

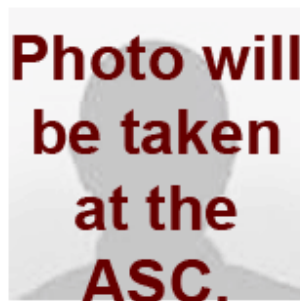


Online Nonimmigrant Visa Application (DS-160)

Application - *Sensitive But Unclassified(SBU)*

We do not need a printed copy of your application at any point during your interview process. Only print this application if you want a copy for your own records. If you print your application, please keep it secure.

Photo Provided:



Confirmation Number:



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Personal, Address, Phone, and Passport/Travel Document Information

Name Provided:	ELIEZER, SHIMON ALEXANDER
Full Name in Native Language:	SHIMON ALEXANDER ELIEZER
Other Names Used:	NO
Telecode Name Used:	NO
Sex:	MALE
Marital Status:	SINGLE
Date of Birth:	09 MAY 2022
Place of Birth:	SAO PAULO, SAO PAULO, BRAZIL
Country/Region of Origin (Nationality):	BRAZIL
Do you hold or have you held any nationality other than the one indicated above on nationality?	NO
Are you a permanent resident of a country/region other than your country/region of origin (nationality) above?	NO
National Identification Number:	60273460862
U.S. Social Security Number:	DOES NOT APPLY
U.S. Taxpayer ID Number:	DOES NOT APPLY
Home Address:	RUA DR ALBUQUERQUE LINS 804 AP 13

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City:	SAO PAULO
State/Province:	SAO PAULO
Postal Zone/ZIP Code:	01230000
Country/Region:	BRAZIL
Same Mailing Address?	YES
Primary Phone Number:	+5511932061804
Secondary Phone Number:	DOES NOT APPLY
Work Phone Number:	DOES NOT APPLY
Do you have any additional phone numbers?	NO
Email Address:	levi.ieliezer@gmail.com
Do you have any additional email addresses?	NO
Do you have a social media presence?	
Social Media Platform: (1):	NONE
Social Media Identifier:	
Do you have any additional social media presence?	NO
Passport/Travel Document Type:	REGULAR
Passport/Travel Document Number:	GE659737
Passport Book Number:	DOES NOT APPLY
Country/Authority that Issued Passport/Travel Document:	BRAZIL
City Where Issued:	SAO PAULO
State/Province Where Issued:	SAO PAULO
Country/Region Where Issued:	BRAZIL
Issuance Date:	04 JULY 2022
Expiration Date:	03 JULY 2023
Have you ever lost a passport or had one stolen?	NO

Travel Information

The List of Purposes of Trip to the U.S.

Purpose of Trip to the U.S. (1):	TEMP. BUSINESS PLEASURE VISITOR (B)
Specify:	TOURISM/MEDICAL TREATMENT (B2)
Intended Date of Arrival:	15 SEPTEMBER 2022
Intended Length of Stay in U.S.:	7 DAY(S)
Address where you will stay in the U.S.:	272 W 84TH STREET
Person/Entity Paying for Your Trip:	OTHER PERSON
Person Paying for Your Trip:	ELIEZER , LEVI ISACK
Telephone Number:	+5511932061804
Email Address:	levi.ieliezer@gmail.com
Relationship to You:	PARENT
Is the address of the party paying for your trip the same as your Home or Mailing Address?	YES
Are there other persons traveling with you?	YES

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Are you traveling as part of a group or organization?	NO
Persons Traveling with You:	
Name (1):	ELIEZER, LEVI ISACK
Relationship to You:	PARENT
Name (2):	BERGER HALPERN, ILANA
Relationship to You:	PARENT
Have you ever been in the U.S.?	NO
Have you ever been issued a U.S. visa?	NO
Have you ever been refused a U.S. Visa, or been refused admission to the United States, or withdrawn your application for admission at the port of entry?	NO
Has anyone ever filed an immigrant petition on your behalf with the United States Citizenship and Immigration Services?	NO

U.S. Contact Information

Contact Person Name in the U.S.:	BERGER, DANIELA
Organization Name in the U.S.:	DO NOT KNOW
Relationship to You:	RELATIVE
U.S. Contact Address:	272 W 84TH STREET NEW YORK, NEW YORK 10024
Phone Number:	+19173181056
Email Address:	DOES NOT APPLY

