**Company**

### *For completion by Foreign National*

Please note: Failure to complete all sections or to fully disclose any information requested may result in a substantial delay in the processing of this case and/or the denial of the application. We may require additional information following review.If a question does not apply, please put "none" or "not applicable" (N/A).

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| **Contact Details**  *Your name should be entered as it appears on your passport.* | |
| Last Name: | Asaf Ali |
| First Name: | Harun |
| Middle Name: | R or  Not applicable |
| Nickname: |  |
| Suffix: |  |
| Maiden Name: | or  Not applicable |
| Alias Last Name: | or  Not applicable |
| Alias First Name: | or  Not applicable |
| Have you used any other names including maiden by previous marriages?  *If yes, provide ALL other names used. Separate entries by placing each name on a new line.* | Yes  No |
| E-mail Address: | hrazith@gmail.com |
| Work Phone: |  |
| Home Phone: | 6174169357 |
| Mobile Phone: | 6174169357 |
| Fax Number: |  |

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| Visa Application | |
| Do you currently reside outside the U.S.? | Yes  No |
| If applying for a visa, please note the location (city, country) of the U.S. Consulate where you wish to apply for your visa OR if you will apply at a port of entry, please indicate which port: | Ottawa, Canada |
| Have you ever applied for a nonimmigrant U.S. visa before (including tourist visas)? | Yes  No |
| Has your visa ever been cancelled, denied or rejected?  *If yes, please explain:* | Yes  No |

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| Biographical Details | |
| Gender: | Male  Female |
| Alien Number (starts with an “A”): | A205 354 102 or  Not applicable |
| Date of Birth (mm/dd/yyyy): | 12/10/1977 |
| City of Birth: | Tirunelveli |
| State/Province/Region of Birth: | Tamil Nadu |
| Country of Birth: | India |
| Country of Citizenship (Please list all): | India |
| If you are a legal permanent resident or landed immigrant of another country, please list the country: |  |
| Country where most recent citizenship, permanent residency or landed immigrant status granted: |  |
| Passport Issue Date (mm/dd/yyyy): | 05/06/2011 |
| Passport Expiration Date (mm/dd/yyyy): | 05/05/2021 |
| Passport Number: | Z2225489 |
| Passport Issued at (City): | Bangalore |
| Passport Issued at (State/Province/Region): | Karnataka |
| Passport Issued at (Country): | India |
| Are there at least two blank pages in your passport? | Yes  No |

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| U.S. Status and Visa Information *Please enter U.S. status and visa details regarding your most recent entry into the U.S.* | |
| Have you ever entered the U.S.? | Yes  No |
| Date of Last Entry into the U.S. (mm/dd/yyyy): | 10/20/2014 |
| Form I-94 Number (Arrival and Departure Record):  *From traditional I-94 card or I-94 printout from* [*http://www.cbp.gov/i94*](http://www.cbp.gov/i94). | 42320339530 |
| Current U.S. Immigration Status:  *(H-1B, L-1A, etc.)* | H1B or  Not in the U.S. |
| Place of Last Entry into the U.S. (City): | Newark |
| Place of Last Entry into the U.S. (State/Province/Region): | New Jersey |
| Expiration of Status as shown on Form I-94 or Form I-688 (mm/dd/yyyy): | 05/26/2017 or  D/S |
| Visa Number (8-digit visa number):  *Red number on the lower right of the visa stamp.* | J1503437 |
| Place of Visa Issuance (City): | Ottawa |
| Place of Visa Issuance (Country): | Canada |
| Date of Visa Issuance: | 09/12/2014 |
| Date of Visa Expiration (required if in the U.S.): | 05/26/2017 |
| Has anyone ever filed an I-140 Immigrant Petition on your behalf?  *If yes, was it approved or denied?*  *If approved, please provide the priority date:*  *If denied, please provide receipt number, category and priority date:* | Yes  No  Approved  Denied  Receipt number: SRC-12-800-13411  Priority Date: 03/23/2012  Category: EB-2(a) |
| Have you or your accompanying family members ever applied for U.S. permanent residence (e.g., Green Card)?  *If yes, please provide details including date and place of filing as well as reason and outcome of the case:* | Yes  No  08/21/2014 Texas  I-140 approved, adjustment pending |
| If you were previously or are currently in the U.S. in F-1 student status, have you engaged in curricular practical training (CPT) during your study?  *If yes, was your CPT in connection with a graduate degree program?*  *If yes, did you commence CPT immediately after you began the degree program?* | Yes  No  Yes  No  Yes  No |
| If currently in F-1 status, have you applied for OPT?  *If yes, is the I-765 application still pending or approved?*  *If still pending, please provide receipt number:*  *If approved, how many days have you been unemployed since receiving your EAD?* | Yes  No  Pending  Approved |
| Have you ever been in J-1 or J-2 status or been issued a J-1 or J-2 visa?  *If yes, are you subject to the 2-year home residency requirement?*  *If yes, have you fulfilled the requirement or submitted an application for a waiver?* | Yes  No  Yes  No  Yes  No |
| If you have held F-1 or J-1 status, please provide your SEVIS Number: | N0001201830 |
| Have you ever been in the U.S. in H or L status?  *If yes, have you ever worked for a non-profit organization, research organization, or university in the U.S. in H-1B status?* | Yes  No  Yes  No |
| Has an employer filed a cap subject H-1B petition on your behalf during the previous fiscal year?  *If yes, did you apply for the H-1B visa pursuant to the approved petition and enter the U.S.?*  *If yes, did you commence employment with the employer in the U.S.?*  *If you did not commence employment with the employer, please select one of the following:* | Yes  No  Yes  No  Yes  No  The employer withdrew the petition  The petition has been revoked  Unknown |
| Have you ever had your H or L petition denied? | Yes  No |
| If yes, please explain: |  |

