924792			
(c) (9) ()			

Certification

Your Certification: I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information which the Immigration and Naturalization Service needs to determine eligibility for the benefit I am seeking. I have read the Instructions in Part 2 and have identified the appropriate eligibility category in Block 16.

408-363-0562

06/23/2002

Telephone Number

Date

Signature

Signature of Person Preparing Form, If Other Than Above: I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Print Name	Address	Signature	Date
Olga Defaria	6187 Ellerbrook Way		06/23/2002

Initial Receipt	Resubmitted	Relocated		Completed		
		Rec'd	Sent	Approved	Denied	Returned

Purpose of This Form.

This form is used by a person who is in the United States to apply to the Immigration and Naturalization Service (INS) to adjust to permanent resident status or register for permanent residence. It may also be used by certain Cuban nationals to request a change in the date their permanent residence began.

Who May File.

Based on an immigrant petition. You may apply to adjust your status if:

- an immigrant visa number is immediately available to you based on an approved immigrant petition; or
- you are filing this application with a complete relative, special immigrant juvenile or special immigrant military petition, which if approved, would make an immigrant visa number immediately available to you.

Based on being the spouse or child (derivative) at the time another adjustment applicant (principal) files to adjust status or at the time a person is granted permanent resident status in an immigrant category that allows derivative status for spouses and children.

- If the spouse or child is in the United States, the individual derivatives may file their Form I-485 adjustment of status applications concurrently with the Form I-485 for the principal beneficiary, or file the Form I-485 at anytime after the principal is approved, if a visa number is available.
- If the spouse or child is residing abroad, the person adjusting status in the United States should file the Form I-824, **Application for Action on an Approved Application or Petition**, concurrently with the principal's adjustment of status application to allow the derivatives to immigrate to the United States without delay, if the principal's adjustment of status application is approved. **No I-824 fee will be refunded if the principal's adjustment is not granted.**

Based on admission as the fiance(e) of a U. S. citizen and subsequent marriage to that citizen. You may apply to adjust status if you were admitted to the U. S. as the K-1 fiance(e) of a U. S. citizen and you married that citizen within 90 days of your entry. If you were admitted as the K-2 child of such a fiance(e), you may apply based on your parent's adjustment application.

Based on asylum status. You may apply to adjust status if you have been granted asylum in the U. S. after being physically present in the U. S. for one year after the grant of asylum, if you still qualify as an asylee or as the spouse or child of a refugee.

Based on Cuban citizenship or nationality. You may apply to adjust status if:

- you are a native or citizen of Cuba, were admitted or paroled into the U.S. after January 1, 1959, and thereafter have been physically present in the U.S. for at least one year; or
- you are the spouse or unmarried child of a Cuban described above, and regardless of your nationality, you were admitted or paroled after January 1, 1959, and thereafter have been physically present in the U.S. for at least one year.

Based on continuous residence since before January 1, 1972. You may apply for permanent residence if you have continuously resided in the U.S. since before January 1, 1972.

Applying to change the date your permanent residence began. If you were granted permanent residence in the U. S. prior to November 6, 1966, and are a native or citizen of Cuba, his or her spouse or unmarried minor child, you may ask to change the date your lawful permanent residence began to your date of arrival in the U. S. or May 2, 1964, whichever is later.

Other basis of eligibility. If you are not included in the above categories, but believe you may be eligible for adjustment or creation of record of permanent residence, contact your local INS office.

Persons Who Are Ineligible.

Unless you are applying for creation of record based on continuous residence since before January 1, 1972, or adjustment of status under a category in which special rules apply (such as asylum adjustment, Cuban adjustment, special immigrant juvenile adjustment or special immigrant military personnel adjustment), you are not eligible for adjustment of status if any of the following apply to you:

- you entered the U.S. in transit without a visa;
- you entered the U.S. as a nonimmigrant crewman;
- you were not admitted or paroled following inspection by an immigration officer;
- your authorized stay expired before you filed this application; you were employed in the U.S. prior to filing this application, without INS authorization; or you otherwise failed to maintain your nonimmigrant status, other than through no fault of your own or for technical reasons, unless you are applying because you are an immediate relative of a U.S. citizen (parent, spouse, widow, widower or unmarried child under 21 years old), a K-1 fiance(e) or K-2 fiance(e) dependent who married the U.S. petitioner within 90 days of admission or an "H" or "I" or special

immigrant (foreign medical graduates, international organization employees or their derivative family members);

- you are or were a J-1 or J-2 exchange visitor, are subject to the two-year foreign residence requirement and have not complied with or been granted a waiver of the requirement;
- you have an A, E or G nonimmigrant status, or have an occupation which would allow you to have this status, unless you complete Form I-508 (I-508F for French nationals) to waive diplomatic rights, privileges and immunities, and if you are an A or G nonimmigrant, unless you submit a complete Form I-566;
- you were admitted to Guam as a visitor under the Guam visa waiver program;
- you were admitted to the U.S. as a visitor under the Visa Waiver Pilot Program, unless you are applying because you are an immediate relative of a U.S. citizen (parent, spouse, widow, widower or unmarried child under 21 years old);
- you are already a conditional permanent resident;
- you were admitted as a K-1 fiance(e) but did not marry the U.S. citizen who filed the petition for you, or were admitted as the K-2 child of a fiance(e) and your parent did not marry the U.S. citizen who filed the petition.

General Filing Instructions.

