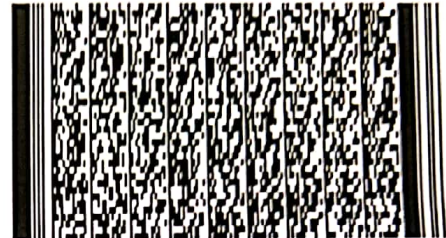


THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.



ASC Appointment Notice	CASE TYPE 1485; 1765	NOTICE DATE 10/21/2022	
APPLICATION/PETITION/REQUEST NUMBER LIN2390006168; LIN2390006170		USCIS A# A141 081 767	CODE 3
ACCOUNT NUMBER	TCR	SERVICE CENTER NSC	PAGE 1 of 2

TSAI-YUN WANG
c/o SABRINA SCHROEDER
SAHALE IMMIGRATION LAW
1225 E SUNSET DR STE 145
BELLINGHAM WA 98226



PLEASE READ THIS ENTIRE NOTICE CAREFULLY. To process your application, petition, or request, U.S. Citizenship and Immigration Services (USCIS) must collect your biometrics. Please appear at the below Application Support Center (ASC) at the date and time specified.

IF YOU FAIL TO APPEAR AS SCHEDULED, YOUR APPOINTMENT MAY NOT BE RESCHEDULED. TO REQUEST THAT USCIS RESCHEDULE YOUR APPOINTMENT, SEE THE INSTRUCTIONS AT THE BOTTOM OF THIS NOTICE. IF USCIS DOES NOT RESCHEDULE YOUR APPOINTMENT, YOUR APPLICATION, PETITION, OR REQUEST WILL BE CONSIDERED ABANDONED AND DENIED.

APPLICATION SUPPORT CENTER
USCIS PHOENIX
1330 S 16th Street
Phoenix AZ 85034

DATE AND TIME OF APPOINTMENT

11/08/2022
08:00AM

WHEN YOU APPEAR AT THE ASC FOR BIOMETRICS SUBMISSION, YOU MUST BRING:

- THIS APPOINTMENT NOTICE.** If you received multiple ASC notices, bring **all** notices to your first appointment, and
- PHOTO IDENTIFICATION.** Your biometrics will not be collected without identification. You must bring a valid government-issued photo identification document. If the name on your identification is different than the name on your ASC notice, bring supporting documentation. If you filed an Application for Naturalization (Form N-400) or Application to Replace Permanent Resident Card (Form I-90), you must bring your Permanent Resident Card (also known as a Green Card).

Only those necessary to assist you with transportation or completion of the biometrics worksheet should accompany you to your ASC appointment. If you have open wounds, bandages, or casts when you appear for biometrics submission, USCIS may reschedule your appointment if we determine your injuries may interfere with biometrics submission. Please do not visit a USCIS office if you are sick or feel any symptoms of being sick. Follow the instructions on this notice to reschedule your appointment.

You may bring cell phones or electronic devices, but they must be turned off during biometrics collection. No one may photograph or record at an ASC.

For more information regarding your ASC appointment, visit <https://www.uscis.gov/forms/forms-information/preparing-your-biometric-services-appointment>. If you have questions regarding this notice, please call the USCIS Contact Center at 1-800-375-5283 (TTY 800-767-1833).

NOTE: If an ASC closes due to inclement weather or unforeseen circumstances, USCIS will automatically reschedule your appointment for the next available date and time. For the latest information on the status of an office, visit <https://www.uscis.gov/about-us/uscis-office-closings>. Please check this page on the day of your appointment. If USCIS reschedules your appointment for any reason, you will receive a new ASC appointment notice.

To ensure you receive all correspondence from USCIS, you must update your address if you move. For instructions, visit <https://www.uscis.gov/addresschange>.

