



SUPPLEMENTAL QUESTIONS FOR VISA APPLICANTS

General Instructions

- If you are unsure of the answer to a question, please provide a response to the best of your knowledge. For example, if you are unsure of an exact address, provide the city, state, and street name if you can recall them. U.S. Department of State will consider all the information derived from the form in its entirety.
 Failure to answer every question will not necessarily preclude visa issuance, as the application is considered in its entirety.
 If you believe a particular question does not apply to you or your circumstances, please write "not applicable" or "N/A."
 If you need more space to respond to a question, please write the rest of your response on a separate sheet of paper.

Aside from your name, date of birth, and visa classification of your children are listed in your current visa application (Form).	on, please only pro	ovide information not included in your current	visa application. For example, if all	
		Information		
Surname(s) KIM		Given Name(s) ANDREY		
Date of Birth (mm-dd-yyyy)		Visa Type/Classification	Additional and the second and the se	
04-21-1986		413		
	Passport and	l Travel History		
Have you travelled to any country (other than your country of r If yes, provide details for each trip, including locations visited,	date visited, source		No this form	
		,	7	
Have you ever held a passport other than the passport listed in If yes, provide the following information.	n your visa applica	ation?	No	
Country of Issuance		Passport Number		
UZBEKIST AN		CT 1602566		
UZBEKISTAN		CA1747044		
	Rel	atives		
Siblings (brothers and sisters) - Provide the full name(s) and	d date of birth of a	any sibling (full, half, step, adopted), living or o		
Surname(s)		Given Name(s)	Date of Birth (mm-dd-yyyy)	
NO SIBIINES	1	O SIRLINGS	NOSIRIINGS	
		in a deceased. Children includes not use shift	ron oten children and adapted children	
Children - Provide the full name(s) and date of birth of any child (n Surname(s)	ninor and adult), liv	Given Name(s)	Date of Birth (mm-dd-yyyy)	
NO CHILDREN		NO CHILDREN	NO CHILDREN	

	Relatives	- Continued		
Spouse - Provide the full name(s) of	any current or previous spouse or civil/don	nestic partner, living or deceased.		
Surname(s	3)	Given Name(s)	Date of Birth (mm-dd-yyyy)	
MOROZOVA		OLGA	08-15-1984	
	Address and C	ontact Information		
Address - Provide all addresses whe	ere you have lived during the last 15 years,	if not already provided in your application		
Ac	ddress 1	Address 2		
Dates of Residence (mm-dd-yyyy) 02 - 09 - 2014 - PRESENT		Dates of Residence (<i>mm-dd-yyyy</i>) $04 - 12 - 2013 - 07 - 00 - 2019$		
Street Address 1 349 Saint Thomas Drive		Street Address 1 501 ARBORE TUM WAY		
Street Address 2 apt 4		Street Address 2 apt 10		
CITY NEWPORT NEWS	State/Province / A	NEWPORT NEWS	State/Province VA	
Postal Zone/Zip Code 23606	Country/Region USA	Postal Zone/Zip Code 236 O2	Country/Region US A	
·	numbers you have used in the last five yea	rs, including primary, secondary, work, ho	me, and mobile numbers.	
Phone Number (1)	Phone Number (2)	Phone Number (3)	Phone Number (4)	
+1-757-967-7795	+1-757-927-3880	+1-757-269-6356	11-757-232-3530	
Phone Number (5)	Phone Number (6)	Phone Number (7)	Phone Number (8)	
E-mail - Provide all email addresses	you have used in the last five years, include	ding primary, secondary, work, personal, a	nd educational addresses.	
E-mail Address (1) BREW KENJO @ gmail. com		E-mail Address (2) KEN JOQ JLAB ORG		
E-mail Address (3)		E-mail Address (4)		
DREWKENTO. VOICE @ gmoul, com		andrey kim @ yconn. Eou		
E-mail Address (5)		E-mail Address (6)		
DREWKENTO. apps @gmail. com		DREWKENSO @ fermi knu. ac, kr.		
	Soci	al Media		
Please provide your unique user nam a public profile within the last five yea	ne for any websites or applications you havers. (You do not need to list accounts design	ve used to create or share content (photos gned for use by multiple users within a bus	, videos, status updates, etc.) as part of iness or other organization.)	
Social Media Platform		Social Media Identifier (Name/Handle)		
FACEBOOK		drewkenjo@gmail.com		
STEAM		drewkeyo		
GITHUR		drewkenjo		
GOOGLEPLUS		drewkenjo drewkenjo		
MEETUP		drewkenjo		
DS-5535		V	Page 2 of 3	

	Employm	ent History		
Provide the following information on all	employment in the last fifteen years, if no	nt already provided in your application.		
Employer Name		Employer Name		
UNIVERSITY OF CONNECTICUT		Jefferson LAB		
Dates of Employment (mm-dd-yyyy)		Dates of Employment (mm-dd-yyyy)		
12-02-2013 - PRESENT		10-06-2009 - 12-02-2013		
Street Address 1	0	Street Address 1	4	
2152 Hillside Road, 4-2046		12000 Jefferson Ave.		
Street Address 2		Street Address 2		
City Change	State/Province	City	State/Province	
" Storks	CT	NEWPORT NEWS	VA	
Postal Zone/Zip Code	Country/Region	Postal Zone/Zip Code	Country/Region	
06269	USA	13606	USA	
Telephone Number		Telephone Number	_	
860 -486 - 4915		+1-757 -269-7598		
JOB TITLE PEST DOCTORAL RESEARGH ASSOCIATE		Job Title RESEARCH SCHOLAR		
JOB DESCRIPTION DEVELOPMENT and MAINTAINING		Job Description petform RECETRICH ON deeply virtual compton scattering and deeply virtual meson electroproduction		
PERFORMANCE OF Ring I Maging CHERENKOV deeply virtual meson electroproduction experiment				
I understand all the information I have provided in, or in support of, this application may be provided to other U.S. government agencies authorized to use such information for purposes including enforcement of the laws of the United States. I understand all of the information contained in this form and I certify under penalty of perjury under the laws of the United States of America that the foregoing is complete, true, and correct. I understand that any willfully false or misleading statement or willful concealment of a material fact made by me herein may result in refusal of the visa, denial of admission to the United States, and, may subject me to criminal prosecution and/or removal from the United States.				
Applicant's Signature		Date (mm-dd-yyyy)		
			05-02-2018	
For use by United States embassy or co	onsulate official only:	DS-160/DS-260 Barcode Number		
PADEDWORK PEDILICTION ACT STA	TEMENT			

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: PRA_BurdenComments@state.gov.

CONFIDENTIALITY STATEMENT

AUTHORITIES: The information on this form is requested pursuant to Section 212(a) and 221 and as required by Section 222 of the Immigration and Nationality Act. Section 222(f) provides that the records of the Department of State and of diplomatic and consular offices of the United States pertaining to the issuance and refusal of visas or permits to enter the United States shall be considered confidential and shall be used only for the formulation, amendment, administration, or enforcement of the immigration, nationality, and other laws of the United States. Certified copies of such records may, in the discretion of the Secretary of State, be made available to a court provided the court certifies that the information contained in such records is needed in a case pending before the court.

PURPOSE: The U.S. Department of State uses the information provided on this form to determine an individual's eligibility for a U.S. visa. Individuals who fail to submit this form or who do not provide all the requested information may be denied a U.S. visa. Although furnishing this information is voluntary, failure to provide this information may delay or prevent the processing of an individual visa application.