Please answer all questions by typing or clearly printing in black ink. Indicate that an item is not applicable with "N/A." If the answer is "none," write "none." If you need extra space to answer any item, attach a sheet of paper with your name and your alien registration number (A#), if any, and indicate the number of the item to which the answer refers. You must file your application with the required **Initial Evidence** described below, beginning on this page. Your application must be properly signed and filed with the correct fee. If you are under 14 years of age, your parent or guardian may sign your application.

Translations. Any foreign language document must be accompanied by a full English translation which the translator has certified as complete and correct, and by the translator's certification that he or she is competent to translate the foreign language into English.

Copies. If these instructions state that a copy of a document may be filed with this application, and you choose to send us the original, we may keep the original for our records.

Initial Evidence.

You must file your application with the following evidence:

- **Birth certificate.** Submit a copy of your foreign birth certificate or other record of your birth that meets the provisions of secondary evidence found in 8 CFR 103.2(b)(2).
- **Copy of passport page with nonimmigrant visa.** If you have obtained a nonimmigrant visa(s) from an American consulate abroad within the last year, submit a photocopy(ies) of the page(s) of your passport with the visa(s).
- **Photos.** Submit two (2) identical natural color photographs of yourself, taken within 30 days of the application. Photos must have a white background, be unmounted, printed on thin paper and be glossy and unretouched. They must show a three-quarter frontal profile showing the right side of your face, with your right ear visible and with your head bare. You may wear a headdress if required by a religious order of which you are a member. The photos must be no larger than 2 X 2 inches, with the distance from the top of the head to just below the chin about 1 and 1/4 inches. Lightly print your A# (or your name if you have no A#) on the back of each photo, using a pencil.
- **Fingerprints.** If you are between the ages of 14 and 75, you must be fingerprinted. After filing this application, INS will notify you in writing of the time and location where you must go to be fingerprinted. Failure to appear to be fingerprinted may result in denial of your application.
- **Police clearances.** If you are filing for adjustment of status as a member of a special class described in an I-485 supplement form, please read the instructions on the supplement form to see if you need to obtain and submit police clearances, in addition to the required fingerprints, with your application.
- **Medical examination (Section 232 of the Act).** When required, submit a medical examination report on the form you have obtained from INS.

-- **A. Individuals applying for adjustment of status through the INS Service Center:** 1) **General:** If you are filing your adjustment of status application with the INS Service Center, include your medical exam report with the application, unless you are a refugee or asylee. 2) **Refugees:** If you are applying for adjustment of status one year after you were admitted as a refugee, you only need to submit a vaccination supplement with your adjustment of status application, not the entire medical report, **unless** there were medical grounds of inadmissibility that arose during the initial exam you had overseas.

-- **B. Individuals applying for adjustment of status through the local INS office and asylees applying for adjustment of status through the Service Center:** If you are filing your adjustment of status application with the local INS office, or if you are an asylee filing an adjustment of status application with the Service Center, one year after you were granted asylum, do not submit a medical report with your adjustment of status application. Wait for further instructions from INS about how and where to take the medical exam and submit the medical exam report.

-- **Fiance(e)s:** If you are a K-1 fiance(e) or K-2 dependent who had a medical exam within the past year as required for the nonimmigrant fiance (e) visa, you only need to submit a vaccination supplement, not the entire medical report. You may include the vaccination supplement with your adjustment of status application.

-- **Individuals not required to have a medical exam:** The medical report is not required if you are applying for creation of a record for admission as a lawful permanent resident under section 249 of the Act as someone who has continuously resided in the United States since January 1, 1972 (registry applicant).

• **Form G-325A, Biographic Information Sheet.** You must submit a completed G-325A if you are between 14 and 79 years of age.

• **Evidence of status.** Submit a copy of your Form I-94, Nonimmigrant Arrival/Departure Record, showing your admission to the U.S. and current status, or other evidence of your status.

• **Affidavit of Support/Employment Letter.**

-- **Affidavit of Support.** Submit the Affidavit of Support (Form I-864) if your adjustment of status application is based on your entry as a fiance(e), or a relative visa petition (Form I-130) filed by your relative or on an employment based visa petition (Form I-140) based on a business that is five percent or more owned by your family.

-- **Employment Letter.** If your adjustment of status application is based on an employment based visa petition (Form I-140), you must submit a letter on the letterhead of the petitioning employer which confirms that the job on which the visa petition is based is still available to you. The letter must also state the salary that will be paid.

(Note: The affidavit of support and/or employment letter are not required if you applying for creation of record based on continuous residence since before January 1, 1972, asylum adjustment, or a Cuban or a spouse or unmarried child of a Cuban who was admitted after January 1, 1959.)

• **Evidence of eligibility.**

-- **Based on an immigrant petition.** Attach a copy of the approval notice for an immigrant petition which makes a visa number immediately available to you, or submit a complete relative, special immigrant juvenile or special immigrant military petition which, if approved, will make a visa number immediately available to you.

-- **Based on admission as the K-1 fiance(e) of a U.S. citizen and subsequent marriage to that citizen.** Attach a copy of the fiance(e) petition approval notice, a copy of your marriage certificate and your Form I-94.

-- **Based on asylum status.** Attach a copy of the letter or Form I-94 which shows the date you were granted asylum.

-- **Based on continuous residence in the U.S. since before January 1, 1972.** Attach copies of evidence that shows continuous residence since before January 1, 1972.

-- **Based on Cuban citizenship or nationality.** Attach evidence of your citizenship or nationality, such as a copy of your passport, birth certificate or travel document.