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| U.S. Previous Stay(s) *Please record all time spent in the U.S., including which status you held (H-1B, L-1A, etc.), arrival/departure dates, and reason for visit.* | | | |
| **U.S. Visa Type** | **Date Entered the U.S.** | **Date Exited the U.S.** | **Reason for visit** |
| H1B | 09/15/2014 | - | employment at Bestica Inc. |
| H1B | 03/08/2014 | 09/09/2014 | employment at Bestica Inc. |
| H1B | 01/30/2014 | 02/14/2014 | employment at Bestica Inc. |
| H1B | 01/13/2013 | 01/22/2014 | employment at Bestica Inc. |
| H1B | 07/15/2012 | 12/26/2012 | employment at Stratus Technologies |

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| U.S. Home Address | |
| Do you have a U.S. home address? | Yes  No |
| Date From (mm/dd/yyyy): | 12/25/2014 |
| Date To (mm/dd/yyyy): | Present or       (enter date) |
| Street Address: | 35 Scott Terrace |
| Address 2: |  |
| City: | Clifton |
| State/Province/Region: | New Jersey |
| Zip Code: | 07013 |
| Country: | USA |
| Is this the same address as your current mailing address (for courier delivery)? If no, please complete the address fields below: | Yes  No |
| Street Address: |  |
| Address 2: |  |
| City: |  |
| State/Province/Region: |  |
| Zip Code: |  |
| Country: |  |
| Phone Number Associated With This Address: |  |
| *To ensure you receive all government related notices and documents, such as an approved EAD card, please ensure that your name (and each dependent living in your household) is listed as a resident of this address with the U.S. Postal Service.* | |
| Do you plan on changing your place of residence within the next four (4) months? | Yes  No |
| If yes, please provide your anticipated moving date and new address, if known: |  |

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| Current/Last Address outside the U.S. *Provide your current address outside the U.S. or the last address outside the U.S. where you resided for at least one year.* | |
| Date From (mm/dd/yyyy): | 01/01/1999 |
| Date To (mm/dd/yyyy): | Present or 03/03/2002 (enter date) |
| Street Address: | #145, 5TH Main, 7th Sector, HSR layout |
| Address 2: |  |
| City: | Bangalore |
| State/Province/Region: | Karnataka |
| Zip Code: | 560034 |
| Country: | India |
| Do you plan on changing your place of residence within the next four (4) months? | Yes  No |

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| Education*Please list all educational institutions you attended.* | | | | | | | | |
| **Full Institution Name** | **Institution Type\*** | **Institution’s Accreditation Status** | **Address (street, city, state/ region/ country, zip, & country)** | **Date Attended From** | **Date Attended To** | **Major/ Field of Study** | **Degree Received, if any (B.S., M.S., Ph.D, etc.)** | **Notes** |
| Massachusetts College of Art | Choose an item. | Choose an item. | 621 Huntington Avenue  Boston, MA 02115-5882 | 08/22/2002 | 05/01/2005 | Design | MFA |  |
| Bangalore University | Choose an item. | Choose an item. | Bangalore, India | 08/01/1996 | 08/01/2000 | Electronics and Communications | BS |  |
|  | Choose an item. | Choose an item. |  |  |  |  |  |  |
|  | Choose an item. | Choose an item. |  |  |  |  |  |  |
|  | Choose an item. | Choose an item. |  |  |  |  |  |  |
|  | Choose an item. | Choose an item. |  |  |  |  |  |  |

\*Only complete if you have a Master’s Degree from a U.S. institution. If you are unsure of the institution's accreditation status, please review the school's website. If you are unsure whether the institution is for-profit, please review the school’s listing at <http://www.collegeboard.org/collegesearch>.

