



INSTRUCTIONS FOR SUBMITTING CERTAIN APPLICATIONS IN IMMIGRATION COURT AND FOR PROVIDING BIOMETRIC AND BIOGRAPHIC INFORMATION TO U. S. CITIZENSHIP AND IMMIGRATION SERVICES

A. Instructions for Form I-589 (Asylum and for Withholding of Removal)*

In addition to filing your application and supporting documents with the Immigration Court and serving a complete copy of your application on the appropriate Immigration and Customs Enforcement (ICE) Office of Chief Counsel, you must also complete the following requirements before the Immigration Judge can grant relief or protection in your case:

SEND these 3 items to the address below:

- (1) A clear copy of the **first three pages** of your completed Form I-589 (Application for Asylum and for Withholding of Removal) that you will be filing or have filed with the Immigration Court, which must include your **full name, your current mailing address, and your alien number (A-number)**. (Do Not submit any documents other than the first three pages of the completed I-589),
- (2) A copy of Form EOIR-28 (Notice of Entry of Appearance as Attorney or Representative Before the Immigration Court) if you are represented, and
- (3) A copy of these instructions.

**USCIS Nebraska Service Center
Defensive Asylum Application With Immigration Court
P.O. Box 87589
Lincoln, NE 68501-7589**

Please note that there is **no filing fee required** for your asylum application.

After the 3 items are received at the USCIS Nebraska Service Center, **you will receive**:

- A **USCIS receipt notice** in the mail indicating that USCIS has received your asylum application, and
- An **ASC notice** for you, and separate Application Support Center (ASC) notices for each dependent included in your application. Each ASC notice will indicate the individual's unique receipt number and **will provide instructions for each person to appear** for an appointment **at a nearby ASC for collection of biometrics** (such as your photograph, fingerprints, and signature). If you do not receive this notice in 3 weeks, call (800) 375-5283. If you also mail applications under Instructions B, you will receive 2 notices with different receipt numbers. You must wait for and take both scheduling notices to your ASC appointment.

You (and your dependents) must then:

- **Attend** the biometrics appointment at the ASC, and obtain a **biometrics confirmation** document before leaving the ASC, and
- **Retain** your **ASC biometrics confirmation** as proof that your biometrics were taken, and bring it to your future Immigration Court hearings.

*** NOTE: IF YOU ARE FILING A FORM I-589 AND/OR ANOTHER APPLICATION, SEE THE REVERSE OF THIS FORM FOR ADDITIONAL INSTRUCTIONS.**

Important: Failure to complete these actions and to follow any additional instructions that the Immigration Judge has given you could result in delay in deciding your application or in your application being deemed abandoned and dismissed by the court.

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Revised 8/7/06

B. Instructions for Form(s) I-485, I-191, I-601, I-602, I-881, EOIR-40, EOIR-42A, or EOIR-42B

In addition to filing your application(s) with the Immigration Court and serving a complete copy of any such application(s) on the appropriate Immigration and Customs Enforcement (ICE) Office of Chief Counsel, you must also complete the following requirements before the Immigration Judge can grant relief in your case:

SEND these 5 items to the address below:

- (1) A clear copy of the entire application form(s) that you will be filing or have filed with the Immigration Court. (Do not submit any documents such as attachments – send only the completed form itself),
- (2) The appropriate application fee(s) or the Immigration Judge's order granting your fee waiver. (The fee can be found in the instructions with the application, the regulations, and at www.uscis.gov or for the EOIR forms, at www.usdoj.gov/eoir),
- (3) The mandatory \$80 USCIS biometrics fee,
- (4) A copy of Form EOIR-28 (Notice of Entry of Appearance as Attorney or Representative Before the Immigration Court) if you are represented, and
- (5) A copy of these instructions.

**USCIS Texas Service Center
P.O. Box 852463
Mesquite, Texas 75185-2463**

All fees must be submitted in the form of a check or a money order (or separate checks/money orders) and be made out to: "Department of Homeland Security."

