

Petition for Alien Relative

USCIS
Form I-130

Department of Homeland Security
U.S. Citizenship and Immigration Services

OMB No. 1615-0012
Expires 02/28/2027

For USCIS Use Only		Fee Stamp	Action Stamp
A-Number ► A- []			
Initial Receipt			
Resubmitted			
Relocated Received Sent Completed Approved Returned Remarks	Section of Law/Visa Category		
	<input type="checkbox"/> 201(b) Spouse - IR-1/CR-1	<input type="checkbox"/> 203(a)(1) Unm. S/D - F1-1	<input type="checkbox"/> 203(a)(2)(B) Unm.S/D - F2-4
	<input type="checkbox"/> 201(b) Spouse - IR-2/CR-2	<input type="checkbox"/> 203(a)(2)(A) Spouse - F2-1	<input type="checkbox"/> 203(a)(3) Married S/D-F3-1
	<input type="checkbox"/> 201(b) Parent -IR-5	<input type="checkbox"/> 203(a)(2)(A) Child - F2-2	<input type="checkbox"/> 203(a)(4) Brother/Sister-F4-1
	Petition was filed on (Priority Date mm/dd/yyyy):	<input type="checkbox"/> Field Investigation	<input type="checkbox"/> Personal Interview
PDR request granted/denied - New priority date (mm/dd/yyyy):	<input type="checkbox"/> Previously Forwarded	<input type="checkbox"/> Pet. A-File Reviewed	<input type="checkbox"/> I-485 Filed Simultaneously
	<input type="checkbox"/> 203(g) Resolved	<input type="checkbox"/> Ben. A-File Reviewed	<input type="checkbox"/> 240(g) Resolved
At which USCIS office (e.g., NBC, VSC, LOS, CRO) was Form I-130 adjudicated			

Part 1. Information About You

Select this box if <input type="checkbox"/> Form G-28 is attached.	Volag Number (if any) []	Attorney State Bar Number (if applicable) []	Attorney or Accredited Representative USCIS Online Account Number (if any) []
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► START HERE - Type or Print in Black Ink

If you need extra space to complete any section of this petition, use the space provided in **Part 9. Additional Information**.
Complete and submit as many copies of Part 9., as necessary, with your petition.

Part 1. Relationship (You are the Petitioner. Your relative is the Beneficiary)

- I am filing this petition for my (Select **only one** box):

Spouse Parent Brother/Sister Child
- If you are filing this petition for your child or parent, select the box that describes your relationship (Select **only one** box):

Child was born to parents who were married to each other at the time of the child's birth

Stepchild/Stepparent

Child was born to parents who were not married to each other at the time of the child's birth

Child was adopted (not an Orphan or Hague Convention adoptee)
- If the beneficiary is your brother/sister, are you related by adoption?

Yes No
- Did you gain lawful permanent resident status or citizenship through adoption?

Yes No

Part 2. Information About You (Petitioner)

- Alien Registration Number (A-Number) (if any)
► A- [] 066627430
- USCIS Online Account Number (if any)
► [] 007510305170
- U.S. Social Security Number (if any)
► [] 760-64-8004

Your Full Name

- Family Name (Last Name)
[] Hoxha
- Given Name (First Name)
[] Marsel
- Middle Name
[]

Part 2. Information About You (Petitioner)

(continued)

Other Names Used (if any)

Provide all other names you have ever used, including aliases, maiden name, and nicknames.

- 5.a. Family Name (Last Name)
- 5.b. Given Name (First Name)
- 5.c. Middle Name

Other Information

6. City/Town/Village of Birth

Corovode

7. Country of Birth

Albania

8. Date of Birth (mm/dd/yyyy)

9. Sex Male Female

Mailing Address

- 10.a. In Care of Name

- 10.b. Street Number and Name

- 10.c. Apt. Ste. Flr.

- 10.d. City or Town

- 10.e. State 10.f. Zip Code

- 10.g. Province

- 10.h. Postal Code

- 10.i. Country

United States

11. Is your current mailing address the same as your physical address? Yes No

If you answered "No" to Item Number 11., provide information on your physical address in Item Numbers 12.a. - 13.b.

Address History

Provide your physical addresses for the last five years, whether inside or outside the United States. Provide your current address first if it is different from your mailing address in Item Numbers 10.a. - 10.i.