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| Most Recent Employment *Please provide details regarding your current employer or most recent employer* | |
| Date From (mm/dd/yyyy): | April-08-2013 |
| Date To (mm/dd/yyyy): | Present or       (enter date) |
| Name of Employer: | Bestica Inc |
| Street Address: | 3463 Magic Drive, Suite 225A |
| Address 2: |  |
| City: | San Antonio |
| State/Province/Region: | Texas |
| Zip Code: | 78229 |
| Country: | USA |
| Is this Employer a university or non-profit? | Yes  No |
| Type of Business: | User Experience Design Consultant |
| Hours Per Week: | 40 |
| Is the position part-time? | Yes  No |
| Job Title: | Creative Tecnologist, User Experience |
| Current Annual Base Salary: | 160,000 |
| Job Duties – Please provide a detailed description including duties performed, use of tools, machines, equipment, skills, software, technologies, qualifications, certifications, licenses, etc. | Design and UX architecture for various financial applications part of the Consult Works product line. Duties include conducting interviews and research sessions with Financial Analysts, Create Low to High fidelity wireframes, and proof-of-concepts of possible user experience solutions. Conduct Usability sessions to validate solutions. Create pixel-perfect visual design mockups of the User Interface, visual design framework and interaction strategy. Create comprehensive UI Specifications and Interaction design schemas. |
| Please indicate all techniques, methodologies, or other skills used: | Agile and Lean UX . |
| Supervisor’s Name (first and last name): | Harvinder Singh |
| Supervisor’s Phone Number: | 210-614-4198 |
| Supervisor’s Job Title: | CEO |
| Were there any interruptions in employment with this employer?  *If yes, please explain.* | Yes  No |
| Are you currently working outside the U.S. for a company related to the U.S. sponsoring company (such as a parent, subsidiary, affiliate, or joint venture) OR within the past three years, have you worked for at least one year outside the U.S. for a company related to the U.S. sponsoring company?  If yes, does your position for the affiliate outside the U.S. involve either 1) supervision and control of the work of professional, supervisory, or managerial employees, or 2) management of an essential function? | Yes  No  Yes  No |

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| L-1A Executive or Manager Positions ONLY *Only complete these questions if you feel you may qualify for L-1A. If not, go to the* [*L-1B section*](#_L-1B_Specialized_Knowledge)*.* | |
| Please identify the department, subdivision, component or function you manage at the company affiliate outside the U.S.: |  |
| In your current position outside the U.S., do you have the authority to make or recommend personnel actions such as hiring, termination, promotion, and leave authorization? | Yes  No |
| What specific decision-making or other discretionary authority do you have in your current overseas position? (e.g., setting or approving budgets, developing strategy or policies, setting price or quality standards, etc.) |  |
| Do you monitor other employees’ work in progress? | Yes  No |
| Do you delegate assignments? | Yes  No |
| Please provide organizational chart(s) showing your current position abroad. The charts must include the people directly above the foreign national, at the same level, and reporting directly to the foreign national. If the foreign national manages multi-tiered teams, please be sure to depict this as well and include names/job titles. | |
| Type of Manager (Supervisor of Professionals): | |
| In your managerial position working for the company affiliate outside the U.S., do you supervise university-degreed subordinates?  *If yes, please provide the number of such subordinates, the titles of the positions they hold, and the university degrees they hold.* | Yes  No |
| **Type of Manager (Hierarchical Supervisor of other supervisors/managers):** | |
| In your position for the company affiliate outside the U.S., do you directly supervise one or more persons who themselves hold supervisory or managerial level positions?  *If yes, please provide the number of such subordinates and the titles of the supervisory or managerial positions they hold.* | Yes  No |
| Type of Manager (Function): | |
| If you do not directly supervise professionals or other managerial or supervisory personnel in your position for the company affiliate outside the U.S., do you manage an essential function for the foreign affiliate? | Yes  No |
| *If yes, please answer the following:* | |
| A. Please identify and describe the specific function you manage (usually described in relation to a larger organization). |  |
| B. Please describe how this function is essential to the organization (usually described in terms of financial or operational impact, e.g., size of function’s budget, volume of sales, effect on profitability, etc.). |  |
| C. Please describe how you function at a senior level within the organizational hierarchy or with respect to the function managed (as shown in an organizational chart). For example, what other managerial positions are considered on a hierarchical par to your position with the company affiliate outside the U.S.? What professional positions is your position considered senior to? |  |
| D. To qualify as a functional manager in the L-1A visa classification, the individual must be managing, not performing, the function in question.  -- Please describe how you manage the function (e.g., setting specific policies or making specific decisions or directives that others must carry out).  -- Please indicate the positions/employees who will carry out or perform the function that you manage. |  |

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| L-1B Specialized Knowledge Positions Only *Only complete these questions if you feel you may qualify for L-1B. If you completed the L-1A section above, do* ***not*** *answer these questions. Simply continue with the* [*“Previous Employment”*](#_Previous_Employment) *section* | |
| List any special knowledge required for your position with the affiliate outside the U.S. Please focus your response on knowledge specific to the company and other knowledge or skills that would not be commonly known or possessed by others in the industry. |  |
| List any proprietary tools utilized to customize products or perform services for an end client. Please explain how these tools are used. |  |
| What company-specific technologies or proprietary methodologies do you use in your position working outside the U.S. for the affiliate? Please describe in detail the technology or methodology that is used, how you gained your experience in or knowledge of the technology/methodology, and how the technology/methodology differs from that used by other companies in the industry. |  |
| Please also illustrate how your knowledge of the company's product and/or processes is more advanced than knowledge generally possessed by other employees or other practitioners in the industry. |  |
| Are you being transferred to the U.S. to launch a new product or introduce a new technique or procedure that was developed by or is currently in use at the foreign affiliate where you work? |  |
| If yes, please describe in detail: | |