After the 5 items are received at the USCIS Texas Service Center, **you will receive:**

- A **USCIS fee receipt notice** showing that you have paid the application fee (unless waived) and the mandatory biometrics fee. **Keep a copy for yourself.**
- A **USCIS notice with instructions to appear** for an appointment at a nearby **Application Support Center (ASC)** for collection of your biometrics (such as your photographs, fingerprints, and signature). This notice contains your important USCIS application receipt number which must be presented to the ASC. Your dependents will receive separate ASC notices if they are required to provide biometrics. If you do not receive this notice in 3 weeks, call (800) 375-5283. If you also apply for asylum, take both scheduling notices to your ASC appointment (see side A). **Keep copies of all ASC scheduling notices for your records.**

You (and your dependents) must then:

- **Attend** this ASC biometrics appointment and obtain a **biometrics confirmation** document from the ASC,
- **File** the following with the Immigration Court within the time period directed by the Immigration Judge: (1) the original **application Form**, (2) all **supporting documentation**, and (3) the **USCIS fee receipt notice** that serves as evidence that you paid the filing fees (unless the Immigration Judge granted you an application fee waiver), and
- **Retain** your **ASC biometrics confirmation** as proof that your biometrics were taken, and bring it to your future Immigration Court hearings.

DO NOT SUBMIT THE ORIGINAL APPLICATION TO USCIS. DO NOT SUBMIT ANY APPLICATIONS TO THIS POST OFFICE BOX OTHER THAN THOSE APPLICATIONS LISTED. ALL OTHER APPLICATIONS, INCLUDING APPLICATIONS FOR EMPLOYMENT AUTHORIZATION AND IMMIGRANT PETITIONS, WILL BE RETURNED TO YOU IF SENT TO THIS POST OFFICE BOX. FOR SUBMITTING APPLICATIONS NOT LISTED ON SIDE A OR SIDE B OF THIS PAPER, PLEASE FOLLOW THE INSTRUCTIONS THAT ACCOMPANY THE APPLICATION.

Important: Failure to complete these actions and to follow any additional instructions that the Immigration Judge has given you could result in delay in deciding your application or in your application being deemed abandoned and dismissed by the court.

**I-589, Application for Asylum
and for Withholding of Removal**

START HERE - Type or print in black ink. See the instructions for information about eligibility and how to complete and file this application. There is no filing fee for this application.

NOTE: Check this box if you also want to apply for withholding of removal under the Convention Against Torture.

Part A.I. Information About You

1. Alien Registration Number(s) (A-Number) (if any) 243158880	2. U.S. Social Security Number (if any) N/A	3. USCIS Online Account Number (if any) N/A	
4. Complete Last Name BOCHORADZE	5. First Name NIKOLOZ	6. Middle Name N/A	
7. What other names have you used (include maiden name and aliases)? N/A			
8. Residence in the U.S. (where you physically reside)			
Street Number and Name 222 MILL ROAD		Apt. Number	
City STATEN ISLAND	State NY	Zip Code 10306	Telephone Number (347) 9309605
(NOTE: You must be residing in the United States to submit this form.)			
9. Mailing Address in the U.S. (if different than the address in Item Number 8)			
In Care Of (if applicable):		Telephone Number ()	
Street Number and Name 2960 OCEAN AVENUE 5TH FL		Apt. Number	
City BROOKLYN	State NY	Zip Code 11235	
10. Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	11. Marital Status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
12. Date of Birth (mm/dd/yyyy) 05/04/1980	13. City and Country of Birth TBILISI GEORGIA		
14. Present Nationality (Citizenship) GEORGIA	15. Nationality at Birth GEORGIA	16. Race, Ethnic, or Tribal Group WHITE GEORGIAN	17. Religion CHRISTIAN ORTHODOX
18. Check the box, a through c, that applies: a. <input type="checkbox"/> I have never been in Immigration Court proceedings. b. <input checked="" type="checkbox"/> I am now in Immigration Court proceedings. c. <input type="checkbox"/> I am not now in Immigration Court proceedings, but I have been in the past.			
19. Complete 19 a through c. a. When did you last leave your country? (mm/dd/yyyy) 10/30/2022 b. What is your current I-94 Number, if any? N/A			
c. List each entry into the U.S. beginning with your most recent entry. List date (mm/dd/yyyy), place, and your status for each entry. (Attach additional sheets as needed.)			
Date 11/09/2022	Place SAN LUIS AZ	Status NO STATUS	Date Status Expires N/A
Date N/A	Place N/A	Status N/A	
Date N/A	Place N/A	Status N/A	
20. What country issued your last passport or travel document? GEORGIA		21. Passport Number 15AB50484	22. Expiration Date (mm/dd/yyyy) 10/02/2025
		Travel Document Number N/A	
23. What is your native language (include dialect, if applicable)? GEORGIAN		24. Are you fluent in English? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	25. What other languages do you speak fluently? RUSSIAN
For EOIR use only.		Action: Interview Date: _____ Asylum Officer ID No.: _____	
		Decision: Approval Date: _____ Denial Date: _____ Referral Date: _____	