-- **Based on derivative status as the spouse or child of another adjustment applicant or person granted permanent residence based on issuance of an immigrant visa.** File your application with the application of that other applicant, or with evidence that it is pending with the Service or has been approved, or evidence that your spouse or parent has been granted permanent residence based on an immigrant visa and:

- If you are applying as the spouse of that person, also attach a copy of your marriage certificate and copies of documents showing the legal termination of all other marriages by you and your spouse;
- If you are applying as the child of that person, also attach a copy of your birth certificate, and if the other person is not your natural mother, copies of evidence (such as a marriage certificate and documents showing the legal termination of all other marriages and an adoption decree) to demonstrate that you qualify as his or her child.

- **Other basis for eligibility.** Attach copies of documents proving that you are eligible for the classification.

Where to File.

File this application at the INS office having jurisdiction over your place of residence.

Fee. The fee for this application is \$220, except that it is \$160 if you are less than 14 years old. There is no application fee if you are filing as a refugee under section 209(a) of the Act. If you are between the ages of 14 and 75, there is a \$25 fingerprinting fee in addition to the application fee. For example, if your application fee is \$220 and you are between the ages of 14 and 75, the total fee you must pay is \$245. You may submit one check or money order for both the application and fingerprinting fees. Fees must be submitted in the exact amount. **DO NOT MAIL CASH.** Fees cannot be refunded. All checks and money orders must be drawn on a bank or other institution located in the United States and must be payable in United States currency. The check or money order should be made payable to the Immigration and Naturalization Service, except that:

- if you live in Guam and are filing this application in Guam, make your check or money order payable to the "Treasurer, Guam."
- if you live in the U.S. Virgin Islands and are filing this application in the U.S. Virgin Islands, make your check or money order payable to the "Commissioner of Finance of the Virgin Islands."

Checks are accepted subject to collection. An uncollected check in payment of an application fee will render the application and any document issued invalid. A charge of \$30 will be imposed if a check in payment of a fee is not honored by the bank on which it is drawn.

Processing Information.

Acceptance. Any application that is not signed, or is not accompanied by the correct application fee, will be rejected with a notice that the application is deficient. You may correct the deficiency and resubmit the application. An application is not considered properly filed until accepted by the INS.

Initial Processing. Once an application has been accepted, it will be checked for completeness, including submission of the required initial evidence. If you do not completely fill out the form, or file it without required initial evidence, you will not establish a basis for eligibility, and we may deny your application.

Requests for More Information. We may request more information or evidence. We may also request that you submit the originals of any copy. We may return these originals when they are no longer required.

Interview. After you file your application you will be notified to appear at an INS office to answer questions about the application. You will be required to answer these questions under oath or affirmation. You must bring your Arrival-Departure Record (Form I-94) and any passport to the interview.

Decision. You will be notified in writing of the decision on your application.

Selective Service Registration. If you are a male at least 18 years old, but not yet 26 years old, and required according to the Military Selective Service Act to register with the Selective Service System, the INS will help you register. When your signed application is filed and accepted by the INS, we will transmit your name, current address, Social Security number, date of birth and the date you filed the application to the Selective Service to record your registration as of the filing date. If the INS does not accept your application, and if still so required, you are responsible to register with the Selective Service by other means, provided you are under 26 years of age. If you have already registered, the Selective Service will check its records to avoid any duplication. (Note: men 18 through 25 years old, who are applying for student financial aid, government employment or job training benefits should register directly with the Selective Service or such benefits may be denied. Men can register at a local post office or on the Internet at <http://www.sss.gov>).

Travel Outside the U.S. for Adjustment of Status Applicants Under Sections 209 and 245 of the Act and Registry Applicants Under Section 249 of the Act. Your departure from the U.S. (including brief visits to Canada or Mexico) constitutes an abandonment of your adjustment of status application, unless you are granted permission to depart and you are inspected upon your return to the U.S. Such permission to travel is called "advance parole." To request advance parole, you must file Form I-131, with fee, with the INS office where you applied for adjustment of status.

- Exceptions:** **1) H and L nonimmigrants:** If you are an H or L nonimmigrant who continues to maintain his or her status, you may travel on a valid H or L visa without obtaining advance parole.
- 2) Refugees and Asylees:** If you are applying for adjustment of status one year after you were admitted as a refugee or one year after you were granted asylum, you may travel outside the United States on your valid refugee travel document, if you have one, without the need to obtain advance parole.
- WARNING:** Travel outside of the U.S. may trigger the 3-and 10-year bars to admission under section 212(a)(9)(B)(i) of the Act for adjustment applicants, but not registry applicants. This ground of inadmissibility is triggered if you were unlawfully present in the U.S. (i.e., you remained in the United States beyond the period of stay authorized by the Attorney General) for more than 180 days before you applied for adjustment of status, and you travel outside of the U.S. while your adjustment of status application is pending. (Note: Only unlawful presence that accrued on or after April 1, 1997, counts towards the 3-and 10-year bars under section 212 (a)(9)(B)(i) of the Act.)
- If you become inadmissible under section 212(a)(9)(B)(i) of the Act while your adjustment of status application is pending, you will need a waiver of inadmissibility under section 212(a)(9)(B)(v) of the Act before your adjustment of status application can be approved. This waiver, however, is granted on a case-by-case basis and in the exercise of discretion. It requires a showing of extreme hardship to your U.S. citizen or lawful permanent resident spouse or parent, unless you are a refugee or asylee. For refugees and asylees, the waiver may be granted for humanitarian reasons, to assure family unity or if it is otherwise in the public interest.

Penalties. If you knowingly and willfully falsify or conceal a material fact or submit a false document with this request, we will deny the benefit you are filing for and may deny any other immigration benefit. In addition, you will face severe penalties provided by law and may be subject to criminal prosecution.