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| Previous Employment *Please provide all employment information for at least the past five (5) years,* ***not*** *including your present employment. If you held substantially different jobs/titles at the same employer, please enter them as separate employment items. Please also note dates of unemployment during this time.* | | | |
| Employment Details #1 | | | |
| Date From (mm/dd/yyyy): | 10/18/2010 | | |
| Date To (mm/dd/yyyy): | 02/10/2013 | | |
| Were you unemployed during the above dates?  *If yes, please provide explanation and skip remaining questions regarding this section.* | Yes  No | | |
| Name of Employer: | Stratus Technologies Inc | | |
| Street Address: | 111 Powdermill Road | | |
| Address 2: |  | | |
| City: | Maynard | | |
| State/Province/Region: | MA | | |
| Zip Code: | 01754 | | |
| Country: | USA | | |
| Hours per week: | 40 | | |
| Type of Business: | Software | | |
| Job Title: | Practice Lead, Customer Experience Architecture | | |
| Job Duties – Please provide a detailed description including duties performed, use of tools, machines, equipment, skills, software, technologies, qualifications, certifications, licenses, etc. | Design and creative direction for Avance, a High-Availability software. Design of cloud-based help and content management system. Architected and prototype the system diagnostic creation and fault resolutions system. Design and implement ‘Multisite’, a cloud-based multi-assets management tool optimized to work touch-enabled devices. Manage brand, graphic design, localization and resize-strategy for all products. Own all aspects of product documentation, design and functional specifications. | | |
| Supervisor’s Name (first and last name): | Jeff Dutton | | |
| Supervisor’s Phone Number: | 978-461-7100 | | |
| Supervisor’s Job Title: | Manager of Software Design | | |
| Employment Details #2 | | | |
| Date From (mm/dd/yyyy): | 04/20/2009 | | |
| Date To (mm/dd/yyyy): | 08/22/2010 | | |
| Were you unemployed during the above dates?  *If yes, please provide explanation and skip remaining questions regarding this section.* | Yes  No | | |
| Name of Employer: | Bestica Inc | | |
| Street Address: | 3463 Magic Drive, Suite 225A | | |
| Address 2: |  | | |
| City: | San Antonio | | |
| State/Province/Region: | TX | | |
| Zip Code: | 78229 | | |
| Country: | USA | | |
| Hours per week: | 40 | | |
| Type of Business: | Software, UX | | |
| Job Title: | Principal Consultant, User Experience Architecture | | |
| Job Duties – Please provide a detailed description including duties performed, use of tools, machines, equipment, skills, software, technologies, qualifications, certifications, licenses, etc. | Architect user experience for mobile, touch-screen kiosk and cloud based services and solutions for various independent clients. Extensive involvement in various pitches as well as consistent high-level client interaction and team management responsibilities. Create proof of concepts, interaction design storyboards and design specification guidelines. Prototype software interactions and conduct user testing. Develop concepts, draft functional specifications for clients. Documented and evangelized design best practices, taxonomy and conventions, brand development and management processes. Oversaw artifacts and deliverables to ensure high and consistent visual design quality. | | |
| Supervisor’s Name (first and last name): | Harvinder Singh | | |
| Supervisor’s Phone Number: | 210-614-4198 | | |
| Supervisor’s Job Title: | CEO | | |
| Employment Details #3 | | | |
| Date From (mm/dd/yyyy): | | | 12/30/2008 |
| Date To (mm/dd/yyyy): | | | 03/16/2010 |
| Were you unemployed during the above dates?  *If yes, please provide explanation and skip remaining questions regarding this section.* | | | Yes  No |
| Name of Employer: | | | Brainware Solutions LLC |
| Street Address: | | | 1111 Howe Ave, #145 |
| Address 2: | | |  |
| City: | | | Sacramento |
| State/Province/Region: | | | CA |
| Zip Code: | | | 95825 |
| Country: | | | USA |
| Hours per week: | | | 40 |
| Type of Business: | | | Software |
| Job Title: | | |  |
| Job Duties – Please provide a detailed description including duties performed, use of tools, machines, equipment, skills, software, technologies, qualifications, certifications, licenses, etc. | | | User experience design of Mobile and touch-screen kiosk applications. |
| Supervisor’s Name (first and last name): | | | Suresh |
| Supervisor’s Phone Number: | | | (916) 273-6652 |
| Supervisor’s Job Title: | | | Manager, UX Design |
| Employment Details #4 | | | |
| Date From (mm/dd/yyyy): | | 06/19/2007 | |
| Date To (mm/dd/yyyy): | | 11/16/2008 | |
| Were you unemployed during the above dates?  *If yes, please provide explanation and skip remaining questions regarding this section.* | | Yes  No | |
| Name of Employer: | | Keane Inc | |
| Street Address: | | 100 City Square | |
| Address 2: | |  | |
| City: | | Boston | |
| State/Province/Region: | | MA | |
| Zip Code: | | 02129 | |
| Country: | | USA | |
| Hours per week: | | 40 | |
| Type of Business: | | Software | |
| Job Title: | | Senior Consultant, User Experience | |
| Job Duties – Please provide a detailed description including duties performed, use of tools, machines, equipment, skills, software, technologies, qualifications, certifications, licenses, etc. | | Design and creative direction for major client accounts including Institute for Global Work, Boston Public Schools, State Street etc. Create end-user experience strategy from high level IA, user needs matrix and marketing requirements. Create proof of concepts, interaction design storyboards and design specification guides. Collaborated with Information Architects and Developers to develop personas, user-case scenario and wireframes. Draft design specs and style guides. Create Heuristic evaluations and help conduct user research and user testing. Design and support various RIA projects, sales and marketing pursuits. | |
| Supervisor’s Name (first and last name): | | Kevin Morrison | |
| Supervisor’s Phone Number: | |  | |
| Supervisor’s Job Title: | | Manager of Visual Design | |
| Employment Details #5 *(If more than 5 are needed, please attach a separate sheet of paper)* | | | |
| Date From (mm/dd/yyyy): | | 10/10/2005 | |
| Date To (mm/dd/yyyy): | | 05/20/2007 | |
| Were you unemployed during the above dates?  *If yes, please provide explanation and skip remaining questions regarding this section.* | | Yes  No | |
| Name of Employer: | | Soliloquy Learning | |
| Street Address: | | 100 Fifth Avenue | |
| Address 2: | |  | |
| City: | | Waltham | |
| State/Province/Region: | | MA | |
| Zip Code: | | 02451 | |
| Country: | | USA | |
| Hours per week: | | 40 | |
| Type of Business: | | Software Development | |
| Job Title: | | Senior Interface Designer | |
| Job Duties – Please provide a detailed description including duties performed, use of tools, machines, equipment, skills, software, technologies, qualifications, certifications, licenses, etc. | | Lead design and creative direction for major client accounts. Design and implement User Interface for Soliloquy Learning's Reading Assistant software. Several In-house projects included branding, corporate identity, Interactive presentations, Information design and graphic development process integration. | |
| Supervisor’s Name (first and last name): | | Louise Dube | |
| Supervisor’s Phone Number: | | 781-547-6040 | |
| Supervisor’s Job Title: | | VP, General Manager, Speech Products | |