Family Information

Father's Surnames:	ELIEZER
Father's Given Names:	LEVI ISACK
Father's Date of Birth:	11 MARCH 1998
Is your father in the U.S.?	NO
Mother's Surnames:	BERGER HALPERN
Mother's Given Names:	ILANA
Mother's Date of Birth:	21 JANUARY 1999
Is your mother in the U.S.?	NO
Do you have any immediate relatives, not including parents in the U.S.?	NO
Do you have any other relatives in the United States?	NO

Security and Background Information

Do you have a communicable disease of public health significance? (Communicable diseases of public significance include chancroid, gonorrhea, granuloma inguinale, infectious leprosy, lymphogranuloma venereum, infectious stage syphilis, active tuberculosis, and others diseases as determined by the Department of Health and Human Services.)	NO
Do you have a mental or physical disorder that poses or is likely to pose a threat to the safety or welfare of yourself or others?	NO
Are you or have you ever been a drug abuser or addict?	NO
Have you ever been arrested or convicted for any offense or crime, even though subject of a pardon, amnesty, or other similar action?	NO
Have you ever violated, or engaged in a conspiracy to violate, any law relating to controlled substances?	NO
Are you coming to the United States to engage in prostitution or unlawful commercialized vice or have you been	NO

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engaged in prostitution or procuring prostitutes within the past 10 years?

Have you ever been involved in, or do you seek to engage in, money laundering? NO

Have you ever committed or conspired to commit a human trafficking offense in the United States or outside the United States? NO

Are you the spouse, son, or daughter of an individual who has committed or conspired to commit a human trafficking offense in the United States or outside the United States and have you within the last five years, knowingly benefited from the trafficking activities? NO

Have you knowingly aided, abetted, assisted or colluded with an individual who has committed or conspired to commit a severe human trafficking offense in the United States or outside the United States? NO

Do you seek to engage in espionage, sabotage, export control violations, or any other illegal activity while in the United States? NO

Do you seek to engage in terrorist activities while in the United States or have you ever engaged in terrorist activities? NO

Have you ever or do you intend to provide financial assistance or other support to terrorists or terrorist organizations? NO

Are you a member or representative of a terrorist organization? NO

Are you the spouse, son, or daughter of an individual who has engaged in terrorist activity, including providing financial assistance or other support to terrorists or terrorist organizations, in the last five years? NO

Have you ever ordered, incited, committed, assisted, or otherwise participated in genocide? NO

Have you ever committed, ordered, incited, assisted, or otherwise participated in torture? NO

Have you committed, ordered, incited, assisted, or otherwise participated in extrajudicial killings, political killings, or other acts of violence? NO

Have you ever engaged in the recruitment or the use of the child soldiers? NO

Have you, while serving as a government official, been responsible for or directly carried out, at any time, particularly severe violations of religious freedom? NO

Have you ever been directly involved in the establishment or enforcement of the population controls forcing a woman to undergo an abortion against her free choice or a man or a woman to undergo sterilization against his or her free will? NO

Have you ever been directly involved in the coercive transplantation of human organs or bodily tissue? NO

Have you ever sought to obtain or assist others to obtain a visa, entry into the United States, or any other United States immigration benefit by fraud or willful misrepresentation or other unlawful means? NO

Have you ever been removed or deported from any country? NO

Have you ever withheld custody of a U.S. citizen child outside the United States from a person granted legal custody by a U.S. court? NO

Have you voted in the United States in violation of any law or regulation? NO

Have you ever renounced United States citizenship for the purpose of avoiding taxation? NO

Location Information

Location where you will be submitting your application

Current Location: SAO PAULO, BRAZIL

Preparer of Application

Did anyone assist you in filling out this application? YES

Preparer Surnames: ELIEZER

Preparer Given Names: LEVI ISACK

Organization Name: DOES NOT APPLY

Street Address: RUA DR ALBUQUERQUE LINS 804

City: SAO PAULO

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State/Province:	SAO PAULO
Postal Zone/ZIP Code:	01230000
Country/Region:	BRAZIL
Relationship to You:	PARENT

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