Physical Address 1

- 12.a. Street Number and Name
- 12.b. Apt. Ste. Flr.
- 12.c. City or Town
- 12.d. State 12.e. Zip Code
- 12.f. Province
- 12.g. Postal Code
- 12.h. Country
- United States
- 13.a. Date From (mm/dd/yyyy)
- 13.b. Date To (mm/dd/yyyy)

Physical Address 2

- 14.a. Street Number and Name
- 14.b. Apt. Ste. Flr.
- 14.c. City or Town
- 14.d. State 14.e. Zip Code
- 14.f. Province
- 14.g. Postal Code
- 14.h. Country
- United States
- 15.a. Date From (mm/dd/yyyy)
- 15.b. Date To (mm/dd/yyyy)

Your Marital Information

16. How many times have you been married?
17. Current Marital Status
- Single, Never Married Married Divorced
- Widowed Separated Annulled

Part 2. Information About You (Petitioner)

(continued)

18. Date of Current Marriage (if currently married)
(mm/dd/yyyy)

01/27/2025

Place of Your Current Marriage (if married)

19.a. City or Town

Malden

19.b. State

MA

19.c. Province

19.d. Country

United States

Name of All Your Spouses (if any)

Provide information on your current spouse (if currently married) first and then list all your prior spouses (if any).

Spouse 1

20.a. Family Name
(Last Name)

Hoxha

20.b. Given Name
(First Name)

Treisi

20.c. Middle Name

21. Date Marriage Ended (mm/dd/yyyy)

Spouse 2

20.a. Family Name
(Last Name)

20.b. Given Name
(First Name)

20.c. Middle Name

21. Date Marriage Ended (mm/dd/yyyy)

Information About Your Parents

Parent 1's Information

Full Name of Parent 1

24.a. Family Name
(Last Name)

Hoxha

24.b. Given Name
(First Name)

Ferdinand

24.c. Middle Name

25. Date of Birth (mm/dd/yyyy)

04/29/1969

26. Sex Male Female

27. Country Of Birth

Albania

28. City/Town/Village of Residence

Tirane

29. Country of Residence

Albania

Parent 2's Information

Full Name of Parent 2

30.a. Family Name
(Last Name)

Hoxha

30.b. Given Name
(First Name)

Fatmira

30.c. Middle Name

31. Date of Birth (mm/dd/yyyy)

10/23/1968

32. Sex Male Female

33. Country Of Birth

Albania

34. City/Town/Village of Residence

Tirane

35. Country of Residence

Albania

Additional Information About You (Petitioner)

36. I am a (Select only one box):

U.S. Citizen Lawful Permanent Resident

If you are a U.S. citizen, complete Item Number 37.

37. My citizenship was acquired through (Select only one box):

Birth in the United States

Naturalization

Parents

38. Have you obtained a Certificate of Naturalization or a Certificate of Citizenship?

Yes No

If you answered "Yes" to Item Number 38., complete the following:

39.a. Certificate Number

46165422

39.b. Place Of Issuance

Boston, Massachusetts

39.c. Date of Issuance (mm/dd/yyyy)

04/23/2025

Part 2. Information About You (Petitioner)

(continued)

If you are a lawful permanent resident, complete Item Numbers 40.a. - 41.

40.a. Class of Admission

40.b. Date of Admission (mm/dd/yyyy)

Place Of Admission

40.c. City or Town

40.d. State

41. Did you gain lawful permanent resident status through marriage to a U.S. citizen or lawful permanent resident?

Yes No

Employment History

Provide your employment history for the last five years, whether inside or outside the United States. Provide your current employment first. If you are currently unemployed, type or print "Unemployed" in Item Number 42.

Employer 1

42. Name of Employer/Company

 Strega Northend

43.a. Street Number and Name

 379 Hannover St

43.b. Apt. Ste. Flr.

43.c. City or Town

 Boston

43.d. State

 MA

43.e. Zip Code

 02113

43.f. Province

43.g. Postal Code

43.h. Country

 United States

44. Your Occupation

 Server

45.a. Date From (mm/dd/yyyy)

 04/01/2021

45.b. Date To (mm/dd/yyyy)

Employer 2

46. Name of Employer/Company

Techkon Usa

47.a. Street Number and Name

185 Centre St

47.b. Apt. Ste. Flr.

47.c. City or Town

Danvers

47.d. State

MA

47.e. Zip Code

01923

47.f. Province

47.g. Postal Code

47.h. Country

United States

48. Your Occupation

Software Engineer

49.a. Date From (mm/dd/yyyy)

04/01/2022

49.b. Date To (mm/dd/yyyy)

06/30/2022

Part 3. Biographic Information

NOTE: Provide the biographic information about you, the petitioner.