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| Last Employment Outside the U.S. *Please enter your most recent (last) employment* ***outside*** *the U.S. if not already noted in the “Most Recent Employment” or “Previous Employment” section.* | |
| Is your most recent employment outside the U.S. already noted in the Most Recent Employment section? If no, please enter details below: | Yes  No |
| Date From (mm/dd/yyyy): |  |
| Date To (mm/dd/yyyy): | Present or       (enter date) |
| Name of Employer: |  |
| Street Address: |  |
| Address 2: |  |
| City: |  |
| State/Province/Region: |  |
| Zip Code: |  |
| Country: |  |
| Supervisor’s Name (first and last name): |  |
| Supervisor’s Phone Number: |  |

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| International Travel *If you are currently in the U.S., please complete the following four questions ONLY if there is a possibility of international travel over the next six (6) months for you and/or any family members. Otherwise, only answer “No” to the first question and go to the next section.* | |
| Is there a possibility of international travel over the next 6 months? | Yes  No |
| Date of Intended Departure: |  |
| Expected Length of Trip: |  |
| Purpose of Trip (including name of travelers): |  |

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| Immigration Filing History *Please indicate "Yes" or “No” and provide an explanation if any of the following Yes / No questions apply to you or your accompanying family members.* | |
| Have you ever been arrested, cited, charged, indicted, fined or imprisoned for breaking or violating any laws or any ordinance, excluding minor traffic violations? | Yes  No |
| Are you in removal (deportation) proceedings? | Yes  No |
| Have you ever been arrested or convicted for any offense or crime, even though subject of a pardon, amnesty or other similar legal action? Have you ever unlawfully distributed or sold a controlled substance (drug), or been a prostitute or procurer for prostitutes? | Yes  No |
| Have you ever been refused admission to the US, or been the subject of a deportation hearing or sought to obtain or assist others to obtain a visa, entry into the US, or any other US immigration benefit by fraud or willful misrepresentation or other unlawful means? Have you attended a US public elementary school on student (F) status or a public secondary school after November 30, 1996 without reimbursing the school? | Yes  No |
| Do you seek to enter the United States to engage in export control violations, subversive or terrorist activities, or any other unlawful purpose? Are you a member or representative of a terrorist organization as currently designated by the US Secretary of State? Have you ever participated in persecutions directed by the Nazi government of Germany; or have you ever participated in genocide? | Yes  No |
| Have you ever violated the terms of a US visa, or been unlawfully present in, or deported from, the United States? | Yes  No |
| Have you ever withheld custody of a US citizen child outside the United States from a person granted legal custody by a US court, voted in the United States in violation of any law or regulation, or renounced US citizenship for the purpose of avoiding taxation? | Yes  No |
| Have you ever been afflicted with a communicable disease of public health significance or a dangerous physical or mental disorder, or ever been a drug abuser or addict? | Yes  No |
| *If you answered ‘Yes’ to any of the above questions, please provide details:* |  |

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| **Relatives** | |
| Do you have a spouse or domestic partner? *If yes, please complete Spouse/Partner section below.* | Yes  No |
| Do you have any children under the age of 21? *If yes, please complete Children section below.* | Yes  No |
| Are you engaged or have plans to marry a U.S. citizen or permanent resident?  *If yes, please provide details:* | Yes  No |