Privacy Act Notice. We ask for the information on this form and associated evidence to determine if you have established eligibility for the immigration benefit you are seeking. Our legal right to ask for this information is in 8 USC 1255 and 1259. We may provide this information to other government agencies, including the Selective Service System. Your failure to provide this information on this form and any requested evidence may delay a final decision or result in denial of your application.

Paperwork Reduction Act Notice. A person is not required to respond to a collection of information unless it displays a current valid OMB number. We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. The estimated average time to complete and file this application is computed as follows: (1) 20 minutes to learn about the law and form; (2) 25 minutes to complete the form and (3) 270 minutes to assemble and file the application, including the required interview and travel time -- for a total estimated average of 5 hours and 15 minutes per application. If you have comments regarding the accuracy of this estimate or suggestions to make this form simpler, you should write to the Immigration and Naturalization Service, 425 I Street, N.W., Room 5307, Washington, D.C. 20536; OMB No. 1115-0053. **DO NOT MAIL YOUR COMPLETED APPLICATION TO THIS ADDRESS.**

Form I-485, Application to Register Permanent Resident or Adjust Status

**U.S. Department of Justice
Immigration and Naturalization Service**

START HERE - Please Type or Print

Part 1. Information About You.

Family Name	Given Name	Middle Initial
DEFARIA	Olga	A.
Address - C/O		
Street Number and Name		Apt. #
6187 Ellerbrook Way		
City San Jose		
State California	Zip Code 95123-5012	
Date of Birth (month/day/year) 02/09/1971	Country of Birth Ukraine	
Social Security # 601-55-7230	A # (if any) A070924792	
Date of Last Arrival (month/day/year) 05/02/2002	I-94 # 209-74821109	
Current INS Status K-1	Expires on (month/day/year) 08/01/2002	

Part 2. Application Type. (check one)

I am applying for an adjustment to permanent resident status because:

- a. an immigrant petition giving me an immediately available immigrant visa number has been approved. (Attach a copy of the approval notice-- or a relative, special immigrant juvenile or special immigrant military visa petition filed with this application that will give you an immediately available visa number, if approved.)
- b. my spouse or parent applied for adjustment of status or was granted lawful permanent residence in an immigrant visa category that allows derivative status for spouses and children.
- c. I entered as a K-1 fiance(e) of a U.S. citizen whom I married within 90 days of entry, or I am the K-2 child of such a fiance(e). [Attach a copy of the fiance(e) petition approval notice and the marriage certificate.]
- d. I was granted asylum or derivative asylum status as the spouse or child of a person granted asylum and am eligible for adjustment.
- e. I am a native or citizen of Cuba admitted or paroled into the U.S. after January 1, 1959, and thereafter have been physically present in the U.S. for at least one year.
- f. I am the husband, wife or minor unmarried child of a Cuban described in (e) and am residing with that person, and was admitted or paroled into the U.S. after January 1, 1959, and thereafter have been physically present in the U.S. for at least one year.
- g. I have continuously resided in the U.S. since before January 1, 1972.
- h. Other basis of eligibility. Explain. (If additional space is needed, use a separate piece of paper.)

I am already a permanent resident and am applying to have the date I was granted permanent residence adjusted to the date I originally arrived in the U.S. as a nonimmigrant or parolee, or as of May 2, 1964, whichever date is later, and: (Check one)

- i. I am a native or citizen of Cuba and meet the description in (e), above.
- j. I am the husband, wife or minor unmarried child of a Cuban, and meet the description in (f), above.

FOR INS USE ONLY

Returned	Receipt
Resubmitted	
Reloc Sent	
Reloc Rec'd	
Applicant Interviewed	
Section of Law	
<input type="checkbox"/> Sec. 209(b), INA <input type="checkbox"/> Sec. 13, Act of 9/11/57 <input type="checkbox"/> Sec. 245, INA <input type="checkbox"/> Sec. 249, INA <input type="checkbox"/> Sec. 2 Act of 11/2/66 <input type="checkbox"/> Sec. 2 Act of 11/2/66 <input type="checkbox"/> Other _____	
Country Chargeable	
Eligibility Under Sec. 245 Approved Visa Petition Dependent of Principal Alien Special Immigrant Other _____	
Preference	
Action Block	

To be Completed by
Attorney or Representative, if any

- Fill in box if G-28 is attached to represent the applicant.
VOLAG # _____

ATTY State License # _____

Part 3. Processing Information.

City/Town/Village of Birth Meronovka	Current Occupation NONE
Our Mother's First Name Katherin	Your Father's First Name Aleksay

Give your name exactly how it appears on your Arrival /Departure Record (Form 1-94)

Igor Alekseevna Fedoryaka

Place of Last Entry Into the U.S. (City/State) Chicago, Illinois	In what status did you last enter? (<i>Visitor, student, exchange alien, crewman, temporary worker, without inspection, etc.</i>) K-1
Were you inspected by a U.S. Immigration Officer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Nonimmigrant Visa Number 50338491	Consulate Where Visa Was Issued Warsaw
Date Visa Was Issued 04/29/2002	Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
	Marital Status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed

Have you ever before applied for permanent resident status in the U.S.? No Yes If you checked "Yes," give date and place of filing and final disposition.
May, 1995, Maricopa County, Arizona, Cancelled

List your present husband/wife and all your sons and daughters. (If you have none, write "none." If additional space is needed, use a separate piece of paper.)