1. Ethnicity (Select only one box)

Hispanic or Latino

Not Hispanic or Latino

2. Race (Select all applicable boxes)

White

Asian

Black or African American

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

3. Height

Feet

5

Inches

5

4. Weight

Pounds

140

5. Eye Color (Select only one box)

Black

Blue

Brown

Gray

Green

Hazel

Maroon

Pink

Unknown/Other

Part 3. Biographic Information (continued)

6. Hair Color (Select only one box)

- Bald (No hair) Black Blonde
 Brown Gray Red
 Sandy White Unknown/Other

Part 4. Information About Beneficiary

1. Alien Registration Number (A-Number) (if any)

► A-

2. USCIS Online Account Number (if any)

►

3. U.S. Social Security Number (if any)

►

Beneficiary's Full Name

- 4.a. Family Name Hoxha
4.b. Given Name Treisi
4.c. Middle Name

Other Names used (if any)

Provide all other names the beneficiary has ever used, including aliases, maiden name, and nicknames.

- 5.a. Family Name Qafoku
5.b. Given Name Treisi
5.c. Middle Name

Other Information About Beneficiary

6. City/Town/Village of Birth

Tirane

7. Country of Birth

Albania

8. Date of Birth (mm/dd/yyyy)

02/13/2001

9. Sex Male Female

10. Has anyone else ever filed a petition for the beneficiary?

Yes No Unknown

NOTE: Select "Unknown" only if you do not know, and the beneficiary also does not know, if anyone else has ever filed a petition for the beneficiary.

Beneficiary's Physical Address

If the beneficiary lives outside the United States in a home without a street number or name, leave Item Numbers 11.a. and 11.b. blank.

11.a. Street Number 49 Revere St
and Name

11.b. Apt. Ste. Flr. 1

11.c. City or Town Malden

11.d. State MA 11.e. Zip Code 02148

11.f. Province

11.g. Postal Code

11.h. Country United States

Other Address and Contact Information

Provide the address in the United States where the beneficiary intends to live, if different from Item Numbers 11.a. - 11.b. If the address is the same, type or print "SAME" in Item Number

12.a.

12.a. Street Number Same
and Name

12.b. Apt. Ste. Flr.

12.c. City or Town

12.d. State 12.e. Zip Code

Provide the beneficiary's address outside the United States, if different from Item Numbers 11.a. - 11.h. If the address is the same, type or print "SAME" in Item Number 13.a.

13.a. Street Number
and Name

13.b. Apt. Ste. Flr.

13.c. City or Town

13.d. Province

13.e. Postal Code

13.f. Country

14. Daytime Telephone Number (if any) 17817713273

Part 4. Information About Beneficiary

(continued)

15. Mobile Telephone Number (if any)

16. Email Address (if any)

Beneficiary's Marital Information

17. How many times has the beneficiary been married?

► 1

18. Current Marital Status

Single, Never Married Married Divorced
 Widowed Separated Annulled

19. Date of Current Marriage (if currently married)

(mm/dd/yyyy)

01/27/2025

**Place of Beneficiary's Current Marriage
(if married)**

20.a. City or Town

Malden

20.b. State

MA

20.c. Province

20.d. Country

United States

Names of Beneficiary's Spouses (if any)

Provide information on the beneficiary's current spouse (if currently married) first and then list all the beneficiary's prior spouses (if any).

Spouse 121.a. Family Name
(Last Name)

Hoxha

21.b. Given Name
(First Name)

Marsel

21.c. Middle Name

22. Date Marriage Ended (mm/dd/yyyy)

Spouse 223.a. Family Name
(Last Name)23.b. Given Name
(First Name)

23.c. Middle Name

24. Date Marriage Ended (mm/dd/yyyy)

Information About Beneficiary's Family

Provide information about the beneficiary's spouse and children.

Person 125.a. Family Name
(Last Name)
25.b. Given Name
(First Name)

25.c. Middle Name

26. Relationship

27. Date of Birth (mm/dd/yyyy)

28. Country of Birth

Person 229.a. Family Name
(Last Name)
29.b. Given Name
(First Name)

29.c. Middle Name

30. Relationship

31. Date of Birth (mm/dd/yyyy)

32. Country of Birth

Person 333.a. Family Name
(Last Name)
33.b. Given Name
(First Name)

33.c. Middle Name

34. Relationship

35. Date of Birth (mm/dd/yyyy)

36. Country of Birth

Part 4. Information About Beneficiary

(continued)

Person 4

- 37.a. Family Name (Last Name) []
37.b. Given Name (First Name) []
37.c. Middle Name []
38. Relationship []
39. Date of Birth (mm/dd/yyyy) []
40. Country of Birth
[]

Person 5

- 41.a. Family Name (Last Name) []
41.b. Given Name (First Name) []
41.c. Middle Name []
42. Relationship []
43. Date of Birth (mm/dd/yyyy) []
44. Country of Birth
[]

Beneficiary's Entry Information

45. Was the beneficiary EVER in the United States?

Yes No

If the beneficiary is currently in the United States, complete Items Numbers 46.a. - 46.d.