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| Spouse/Partner *Please note that US. immigration law does not recognize common-law or domestic partner (dual sex or same sex) relationships and, therefore, your partner is not eligible for derivative visa status. If your partner intends to study in the U.S., he/she should apply for a student visa; those intending to work will need to find an employer to sponsor them for their own work visa. Otherwise, your partner can apply for a B-2 visitor visa, which allows stays in the U.S. in periods of six months. Please note that employment authorization is not available to those in B-2 status. Contact the Fragomen professional that you work with to discuss additional facts and circumstances of your case.* | | | | | | | | | |
| Is this person present in the U.S. or does this person have plans to accompany you to the U.S.?  *Please provide any additional information, if necessary:*  *If yes, is this person interested in pursuing work authorization by filing for an Employment Authorization Document (EAD)?* | | | | | | Yes  No    Yes  No | | | |
| Dependent Relationship: | | | | | | Spouse  Domestic Partner | | | |
| Last Name: | | | | | | Afzal | | | |
| First Name: | | | | | | Sumaiya | | | |
| Middle Name: | | | | | |  | | | |
| Has your spouse/partner used any other names including maiden name and names by previous marriages? | | | | | | no | | | |
| Gender: | | | | | | Male  Female | | | |
| Is this person’s current mailing address different than the principal foreign national’s? If yes, please provide the address: | | | | | | Yes  No | | | |
| Mailing Street Address: | | |  | | | | | | |
| City:       State/Province/Region:       Zip Code:       Country: | | | | | | | | | |
| Date of Birth: | | | | | |  | | | |
| Country of Birth: | | | | | |  | | | |
| Country of Citizenship: | | | | | |  | | | |
| Country of Legal Permanent Residence (if different than country of citizenship): | | | | | |  | | | |
| City of Birth: | | | | | |  | | | |
| Date of Marriage: | | | | | |  | | | |
| Place of Marriage: | | | | | |  | | | |
| Current U.S. Immigration Status (if applicable): | | | | | |  | | | |
| Email Address: | | | | | |  | | | |
| Passport Number: | | | | | |  | | | |
| Date of Passport Issue: | | | | | |  | | | |
| Passport Expiration Date: | | | | | |  | | | |
| Place of Passport Issue (Country): | | | | | |  | | | |
| Has your spouse/partner ever applied for an Employment Authorization Document (EAD)?  *If yes, please complete the table below for each EAD application:* | | | | | | Yes  No | | | |
| **EAD**  **#** | | | | | | **Date Filed (mm/dd/yyyy)** | | | |
| 1 |  | **Filed with which USCIS Office? List address** | | **Result (approved, denied, etc.)** | | | **EAD expiration date, if applicable (mm/dd/yyyy)** | **If approved, did your spouse accept employment? Yes or No** | **If yes, provide full name of company with which employed, worked address, title, and annual base salary received:** |
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| *3* |  |  | |  | | |  |  |  |
| *4* |  |  | |  | | |  |  |  |
| Does your spouse/partner wish to remain in current status? | Yes  No |  | |  | | |  |  |  |
| If no, please choose new status: | | | | | Choose an item. | | | | |
| **Previous U.S. Visit Information #1** | | | | |  | | | | |
| Date From: | | | | | | | | | |  |
| Date To: | | | | |  | | | | |
| Visa Type: | | | | |  | | | | |
| Reason For Visit: | | | | |  | | | | |
| **Previous U.S. Visit Information #2** | | | | |  | | | | |
| Date From: | | | | | | | | | |  |
| Date To: | | | | |  | | | | |
| Visa Type: | | | | |  | | | | |
| Reason For Visit: | | | | |  | | | | |
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| **Child #1** | | | | | | | | |
| Is this person present in the U.S. or does this person have plans to accompany you to the U.S.?  *If yes, do you have full custody of the child and have legal rights for the child to leave the country with you?*  *Additional comments, if any:*  *If yes, is this person interested in pursuing work authorization by filing for an Employment Authorization Card (EAD)?* | | | | | Yes  No  Yes  No    Yes  No | | | |
| Dependent Relationship: | | | | | Son  Daughter | | | |
| Last Name: | | | | |  | | | |
| First Name: | | | | |  | | | |
| Has your child used any other names including maiden name and names by previous marriages? | | | | |  | | | |
| Gender: | | | | | Male  Female | | | |
| Date of Birth: | | | | |  | | | |
| City of Birth: | | | | |  | | | |
| Country of Birth: | | | | |  | | | |
| Country of Citizenship: | | | | |  | | | |
| Was this child adopted?  *If yes, what date was the adoption finalized?* | | | | | Yes  No | | | |
| Current U.S. Immigration Status (if applicable): | | | | |  | | | |
| Email Address: | | | | |  | | | |
| Passport Number: | | | | |  | | | |
| Date of Passport Issue: | | | | |  | | | |
| Passport Expiration Date: | | | | |  | | | |
| Place of Passport Issue (City): | | | | |  | | | |
| Place of Passport Issue (Country): | | | | |  | | | |
| Has your child ever applied for an Employment Authorization Document (EAD)?  *If yes, please complete the table below for each EAD application:* | | | | | Yes  No | | | |
| **EAD**  **#** | | | | | **Date Filed (mm/dd/yyyy)** | | | |
| 1 |  | **Filed with which USCIS Office? List address** | **Result (approved, denied, etc.)** | | | **EAD expiration date, if applicable (mm/dd/yyyy)** | **If approved, did your spouse accept employment? Yes or No** | **If yes, provide full name of company with which employed, worked address, title, and annual base salary received:** |