Part A.II. Information About Your Spouse and Children

Your spouse

I am not married. (Skip to Your Children below.)

1. Alien Registration Number (A-Number) <i>(if any)</i>	2. Passport/ID Card Number <i>(if any)</i>	3. Date of Birth (<i>mm/dd/yyyy</i>)	4. U.S. Social Security Number <i>(if any)</i>
N/A	N/A	06/05/1987	N/A
5. Complete Last Name	6. First Name	7. Middle Name	8. Other names used (<i>include maiden name and aliases</i>)
MAKHARADZE	MAKA	N/A	N/A
9. Date of Marriage (<i>mm/dd/yyyy</i>) 11/08/2008	10. Place of Marriage KOBULETI GEORGIA	11. City and Country of Birth KOBULETI GEORGIA	
12. Nationality (<i>Citizenship</i>) GEORGIA	13. Race, Ethnic, or Tribal Group WHITE GEORGIAN	14. Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
15. Is this person in the U.S.? <input type="checkbox"/> Yes (<i>Complete Blocks 16 to 24.</i>) <input checked="" type="checkbox"/> No (<i>Specify location:</i> TBILISI GEORGIA)			
16. Place of last entry into the U.S. N/A	17. Date of last entry into the U.S. (<i>mm/dd/yyyy</i>) N/A	18. I-94 Number (<i>if any</i>) N/A	19. Status when last admitted (<i>Visa type, if any</i>) N/A
20. What is your spouse's current status? N/A	21. What is the expiration date of his/her authorized stay, if any? (<i>mm/dd/yyyy</i>) N/A	22. Is your spouse in Immigration Court proceedings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	23. If previously in the U.S., date of previous arrival (<i>mm/dd/yyyy</i>) N/A
24. If in the U.S., is your spouse to be included in this application? (<i>Check the appropriate box.</i>) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Your Children. List all of your children, regardless of age, location, or marital status.

I do not have any children. (*Skip to Part A.III., Information about your background.*)

I have children. Total number of children: 2

(NOTE: Use Form I-589 Supplement A or attach additional sheets of paper and documentation if you have more than four children.)

1. Alien Registration Number (A-Number) <i>(if any)</i>	2. Passport/ID Card Number <i>(if any)</i>	3. Marital Status (<i>Married, Single, Divorced, Widowed</i>)	4. U.S. Social Security Number <i>(if any)</i>
N/A	N/A	SINGLE	N/A
5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth (<i>mm/dd/yyyy</i>)
BOCHORADZE	DANIEL	N/A	07/27/2009
9. City and Country of Birth TBILISI GEORGIA	10. Nationality (<i>Citizenship</i>) GEORGIA	11. Race, Ethnic, or Tribal Group WHITE/GEORGIAN	12. Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S.? <input type="checkbox"/> Yes (<i>Complete Blocks 14 to 21.</i>) <input checked="" type="checkbox"/> No (<i>Specify location:</i> TBILISI GEORGIA)			
14. Place of last entry into the U.S. N/A	15. Date of last entry into the U.S. (<i>mm/dd/yyyy</i>) N/A	16. I-94 Number (<i>If any</i>) N/A	17. Status when last admitted (<i>Visa type, if any</i>) N/A
18. What is your child's current status? N/A	19. What is the expiration date of his/her authorized stay, if any? (<i>mm/dd/yyyy</i>) N/A	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? (<i>Check the appropriate box.</i>) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			