- 46.a. He or she arrived as a (Class of Admission):

B2

- 46.b. Form I-94 Arrival-Departure Record Number

► 800084450A2

- 46.c. Date of Arrival (mm/dd/yyyy) [] 03/24/2022

- 46.d. Date Authorized stay expired, or will expire, as shown on Form I-94 or Form I-95 (mm/dd/yyyy) or type or print "D/S" for Duration of Status
[] 09/23/2022

47. Passport Number

BD8030566

48. Travel Document Number

800084450A2

49. Country of Issuance for Passport or Travel Document

ALB

50. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

04/09/2031

Beneficiary's Employment Information

Provide the beneficiary's current employment information (if applicable), even if they are employed outside of the United States. If the beneficiary is currently unemployed, type or print "Unemployed" in Item Number 51.a.

- 51.a. Name of Current Employer (if applicable)

Nico

- 51.b. Street Number 417 Hannover St
and Name

- 51.c. Apt. Ste. Flr. []

- 51.d. City or Town Boston

- 51.e. State MA 51.f. Zip Code 02113

- 51.g. Province []

- 51.h. Postal Code []

- 51.i. Country

United States

52. Date Employment Began (mm/dd/yyyy)

04/15/2022

Additional Information About Beneficiary

53. Was the beneficiary EVER in immigration proceedings?

Yes No

54. If you answered "Yes," select the type of proceedings and provide the location and date of the proceedings.

Removal Exclusion/Deportation

Rescission Other Judicial Proceedings

- 55.a. City or Town

[]

- 55.b. State

[]

56. Date (mm/dd/yyyy)

[]

Part 4. Information About Beneficiary

(continued)

If the beneficiary's native written language does not use Roman letters, type or print his or her name and foreign address in their native written language.

57.a. Family Name (Last Name)	<input type="text"/>
57.b. Given Name (First Name)	<input type="text"/>
57.c. Middle Name	<input type="text"/>
58.a. Street Number and Name	<input type="text"/>
58.b. <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr.	<input type="text"/>
58.c. City or Town	<input type="text"/>
58.d. Province	<input type="text"/>
58.e. Postal Code	<input type="text"/>
58.f. Country	<input type="text"/>

If filing for your spouse, provide the last address at which you physically lived together. If you never lived together, type or print, "Never lived together" in Item Number 59.a.

59.a. Street Number and Name	49 Revere St
59.b. <input checked="" type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr.	1
59.c. City or Town	Malden
59.d. State	MA
59.e. Zip Code	02148
59.f. Province	<input type="text"/>
59.g. Postal Code	<input type="text"/>
59.h. Country	<input type="text"/>

United States

60.a. Date From (mm/dd/yyyy) 01/01/2025

60.b. Date To (mm/dd/yyyy)

The beneficiary is in the United States and will apply for adjustment of status to that of a lawful permanent resident at the U.S. Citizenship and Immigration Services (USCIS) office in:

61.a. City or Town	Boston
61.b. State	MA

The beneficiary will not apply for adjustment of status in the United States, but he or she will apply for an immigrant visa abroad at the U.S. Embassy or U.S. Consulate in:

62.a. City or Town	<input type="text"/>
62.b. Province	<input type="text"/>
62.c. Country	<input type="text"/>

Unknown

NOTE: Choosing a U.S. Embassy or U.S. Consulate outside the country of the beneficiary's last residence does not guarantee that it will accept the beneficiary's case for processing. In these situations, the designated U.S. Embassy or U.S. Consulate has discretion over whether or not to accept the beneficiary's case.

Part 5. Other Information

1. Have you **EVER** previously filed a petition for this beneficiary or any other alien?

Yes No

If you answered "Yes," provide the name, place, date of filing, and result.

2.a. Family Name (Last Name)	<input type="text"/>
2.b. Given Name (First Name)	<input type="text"/>
2.c. Middle Name	<input type="text"/>
3.a. City or Town	<input type="text"/>
3.b. State	<input type="text"/>
4. Date Filed (mm/dd/yyyy)	<input type="text"/>
5. Result (for example, approved, denied, withdrawn)	<input type="text"/>

If you are also submitting separate petitions for other relatives, provide the names of and your relationship to each relative.