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| *3* |  |  |  | | |  |  |  |
| *4* |  |  |  | | |  |  |  |
| Does your child wish to remain in current status? | Yes  No |  |  | | |  |  |  |
| **Previous U.S. Visit Information #1** | | | |  | | | | |
| Date From: | | | | | | | | |  |
| Date To: | | | |  | | | | |
| Visa Type: | | | |  | | | | |
| Reason For Visit: | | | |  | | | | |
| **Previous U.S. Visit Information #2** | | | |  | | | | |
| Date From: | | | | | | | | |  |
| Date To: | | | |  | | | | |
| Visa Type: | | | |  | | | | |
| Reason For Visit: | | | |  | | | | |
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| **Child #2** | | | | | | | | |
| Is this person present in the U.S. or does this person have plans to accompany you to the U.S.?  *If yes, do you have full custody of the child and have legal rights for the child to leave the country with you?*  *Additional comments, if any:*  *If yes, is this person interested in pursuing work authorization by filing for an Employment Authorization Card (EAD)?* | | | | | Yes  No  Yes  No    Yes  No | | | |
| Dependent Relationship: | | | | | Son  Daughter | | | |
| Last Name: | | | | |  | | | |
| First Name: | | | | |  | | | |
| Has your child used any other names including maiden name and names by previous marriages? | | | | |  | | | |
| Gender: | | | | | Male  Female | | | |
| Date of Birth: | | | | |  | | | |
| City of Birth: | | | | |  | | | |
| Country of Birth: | | | | |  | | | |
| Country of Citizenship: | | | | |  | | | |
| Was this child adopted?  *If yes, what date was the adoption finalized?* | | | | | Yes  No | | | |
| Current U.S. Immigration Status (if applicable): | | | | |  | | | |
| Email Address: | | | | |  | | | |
| Passport Number: | | | | |  | | | |
| Date of Passport Issue: | | | | |  | | | |
| Passport Expiration Date: | | | | |  | | | |
| Place of Passport Issue (City): | | | | |  | | | |
| Place of Passport Issue (Country): | | | | |  | | | |
| Has your child ever applied for an Employment Authorization Document (EAD)?  *If yes, please complete the table below for each EAD application:* | | | | | Yes  No | | | |
| **EAD**  **#** | | | | | **Date Filed (mm/dd/yyyy)** | | | |
| 1 |  | **Filed with which USCIS Office? List address** | **Result (approved, denied, etc.)** | | | **EAD expiration date, if applicable (mm/dd/yyyy)** | **If approved, did your spouse accept employment? Yes or No** | **If yes, provide full name of company with which employed, worked address, title, and annual base salary received:** |
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| *3* |  |  |  | | |  |  |  |
| *4* |  |  |  | | |  |  |  |
| Does your child wish to remain in current status? | Yes  No |  |  | | |  |  |  |
| **Previous U.S. Visit Information #1** | | | |  | | | | |
| Date From: | | | | | | | | |  |
| Date To: | | | |  | | | | |
| Visa Type: | | | |  | | | | |
| Reason For Visit: | | | |  | | | | |
| **Previous U.S. Visit Information #2** | | | |  | | | | |
| Date From: | | | | | | | | |  |
| Date To: | | | |  | | | | |
| Visa Type: | | | |  | | | | |
| Reason For Visit: | | | |  | | | | |
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| **Child #3**  *If you have more than 3 children, please provide details on a separate sheet of paper.* | | | | | | | | |
| Is this person present in the U.S. or does this person have plans to accompany you to the U.S.?  *If yes, do you have full custody of the child and have legal rights for the child to leave the country with you?*  *Additional comments, if any:*  *If yes, is this person interested in pursuing work authorization by filing for an Employment Authorization Card (EAD)?* | | | | | Yes  No  Yes  No    Yes  No | | | |
| Dependent Relationship: | | | | | Son  Daughter | | | |
| Last Name: | | | | |  | | | |
| First Name: | | | | |  | | | |
| Has your child used any other names including maiden name and names by previous marriages? | | | | |  | | | |
| Gender: | | | | | Male  Female | | | |
| Date of Birth: | | | | |  | | | |
| City of Birth: | | | | |  | | | |
| Country of Birth: | | | | |  | | | |
| Country of Citizenship: | | | | |  | | | |
| Was this child adopted?  *If yes, what date was the adoption finalized?* | | | | | Yes  No | | | |
| Current U.S. Immigration Status (if applicable): | | | | |  | | | |
| Email Address: | | | | |  | | | |
| Passport Number: | | | | |  | | | |
| Date of Passport Issue: | | | | |  | | | |
| Passport Expiration Date: | | | | |  | | | |
| Place of Passport Issue (City): | | | | |  | | | |
| Place of Passport Issue (Country): | | | | |  | | | |
| Has your child ever applied for an Employment Authorization Document (EAD)?  *If yes, please complete the table below for each EAD application:* | | | | | Yes  No | | | |
| **EAD**  **#** | | | | | **Date Filed (mm/dd/yyyy)** | | | |
| 1 |  | **Filed with which USCIS Office? List address** | **Result (approved, denied, etc.)** | | | **EAD expiration date, if applicable (mm/dd/yyyy)** | **If approved, did your spouse accept employment? Yes or No** | **If yes, provide full name of company with which employed, worked address, title, and annual base salary received:** |
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| *3* |  |  |  | | |  |  |  |
| *4* |  |  |  | | |  |  |  |
| Does your child wish to remain in current status? | Yes  No |  |  | | |  |  |  |
| **Previous U.S. Visit Information #1** | | | |  | | | | |
| Date From: | | | | | | | | |  |