Family Name DEFARIA	Given Name Andrew	Middle Initial P.	Date of Birth (month/day/year) 06/28/1960
Country of Birth USA	Relationship Spouse	A # NONE	Applying with You? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Family Name NONE	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth	Relationship	A #	Applying with You? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name NONE	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth	Relationship	A #	Applying with You? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name NONE	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth	Relationship	A #	Applying with You? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name NONE	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth	Relationship	A #	Applying with You? <input type="checkbox"/> Yes <input type="checkbox"/> No

List your present and past membership in or affiliation with every political organization, association, fund, foundation, party, club, society or similar group in the United States or in other places since your 16th birthday. Include any foreign military service in this part. If none, write "none." Include the name(s) of the organization(s), location(s), dates of membership from and to, and the nature of the organization (s). If additional space is needed, use a separate piece of paper.

ONE

Part 3. Processing Information. (Continued)

Please answer the following questions. (If your answer is "Yes" to any one of these questions, explain on a separate piece of paper. Answering "Yes" does not necessarily mean that you are not entitled to adjust your status or register for permanent residence.)

1. Have you ever, in or outside the U. S.:

- a. knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested? Yes No
- b. been arrested, cited, charged, indicted, fined or imprisoned for breaking or violating any law or ordinance, excluding traffic violations? Yes No
- c. been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action? Yes No
- d. exercised diplomatic immunity to avoid prosecution for a criminal offense in the U. S.? Yes No

Have you received public assistance in the U.S. from any source, including the U.S. government or any state, county, city or municipality (other than emergency medical treatment), or are you likely to receive public assistance in the future?

Yes No

2. Have you ever:

- a. within the past ten years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future? Yes No
- b. engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? Yes No
- c. knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the U.S. illegally? Yes No
- d. illicitly trafficked in any controlled substance, or knowingly assisted, abetted or colluded in the illicit trafficking of any controlled substance? Yes No

3. Have you ever engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or funds for, or have you through any means ever assisted or provided any type of material support to, any person or organization that has ever engaged or conspired to engage, in sabotage, kidnapping, political assassination, hijacking or any other form of terrorist activity?

Yes No

4. Do you intend to engage in the U.S. in:

- a. espionage? Yes No
- b. any activity a purpose of which is opposition to, or the control or overthrow of, the government of the United States, by force, violence or other unlawful means? Yes No
- c. any activity to violate or evade any law prohibiting the export from the United States of goods, technology or sensitive information? Yes No

5. Have you ever been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party?

Yes No

6. Did you, during the period from March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist or otherwise participate in the persecution of any person because of race, religion, national origin or political opinion?

Yes No

7. Have you ever engaged in genocide, or otherwise ordered, incited, assisted or otherwise participated in the killing of any person because of race, religion, nationality, ethnic origin or political opinion?

Yes No

8. Have you ever been deported from the U.S., or removed from the U.S. at government expense, excluded within the past year, or are you now in exclusion or deportation proceedings?

Yes No

9. Are you under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act for use of fraudulent documents or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the U.S. or any immigration benefit?

Yes No

10. Have you ever left the U.S. to avoid being drafted into the U.S. Armed Forces?

Yes No

11. Have you ever been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement and not yet complied with that requirement or obtained a waiver?

Yes No

12. Are you now withholding custody of a U.S. citizen child outside the U.S. from a person granted custody of the child?

Yes No

13. Do you plan to practice polygamy in the U.S.?

Yes No

Part 4. Signature. *(Read the information on penalties in the instructions before completing this section. You must file this application while in the United States.)*

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 INS needs to determine eligibility for the benefit I am seeking.

Selective Service Registration. **The following applies to you if you are a man at least 18 years old, but not yet 26 years old, who is required to register with the Selective Service System:** I understand that my filing this adjustment of status application with the Immigration and Naturalization Service authorizes the INS to provide certain registration information to the Selective Service System in accordance with the Military Selective Service Act. Upon INS acceptance of my application, I authorize INS to transmit to the Selective Service System my name, current address, Social Security number, date of birth and the date I filed the application for the purpose of recording my Selective Service registration as of the filing date. If, however, the INS does not accept my application, I further understand that, if so required, I am responsible for registering with the Selective Service by other means, provided I have not yet reached age 26.

<i>Signature</i>	<i>Print Your Name</i>	<i>Date</i>	<i>Daytime Phone Number</i>
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Please Note: *If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may not be found eligible for the requested benefit and this application may be denied.*

Part 5. 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.

<i>Signature</i>	<i>Print Your Name</i>	<i>Date</i>	<i>Daytime Phone Number</i>
------------------	------------------------	-------------	-----------------------------

*Firm Name
and Address*

Andrew P DeFaria
6187 Ellerbrook Way
San Jose, CA 95123-5012

2001 U.S. INDIVIDUAL INCOME TAX RETURN SUMMARY

Adjusted Gross Income	\$ 95,832
Taxable Income	\$ 49,085
Total Tax	\$ 10,114
Total Payments	\$ 14,725
Refund	\$ 4,611
Effective Tax Rate	10.55 %

INSTRUCTIONS FOR FILING YOUR RETURN ELECTRONICALLY

If you file electronically, make sure to follow the Electronic Filing Instructions to complete your tax return.

Come back to TurboTax in 24 to 48 hours to check the status of your return. TurboTax will let you know if your return has been accepted or rejected by the IRS.

If the IRS accepts your tax return, TurboTax will walk you through the final steps of electronic filing. It may involve printing and mailing some electronic filing forms. (DO NOT mail a printed copy of your tax return to the IRS. They already received an electronic copy of your tax return.)