Relative 1

6.a. Family Name (Last Name)	<input type="text"/>
6.b. Given Name (First Name)	<input type="text"/>
6.c. Middle Name	<input type="text"/>
7. Relationship	<input type="text"/>

Part 5. Other Information (continued)

Relative 2

8.a.	Family Name (Last Name)	
8.b.	Given Name (First Name)	
8.c.	Middle Name	
9.	Relationship	

WARNING: USCIS investigates the claimed relationships and verifies the validity of documents you submit. If you falsify a family relationship to obtain a visa, USCIS may seek to have you criminally prosecuted.

PENALTIES: By law, you may be imprisoned for up to 5 years or fined \$250,000, or both, for entering into a marriage contract in order to evade any U.S. immigration law. In addition, you may be fined up to \$10,000 and imprisoned for up to 5 years, or both, for knowingly and willfully falsifying or concealing a material fact or using any false document in submitting this petition.

Part 6. Petitioner's Statement, Contact Information, Declaration, and Signature

NOTE: Read the **Penalties** section of the form I-130 Instructions before completing this part.

Petitioner's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.
- 1.b. The interpreter named in **Part 7.** read to me every question and instruction on this petition and my answer to every question in

a language in which I am fluent. I understood all of this information as interpreted.
2. At my request, the preparer named in **Part 8.**,

prepared this petition for me based only upon information I provided or authorized.

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number

4. Petitioner's Mobile Telephone Number (if any)

5. Petitioner's Email Address (if any)

Petitioner's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this petition, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I provided or authorized all of the information contained in, and submitted with, my petition;
- 2) I reviewed and understood all of the information in, and submitted with, my petition; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my petition and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my petition, and that all of this information is complete, true, and correct.

Petitioner's Signature

- 6.a. Petitioner's Signature



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

NOTE TO ALL PETITIONERS: If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may deny your petition.

Part 7. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter if you used one.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

1.b. Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

3.a. Street Number
and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State

3.e. Zip Code

3.f. Province

3.g. Postal Code

3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and

which is the same language provided in **Part 6., Item Number**

1.b., and I have read to this petitioner in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner informed me that he or she understands every instruction, question, and answer on the petition, including the **Petitioner's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature

7.b. Date of Signature (mm/dd/yyyy)

Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

3.a. Street Number
and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State

3.e. Zip Code

3.f. Province

3.g. Postal Code

3.h. Country

**Part 8. Contact Information, Declaration, and
Signature of the Person Preparing this Petition, if
Other Than the Petitioner (continued)**

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5. Preparer's Mobile Telephone Number (if any)

6. Preparer's Email Address (if any)

Preparer's Statement

7.a. I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent.

7.b. I am an attorney or accredited representative and my representation of the petitioner in this case
 extends does not extend beyond the preparation of this petition.

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this petition, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner. The petitioner then reviewed this completed petition and informed me that he or she understands all of the information contained in, and submitted with, his or her petition, including the **Petitioner's Declaration and Certification**, and that all of this information is complete, true and correct. I completed this petition based only on information that the petitioner provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)

Evidence Submitted

File Name	Document Category
Form I-130A-part-1.pdf	Other
IMG_9815.jpg	Photographs
Certificate of Marriage.pdf	Marriage Certificate(s)
Certificate Of Naturalization.pdf	U.S. Citizenship/National/LPR
IMG_9814.jpg	Photographs
Form I-130A-part-2.pdf	Other
RESIDENTIAL LEASE AGREEMENT-part 5.pdf	Other
RESIDENTIAL LEASE AGREEMENT-part 2.pdf	Other
RESIDENTIAL LEASE AGREEMENT-part 3.pdf	Other
IMG_9816.jpg	Photographs
Certificate of Marriage.pdf	Other
RESIDENTIAL LEASE AGREEMENT-part 4.pdf	Other
RESIDENTIAL LEASE AGREEMENT-part 1.pdf	Other
IMG_9813.jpg	Photographs

Only

Electronic Form Only

Electronic Form Only

Additional Petitioner Employers

Name of Employer/Company

Marcos Restaurant

Street Number 47 Newbury St
and Name

Apt. Ste. Flr.

City or Town Peabody

State MA Zip Code 01960

Province

Postal Code

Country

United States

Your Occupation

Server

Date From (mm/dd/yyyy) 01/01/2020

Date To (mm/dd/yyyy) 03/01/2021

Name of Employer/Company

Nico Ristorante Northend

Street Number 417 Hannover St
and Name

Apt. Ste. Flr.

City or Town Boston

State MA Zip Code 02113

Province

Postal Code

Country

United States

Your Occupation

Server

Date From (mm/dd/yyyy) 04/01/2021

Date To (mm/dd/yyyy)

Electronic
Form
Only

Electronic Form Only

Electronic Form Only

Electronic Form Only