Part A.II. Information About Your Spouse and Children (Continued)

1. Alien Registration Number (A-Number) <i>(if any)</i> N/A	2. Passport/ID Card Number <i>(if any)</i> N/A	3. Marital Status (<i>Married, Single, Divorced, Widowed</i>) SINGLE	4. U.S. Social Security Number <i>(if any)</i> N/A
5. Complete Last Name BOCHORADZE	6. First Name LILIANA	7. Middle Name N/A	8. Date of Birth (<i>mm/dd/yyyy</i>) 04/14/2012
9. City and Country of Birth TBILISI GEORGIA	10. Nationality (<i>Citizenship</i>) GEORGIA	11. Race, Ethnic, or Tribal Group WHITE GEORGIAN	12. Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
13. Is this child in the U.S.? <input type="checkbox"/> Yes (<i>Complete Blocks 14 to 21.</i>) <input checked="" type="checkbox"/> No (<i>Specify location:</i> TBILISI GEORGIA)			
14. Place of last entry into the U.S. N/A	15. Date of last entry into the U.S. (<i>mm/dd/yyyy</i>) N/A	16. I-94 Number (<i>If any</i>) N/A	17. Status when last admitted (<i>Visa type, if any</i>) N/A
18. What is your child's current status? N/A	19. What is the expiration date of his/her authorized stay, if any? (<i>mm/dd/yyyy</i>) N/A	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? (<i>Check the appropriate box.</i>) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
1. Alien Registration Number (A-Number) <i>(if any)</i> N/A	2. Passport/ID Card Number <i>(if any)</i> N/A	3. Marital Status (<i>Married, Single, Divorced, Widowed</i>) N/A	4. U.S. Social Security Number <i>(if any)</i> N/A
5. Complete Last Name N/A	6. First Name N/A	7. Middle Name N/A	8. Date of Birth (<i>mm/dd/yyyy</i>) N/A
9. City and Country of Birth N/A	10. Nationality (<i>Citizenship</i>) N/A	11. Race, Ethnic, or Tribal Group N/A	12. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S.? <input type="checkbox"/> Yes (<i>Complete Blocks 14 to 21.</i>) <input type="checkbox"/> No (<i>Specify location:</i> N/A)			
14. Place of last entry into the U.S. N/A	15. Date of last entry into the U.S. (<i>mm/dd/yyyy</i>) N/A	16. I-94 Number (<i>If any</i>) N/A	17. Status when last admitted (<i>Visa type, if any</i>) N/A
18. What is your child's current status? N/A	19. What is the expiration date of his/her authorized stay, if any? (<i>mm/dd/yyyy</i>) N/A	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? (<i>Check the appropriate box.</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No			
1. Alien Registration Number (A-Number) <i>(if any)</i> N/A	2. Passport/ID Card Number <i>(if any)</i> N/A	3. Marital Status (<i>Married, Single, Divorced, Widowed</i>) N/A	4. U.S. Social Security Number <i>(if any)</i> N/A
5. Complete Last Name N/A	6. First Name N/A	7. Middle Name N/A	8. Date of Birth (<i>mm/dd/yyyy</i>) N/A
9. City and Country of Birth N/A	10. Nationality (<i>Citizenship</i>) N/A	11. Race, Ethnic, or Tribal Group N/A	12. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S.? <input type="checkbox"/> Yes (<i>Complete Blocks 14 to 21.</i>) <input type="checkbox"/> No (<i>Specify location:</i> N/A)			
14. Place of last entry into the U.S. N/A	15. Date of last entry into the U.S. (<i>mm/dd/yyyy</i>) N/A	16. I-94 Number (<i>If any</i>) N/A	17. Status when last admitted (<i>Visa type, if any</i>) N/A
18. What is your child's current status? N/A	19. What is the expiration date of his/her authorized stay, if any? (<i>mm/dd/yyyy</i>) N/A	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? (<i>Check the appropriate box.</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No			





**Notice of Entry of Appearance
as Attorney or Accredited Representative**
Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)



Name of Attorney or Accredited Representative

- 2.a. Family Name (Last Name)

Lowenfeld

- 2.b. Given Name (First Name)

Julian

- 2.c. Middle Name

Henry

Address of Attorney or Accredited Representative

- 3.a. Street Number and Name

2960 Ocean Avenue

- 3.b. Apt. Ste. Flr.