If your return is rejected due to an error, you have two options. You must fix the error and retransmit your return electronically, or you can mail a printed copy of your return to the IRS. To mail your printed return, follow the mailing instructions below.

INSTRUCTIONS FOR FILING YOUR RETURN BY MAIL

Your federal Form 1040 shows a refund of \$4,611.

Please mail your return to the following IRS address postmarked by Monday, April 15, 2002.

Internal Revenue Service Center
Fresno, CA 93888-0002

Be sure to sign and date your return and include the proper amount of postage on the envelope.

ATTACHMENTS

Attach the first copy or Copy B of Form(s) W-2 to the front of your Form 1040.

Form 1040

Department of the Treasury — Internal Revenue Service

U.S. Individual Income Tax Return 2001

(99)

IRS use only — Do not write or staple in this space.

Label

(See instructions.)

Use the IRS label.
Otherwise,
please print
or type.**Presidential
Election
Campaign**
(See instructions.)

For the year Jan 1 - Dec 31, 2001, or other tax year beginning			, 2001, ending	, 20	OMB No. 1545-0074
Your First Name MI Last Name					Your Social Security Number
Andrew P Defaria					138-60-0980
If a Joint Return, Spouse's First Name MI Last Name					Spouse's Social Security Number
Home Address (number and street). If You Have a P.O. Box, See Instructions.			Apartment No.		
6187 Ellerbrook Way					▲ Important! ▲ You must enter your social security number(s) above.
City, Town or Post Office. If You Have a Foreign Address, See Instructions.			State	ZIP Code	
San Jose			CA	95123-5012	

► Note: Checking 'Yes' will not change your tax or reduce your refund.
Do you, or your spouse if filing a joint return, want \$3 to go to this fund? ► Yes No Yes No

Filing Status

- Check only one box.
- 1 Single
 2 Married filing joint return (even if only one had income)
 3 Married filing separate return. Enter spouse's SSN above & full name here. ►
 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here . ►
 5 Qualifying widow(er) with dependent child (year spouse died ►). (See instructions.)

Exemptions

6a <input checked="" type="checkbox"/> Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a	No. of boxes checked on 6a and 6b. 1		
b <input type="checkbox"/> Spouse	No. of your children on 6c who:		
c Dependents:	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)
(1) First name	Last name		
d Total number of exemptions claimed	Add numbers entered on lines above 1		

Income

- If more than six dependents, see instructions.
- 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 64,774.
 8 a Taxable interest. Attach Schedule B if required 8 a 9.
 b Tax-exempt interest. Do not include on line 8a 8 b
 9 Ordinary dividends. Attach Schedule B if required 9
 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 10 5,659.
 11 Alimony received 11
 12 Business income or (loss). Attach Schedule C or C-EZ 12
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here. ► 13 -3,000.
 14 Other gains or (losses). Attach Form 4797 14
 15 a Total IRA distributions 15 a b Taxable amount (see instrs) 15 b
 16 a Total pensions & annuities 16 a b Taxable amount (see instrs) 16 b
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17
 18 Farm income or (loss). Attach Schedule F 18
 19 Unemployment compensation 19 460.
 20 a Social security benefits 20 a b Taxable amount (see instrs) 20 b
 21 Other income OTHER INCOME FROM FORM 1099-MISC 21 27,930.
 22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 95,832.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Adjusted Gross Income

- 23 IRA deduction (see instructions) 23
 24 Student loan interest deduction (see instructions) 24
 25 Archer MSA deduction. Attach Form 8853 25
 26 Moving expenses. Attach Form 3903. 26
 27 One-half of self-employment tax. Attach Schedule SE 27
 28 Self-employed health insurance deduction (see instructions) 28
 29 Self-employed SEP, SIMPLE, and qualified plans 29
 30 Penalty on early withdrawal of savings 30
 31 a Alimony paid b Recipient's SSN 31 a
 32 Add lines 23 through 31a 32
 33 Subtract line 32 from line 22. This is your adjusted gross income ► 33 95,832.

Tax and Credits

Standard Deduction for —
 • People who checked any box on line 35a or 35b **or** who can be claimed as a dependent, see instructions.

• All others:
Single:
\$4,550

Head of household,
\$6,650

Married filing jointly or Qualifying widow(er),
\$7,600

Married filing separately,
\$3,800

34 Amount from line 33 (adjusted gross income)	34	95,832.
35a Check if: <input type="checkbox"/> You were 65/older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65/older, <input type="checkbox"/> Blind. ► Add the number of boxes checked above and enter the total here	35a	
b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see instructions and check here	35b	
36 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	36	43,847.
37 Subtract line 36 from line 34	37	51,985.
38 If line 34 is \$99,725 or less, multiply \$2,900 by the total number of exemptions claimed on line 6d. If line 34 is over \$99,725, see the worksheet in the instructions	38	2,900.
39 Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	39	49,085.
40 Tax (see instrs). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	40	10,114.
41 Alternative minimum tax (see instructions). Attach Form 6251	41	
42 Add lines 40 and 41	42	10,114.
43 Foreign tax credit. Attach Form 1116 if required	43	
44 Credit for child and dependent care expenses. Attach Form 2441	44	
45 Credit for the elderly or the disabled. Attach Schedule R	45	
46 Education credits. Attach Form 8863	46	
47 Rate reduction credit. See the worksheet	47	
48 Child tax credit (see instructions)	48	
49 Adoption credit. Attach Form 8839	49	
50 Other credits from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify)	50	
51 Add lines 43 through 50. These are your total credits	51	
52 Subtract line 51 from line 42. If line 51 is more than line 42, enter -0-	52	10,114.

