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|  | Law Office of Thomas V. Allen, PLLC.  1090 King Georges Post Road, Suite 1207  Edison, NJ 08837  Phone: (732) 832-7978 Fax: (732) 444-5998  Email: info@thomasvallen.com  www.thomasvallen.com |

Beneficiary Questionnaire for H-4 Employment Authorization Document (I-765)

APPLICATION FOR EMPLOYMENT AUTHORIZATION DOCUMENT

The questionnaire is to be returned to our office either in person or by mail to Law Office of Thomas V. Allen, PLLC., 50 Cragwood Rd., Suite 100, South Plainfield, NJ 07080 along with all the supporting documents listed in Part B of this questionnaire.

The Beneficiary can also email the questionnaire and the supporting documents to [h4ead@thomasvallen.com](mailto:h4ead@thomasvallen.com). For phone enquiries regarding H-4 EAD please call the HOTLINE: (732) 666-0068

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| **ELIGIBILITY: *(Please check the appropriate box)*** | |
| **Form I-140, Immigrant Petition filed on behalf of the H-1B spouse is approved.** | **X** |
| **The H-1B spouse is extending the H-1B nonimmigrant status based on a PERM Labor Certification or Form I-140 Immigrant Petition that is pending more than 365 days.** | X |

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| **Do you wish to apply for Social Security Card? *(Please check box if yes)*** | ☐ |

# *PART A*

***GENERAL INFORMATION***

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| **NAME OF THE BENEFICIARY:** | LAST NAME: CHEBROLU |
| FIRST NAME: MRUDULA |
| MIDDLE NAME: |
| **OTHER NAMES USED:**  *(Last Name, First & Middle)* |  |
| **HOME ADDRESS:** | 2901 NORTH DALE MABRY HWY, APT 1702, TAMPA, FLORIDA |
| **TELEPHONE NUMBERS:** | Cellular: 732-688-8590  Home: 847-254-5650 |
| **EMAIL ADDRESS:** | [MRUDUBHARAT@GMAIL.COM](mailto:MRUDUBHARAT@GMAIL.COM) |
| **DATE OF BIRTH:** | 07/25/1993 |
| **PLACE OF BIRTH: (City/State/Country)** | INDIA |
| **SOCIAL SECURITY NUMBER:**  **(If any)** | 823-49-1057 |
| **PRESENT CITIZENSHIP:** | INDIAN |
| **CURRENT VISA STATUS:** | F1 |
| **ALIEN (A) NUMBER:**  **(If any)** |  |
| **I-94 NUMBER, PLACE AND DATE OF LAST ENTRY TO U.S:** | 346763277A2, ABU DHABI(AUH), 2019 NOVEMBER 20 |
| **Have you previously applied for Employment Authorization Document?** | **YES** ☐ **NO** ☐X |
| **MOTHERS NAME:** | First Name: KALYANI |
| Last Name (Before Marriage): MOPARTHI |
| **FATHERS NAME:** | First Name: NAGESWARARAO |
| LAST NAME: CHEBROLU |

###### PART B

**DOCUMENTS REQUIRED**

**DOCUMENTS REQUIRED FROM THE H-1B SPOUSE:**

* Copy of the current Form I-797 H-1B Approval Notices
* Copy of the Form I-140, I-797 Approval Notice (if approved)

OR

* Copy of the pending ETA 9089, PERM Labor Certification Application.
  + Copy of the printout of the current status of the pending ETA 9089 from www.plc.doleta.gov
* Copy of all the pages of the passport (except blank pages), H-1B visa stamp and I-94.
* Copy of Last two months Pay Stubs.

**DOCUMENTS REQUIRED FROM THE H-4 BENEFICAIRY:**

* Two (2) passport size photographs as per USCIS requirement

For detailed instructions on photographs, please visit

http://travel.state.gov/content/passports/english/passports/photos/photo-examples.html

* Copy of the current Form I-797 H-4 Approval Notices, if any
* Copy of all the pages of the passport (except blank pages), H-4 visa stamp and I-94.
* Copy of the Marriage Certificate
* Copy of the Employment Authorization Document (EAD) (Front and Back)- If EAD was previously issued based on a pending I-485, F-1 status or H4.

**- END OF QUESTIONNAIRE -**