5th

- 3.c. City or Town

Brooklyn

- 3.d. State

NY

- 3.e. ZIP Code

11235

- 3.f. Province

- 3.g. Postal Code

- 3.h. Country

USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number

9294228244

5. Mobile Telephone Number (if any)

9294228244

6. Email Address (if any)

jlowenfeld2@gmail.com

7. Fax Number (if any)

Part 2. Eligibility Information for Attorney or Accredited Representative

Select all applicable items.

- 1.a. I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

New York

- 1.b. Bar Number (if applicable)

2439453

- 1.c. I (select **only one** box) am not am subject to any order suspending, enjoining, restraining, disbarring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

- 1.d. Name of Law Firm or Organization (if applicable)

Law Office of Julian Lowenfeld

- 2.a. I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

- 2.b. Name of Recognized Organization

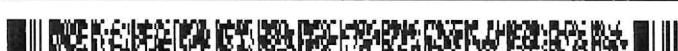
- 2.c. Date of Accreditation (mm/dd/yyyy)

3. I am associated with

, the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

- 4.a. I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

- 4.b. Name of Law Student or Law Graduate



Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

- 1.a. U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.

ALL IMMIGRATION MATTERS

- 2.a. U.S. Immigration and Customs Enforcement (ICE)

- 2.b. List the specific matter in which appearance is entered.

- 3.a. U.S. Customs and Border Protection (CBP)

- 3.b. List the specific matter in which appearance is entered.

4. Receipt Number (if any)

►

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

Applicant Petitioner Requestor
 Beneficiary/Derivative Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

- 6.a. Family Name (Last Name) **BOCHORADZE**

- 6.b. Given Name (First Name) **NIKOLOZ**

- 6.c. Middle Name

- 7.a. Name of Entity (if applicable)

- 7.b. Title of Authorized Signatory for Entity (if applicable)

8. Client's USCIS Online Account Number (if any)

►

9. Client's Alien Registration Number (A-Number) (if any)

► A- **2 4 3 1 5 8 8 8 0**

Client's Contact Information

10. Daytime Telephone Number **3479309605**

11. Mobile Telephone Number (if any) **3479309605**

12. Email Address (if any)

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

- 13.a. Street Number and Name **222 MILL ROAD**

- 13.b. Apt. Ste. Flr.

- 13.c. City or Town **STATEN ISLAND**

- 13.d. State **NY** 13.e. ZIP Code **10306**

- 13.f. Province

- 13.g. Postal Code

- 13.h. Country **USA**

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.



Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select all applicable items below. You may change these elections through written notice to USCIS.

- 1.a. I request that USCIS send notices concerning my application or petition to the business address of my attorney or accredited representative as listed in this form.

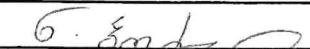
- 1.b. I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-14, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select Item Number 1.c.

- 1.c. I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

- 2.a. Signature of Client or Authorized Signatory for an Entity

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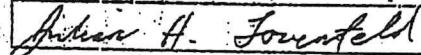
- 2.b. Date of Signature (mm/dd/yyyy)

06/19/2023

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

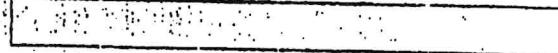
- 1.a. Signature of Attorney or Accredited Representative



- 1.b. Date of Signature (mm/dd/yyyy)

06/19/2023

- 2.a. Signature of Law Student or Law Graduate



- 2.b. Date of Signature (mm/dd/yyyy)



Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a Family Name
(Last Name) **BOCHORADZE**

1.b. Given Name
(First Name) **NIKOLOZ**

1.c. Middle Name

2.a. Page Number 2.b. Part Number 2.c. Item Number

2.d.

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d.

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d.

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d.

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.