Other Taxes

53 Self-employment tax. Attach Schedule SE	53	
54 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	54	
55 Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required	55	
56 Advance earned income credit payments from Form(s) W-2	56	
57 Household employment taxes. Attach Schedule H	57	
58 Add lines 52-57. This is your total tax	58	10,114.

Payments

If you have a qualifying child, attach Schedule EIC.

59 Federal income tax withheld from Forms W-2 and 1099	59	14,725.
60 2001 estimated tax payments and amount applied from 2000 return	60	
61a Earned income credit (EIC).	61a	
b Nontaxable earned income. 61b	62	
62 Excess social security and RRTA tax withheld (see instrs)	63	
63 Additional child tax credit. Attach Form 8812	64	
64 Amount paid with request for extension to file (see instructions)	65	
65 Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136.	66	

FDIA0112 12/10/01

66 Add lines 59, 60, 61a, and 62 through 65. These are your total payments	66	14,725.
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Refund

Direct deposit?
See instructions and fill in 68b, 68c, and 68d.

67 If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid	67	
68a Amount of line 67 you want refunded to you	68a	4,611.
b Routing number 121000497 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d Account number 1401028137		
69 Amount of line 67 you want applied to your 2002 estimated tax 69	70	

Amount You Owe

70 Amount you owe. Subtract line 66 from line 58. For details on how to pay, see instructions	70	
---	----	--

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete the following.
Designee's Name ► Phone No. ► Personal Identification Number (PIN) ► No

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Your Signature ►	Date	Your Occupation	Daytime Phone Number
Spouse's Signature. If a Joint Return, Both Must Sign. ►	Date	Spouse's Occupation	
Preparer's Signature ►	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN

Firm's Name (or yours if self-employed). ► Self-Prepared	EIN
Address, and ZIP Code	Phone No.

Schedule A
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

OMB No. 1545-0074

2001

07

► Attach to Form 1040.
► See Instructions for Schedule A (Form 1040).

Name(s) Shown on Form 1040

Andrew P DeFaria

Your Social Security Number
138-60-0980

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.		
	1 Medical and dental expenses (see instructions)	1	3,380.
	2 Enter amount from Form 1040, line 34	2	95,832.
	3 Multiply line 2 above by 7.5% (.075)	3	7,187.
Taxes You Paid (See instructions.)	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0.
	5 State and local income taxes.	5	5,110.
	6 Real estate taxes (see instructions)	6	3,705.
	7 Personal property taxes	7	330.
Interest You Paid (See instructions.)	8 Other taxes. List type and amount ►	8	
	9 Add lines 5 through 8	9	9,145.
	10 Home mtg interest and points reported to you on Form 1098	10	33,239.
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ►	11	
Note. Personal interest is not deductible.	12 Points not reported to you on Form 1098. See instrs for spcl rules	12	
	13 Investment interest. Attach Form 4952 if required. (See instrs.)	13	
	14 Add lines 10 through 13	14	33,239.
	15 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	15	1,463.
If you made a gift and got a benefit for it, see instructions.	16 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	16	
	17 Carryover from prior year	17	
	18 Add lines 15 through 17	18	1,463.
	19 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	19	
Job Expenses and Most Other Miscellaneous Deductions	20 Unreimbursed employee expenses — job travel, union dues, job education, etc. You must attach Form 2106 or 2106-EZ if required. (See instructions.) ►	20	
	21 Tax preparation fees	21	20.
	22 Other expenses — investment, safe deposit box, etc. List type and amount ►	22	
	23 Add lines 20 through 22	23	20.
(See instructions for expenses to deduct here.)	24 Enter amount from Form 1040, line 34	24	95,832.
	25 Multiply line 24 above by 2% (.02)	25	1,917.
	26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26	0.
	27 Other — from list in the instructions. List type and amount ►	27	
Other Miscellaneous Deductions	28 Is Form 1040, line 34, over \$132,950 (over \$66,475 if MFS)?		
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amts in the far right col for lines 4 through 27. Also, enter this amt on Form 1040, line 36.		
	<input type="checkbox"/> Yes. Your deduction may be limited. See instructions for the amount to enter.		43,847.

Form 1040

Department of the Treasury — Internal Revenue Service

U.S. Individual Income Tax Return 2000

(99)

IRS use only — Do not write or staple in this space.

For the year Jan 1-Dec 31, 2000, or other tax year beginning

, 2000, ending

, 20

OMB No. 1545-0074

Label

(See instructions.)

Your First Name

MI Last Name

Andrew

P DeFaria

Your Social Security Number

138-60-0980

Use the IRS label.
Otherwise,
please print
or type.

If a Joint Return, Spouse's First Name

MI Last Name

Spouse's Social Security Number

**Presidential
Election
Campaign**
(See instructions.)Home Address (number and street). If You Have a P.O. Box, See Instructions.
6187 Ellerbrook Way

Apartment No.

City, Town or Post Office. If You Have a Foreign Address, See Instructions.

State ZIP Code

San Jose

CA 95123-5012

Important!
You must enter your social security number(s) above.

► Note: Checking 'Yes' will not change your tax or reduce your refund.
 Do you, or your spouse if filing a joint return, want \$3 to go to this fund? ► Yes No Yes No

Filing Status

- 1 Single
 2 Married filing joint return (even if only one had income)
 3 Married filing separate return. Enter spouse's SSN above & full name here. ►

Check only one box.

- 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ►
 5 Qualifying widow(er) with dependent child (year spouse died ►). (See instructions.)