| Date To: | | | |  | | | | |
| Visa Type: | | | |  | | | | |
| Reason For Visit: | | | |  | | | | |
| **Previous U.S. Visit Information #2** | | | |  | | | | |
| Date From: | | | | | | | | |  |
| Date To: | | | |  | | | | |
| Visa Type: | | | |  | | | | |
| Reason For Visit: | | | |  | | | | |
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| Attach Documents *All copies should be high quality and single-sided on full-size paper.* | |
| **Organizational Chart(s):** (if applicable)  Showing your positions outside the U.S. and U.S. prospective position. The charts must include the people directly above you, at the same level, and reporting directly to you. If you manage multi-tiered teams, please be sure to depict this as well and include names/job titles. | Choose an item. |
| **Current/Updated Resume:**  A detailed current/updated resume indicating:   * Name and address of employers (not the client site if you were a contractor). * Dates of employment (mm/dd/yyyy format). * Detailed job description including a list of all responsibilities, specific projects on which you worked, and particular accomplishments you achieved. * Post secondary education including dates of completed and degrees received.   Please place particular emphasis on those aspects of your background which especially qualify you to accept the planned U.S. assignment. | Choose an item. |
| **Educational Documents:**  Copies of all university-level and post graduate educational documents (diplomas, transcripts, course lists, etc.). | Choose an item. |
| **I-94 (Arrival and Departure record):** If in the U.S., obtain a printout of your (and any family members’) Admission I-94 Number via the [U.S. Customs and Border Protection website](https://i94.cbp.dhs.gov/I94/request.html;jsessionid=W1TFR6DVt12xGkvG4s1syJVpYxy1z17LvL432SFGX5WRmdG0KW1d!-1737567978) | Choose an item. |
| **Current Passport:**  Complete copy of current passport, including all pages (even blank pages) and visa copies for you and your accompanying family members (spouse and children under the age of 21). Please provide high-quality copies, preferably color, single-sided; do not combine multiple family members on one page. | Choose an item. |
| **Previous Passport(s):**  **Only copies of each U.S. visa you have been issued that are located in a previous passport.** | Choose an item. |
| **Court and Prison records:** (if applicable)  A certified copy of each court record or any prison record must be obtained for any criminal conviction(s). | Choose an item. |
| **Forms I-797, I-129S:** If you or your family are currently holding, or previously held, any nonimmigrant status such as H, L, O or E status, provide copies of all Forms I-797 (approval notices) for you and family members. If entered on blanket L, provide copy of stamped I-129S. | Choose an item. |
| **Form DS-2019:** If current or prior J-1 or J-2, provide copies of all Forms DS-2019 or IAP-66 (front and back copy) issued to you and any family members. | Choose an item. |
| **Form I-612:** If current or prior J-1 or J-2 and have applied for a waiver of the 2 year foreign residency requirement, provide copies of all applications and/or approvals of I-612s (front and back copy) for you and any family members. | Choose an item. |
| **Employment Authorization:** If current or prior E-1/E-2/E-3, F-1/F-2, J-1/J-2, or L-2, provide a copy of any EAD cards and Form I-797 receipt notices that you have been issued. | Choose an item. |
| **Education Evaluation:** If you obtained your diploma/degree from a college, university/institution in a foreign country, and if you already have obtained an education evaluation ( if applicable) please provide copies. | Choose an item. |
| **Paystubs:** If currently employed in nonimmigrant status (i.e. L-1, TN, H-1B) OR if your employer will be seeking L-1 status on your behalf, please attach copies of four (4) most recent paystubs. If you receive additional paystubs before this petition is filed, please submit copies to your Fragomen representative. | Choose an item. |
| **Forms I-20:** If current or prior F-1 or F-2, provide copies of all Forms I-20 (front and back copy) issued to you and any family members. | Choose an item. |
| **Marriage/Child/ren's Birth Certificate:** (if applicable)  Marriage and/or Birth certificate(s) to demonstrate relationship of family members. | Choose an item. |
| **Translations:**  **Documents not in English, nor the official language of the country in which the visa immigrant application submitted, must be accompanied by official English translations. The English translations must be certified by a competent translator and sworn to before a Notary Public.** | Choose an item. |
| **Certificates and/or Licenses:**  Copies of all certificates, licenses you possess, if applicable. | Choose an item. |
| **Legal Evidence of Name Change Except by Marriage, if applicable:** | Choose an item. |
| **Custody Decree for Children, if applicable:** | Choose an item. |
| **Additional Attachments:** | Choose an item. |

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**I understand and acknowledge that civil and criminal penalties exist for individuals who knowingly furnish false information or documentation to be used in connection with submissions or representations to the U.S. government. To the best of my knowledge the information and documentation provided in connection with this questionnaire and/or case matter is truthful, accurate, complete and may be relied upon as such by Fragomen, Del Rey, Bernsen & Loewy, LLP.**