Exemptions

- 6a Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a

No. of boxes checked on 6a and 6b 1

- b Spouse

No. of your children on 6c who:
 lived with you
 did not live with you due to divorce or separation (see instructions)

c Dependents:

(1) First name Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) if qualifying child for child tax credit (see instructions)

Dependents on 6c not entered above
 Add numbers entered on lines above 1

d Total number of exemptions claimed

Income**Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.**

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	181,000.
8a Taxable interest. Attach Schedule B if required	8a	69.
b Tax-exempt interest. Do not include on line 8a	8b	
9 Ordinary dividends. Attach Schedule B if required	9	0.
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	700.
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>	13	-3,000.
14 Other gains or (losses). Attach Form 4797	14	
15a Total IRA distributions	15a	b Taxable amount (see instrs)
16a Total pensions & annuities	16a	b Taxable amount (see instrs)
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	
20a Social security benefits	20a	b Taxable amount (see instrs)
21 Other income. List type & amount (see instrs)	21	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income ►	22	188,769.

Adjusted Gross Income

23 IRA deduction (see instructions)	23	
24 Student loan interest deduction (see instructions)	24	
25 Medical savings account deduction. Attach Form 8853	25	
26 Moving expenses. Attach Form 3903	26	
27 One-half of self-employment tax. Attach Schedule SE	27	10.
28 Self-employed health insurance deduction (see instructions)	28	
29 Self-employed SEP, SIMPLE, and qualified plans	29	
30 Penalty on early withdrawal of savings	30	
31a Alimony paid b Recipient's SSN ►	31a	
32 Add lines 23 through 31a	32	10.
33 Subtract line 32 from line 22. This is your adjusted gross income ►	33	188,759.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Form 1040 (2000)

Tax and Credits**Standard Deduction for Most People**Single:
\$4,400Head of household:
\$6,450Married filing jointly or Qualifying widow(er):
\$7,350Married filing separately:
\$3,675

34	Amount from line 33 (adjusted gross income)	34	188,759.
35a	Check if: <input type="checkbox"/> You were 65/older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65/older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here	35a	
b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see instructions and check here	35b	<input type="checkbox"/>
36	Enter your itemized deductions from Schedule A, line 28, or standard deduction shown on the left. But see instructions to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent	36	26,363.
37	Subtract line 36 from line 34	37	162,396.
38	If line 34 is \$96,700 or less, multiply \$2,800 by the total number of exemptions claimed on line 6d. If line 34 is over \$96,700, see the worksheet in the instructions for the amount to enter	38	1,456.
39	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	39	160,940.
40	Tax (see instrs). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	40	45,989.
41	Alternative minimum tax. Attach Form 6251	41	
42	Add lines 40 and 41	42	45,989.
43	Foreign tax credit. Attach Form 1116 if required	43	
44	Credit for child and dependent care expenses. Attach Form 2441	44	
45	Credit for the elderly or the disabled. Attach Schedule R	45	
46	Education credits. Attach Form 8863	46	
47	Child tax credit (see instructions)	47	
48	Adoption credit. Attach Form 8839	48	
49	Other. Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify)	49	

50	Add lines 43 through 49. These are your total credits	50	
51	Subtract line 50 from line 42. If line 50 is more than line 42, enter -0-	51	45,989.

52	Self-employment tax. Attach Schedule SE	52	19.
53	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	53	
54	Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required	54	0.
55	Advance earned income credit payments from Form(s) W-2	55	
56	Household employment taxes. Attach Schedule H	56	
57	Add lines 51-56. This is your total tax	57	46,008.

Payments

If you have a qualifying child, attach Schedule EIC.

58	Federal income tax withheld from Forms W-2 and 1099	58	51,367.
59	2000 estimated tax payments and amount applied from 1999 return	59	
60a	Earned income credit (EIC)	60a	
b	Nontaxable earned income: amount	61	
	and type	62	
63	Excess social security and RRTA tax withheld (see instrs)	63	
64	Additional child tax credit. Attach Form 8812	64	
65	Amount paid with request for extension to file (see instructions)	65	
66	Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136.	66	
67	Add lines 58, 59, 60a, and 61 through 64. These are your total payments	67a	51,367.

66	If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid	66	5,359.
67a	Amount of line 66 you want refunded to you	67a	5,359.
b	Routing number	68	
d	Account number	69	

Refund

Have it directly deposited! See instructions and fill in 67b, 67c, and 67d.

68	Amount of line 66 you want applied to your 2001 estimated tax	68	
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Amount You Owe

69	If line 57 is more than line 65, subtract line 65 from line 57. This is the amount you owe . For details on how to pay, see instructions	69	
70	Estimated tax penalty. Also include on line 69	70	

Sign HereJoint return?
See instructions.

Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		FDIA0112 10/30/00
Your Signature	Date	Your Occupation
Computer Consultant	Daytime Phone Number	

Preparer's Signature	Date	Check if self-employed	Preparer's SSN or PTIN
Firm's Name (or yours if self-employed), Address, and ZIP Code	Self-prepared	EIN	
		Phone No.	

Paid Preparer's Use Only

RECEIPT OF FEE FOR LEGAL SERVICES	
18 DEPT UTSUITE	RECEIPT THIS RECEIPT
MS. NO. 19/02	7:30 AM 19/02
00-0000 002	00717
LAWYER	LAST NAME
1-485	1-175
4255.00	120.00
\$335.00	9
4255.00	DEPARTA
4255.00	DLR9
4255.00	7024792
4255.00	WILL
4255.00	CHACK
4255.00	4250.00
4255.00	4250.00