USCIS may use your biometrics to check the criminal history records of the FBI, for identity verification, to determine eligibility, to create immigration documents (e.g., Green Card, Employment Authorization Document, etc.), or any purpose authorized by the Immigration and Nationality Act. You may obtain a copy of your own FBI record using the procedures outlined within Title 28 C.F.R., Section 16.32. For information, please visit <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. For Privacy Act information, please visit <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>.

REQUESTS TO RESCHEDULE/SPECIAL HANDLING

If you are unable to attend your scheduled ASC appointment, you may request that USCIS reschedule your appointment by calling the USCIS Contact Center at 1-800-375-5283 (TTY 800-767-1833). **Your request to reschedule must: 1) be made before the date and time of the original appointment and 2) establish good cause for rescheduling.** If you fail to make a request before your scheduled appointment or fail to establish good cause, USCIS may not reschedule your ASC appointment. If USCIS does not reschedule your appointment, your application, petition, or request will be considered abandoned and denied.

If you have a serious ongoing medical condition and you cannot leave your home/hospital, you may request a mobile biometrics/homebound appointment by following the instructions on the back in the Notice for People with Disabilities or by visiting uscis.gov/accommodations.

APPLICATION NUMBER
1485 - LIN2390006168



APPLICATION NUMBER 2
1765 - LIN2390006170



If you have any questions regarding this notice, please contact the USCIS Contact Center at 1-800-375-5283.

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

Important Information for Your Biometric Services Appointment

USCIS Application Support Centers (ASC) are open with additional precautions to prevent the spread of the coronavirus disease (COVID-19). For the most updated visitor guidance and facility entrance requirements, on the day of your appointment please visit: www.uscis.gov/about-us/uscis-response-to-covid-19.

Appointments

- You must have a scheduled appointment before arriving at a USCIS office. Only appear on your scheduled date and time at the designated location.
- Do not appear more than 15 minutes before your appointment. Military members may appear without an appointment.
- Only interpreters, attorneys or those providing needed assistance if you are disabled will be permitted to accompany you if capacity restrictions are in place. Do not bring additional individuals or family members with you to your appointment.
- Fill out the Applicant Information Worksheet below and bring it to your appointment to complete the biometric collection process.
- If you are ill, you should reschedule your appointment. Please call the USCIS Contact Center at 800-375-5283 (TTY 800-767-1833) to reschedule.
- On the day of your appointment, please check for office closures or other important information here: www.uscis.gov/about-us/uscis-office-closings.

Entrance to USCIS Facilities (Application Support Centers)

- In offices with low and medium COVID-19 transmission levels (cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html), masking is not required; however, individuals may choose to wear a mask at any time. When levels are high, all federal employees, contractors, and visitors two years old or older must wear a mask inside federal buildings regardless of vaccination status.
- You may not enter a USCIS facility if you have:
 - COVID-19 or any symptoms of COVID-19 (according to the CDC) including, but not limited to, recently developed cough, fever, difficulty breathing, new loss of smell or taste, fatigue, muscle aches, headache, congestion, sore throat, or vomiting (this list does not include all symptoms);
 - Been in close contact (within 6 feet for a total of 15 minutes or more) with anyone known to have COVID-19 in the past 10 days (unless you are up to date on your COVID-19 vaccination or you are a health careworker and consistently wear an N-95 respirator and proper personal protective equipment (PPE) or equivalent when in contact with COVID-19 positive individuals);
 - Returned from domestic, international, or cruise ship travel in the past 5 days (unless you are up to date on your COVID-19 vaccination);
 - Been instructed by a health care provider, public health authority, or government entity to self-isolate or self-quarantine in the past 10 days (unless you have been cleared to end isolation or quarantine);
- For more information for visiting USCIS facilities, please visit: www.uscis.gov/about-us/uscis-visitor-policy.

APPLICANT'S INFORMATION WORKSHEET (AIW)

NAME:

FIRST

MIDDLE

LAST

LIST ANY OTHER NAMES USED (MAIDEN NAME, PREVIOUS MARRIAGE, ALIAS, ETC.):

1)

FIRST

MIDDLE

LAST

2)

FIRST

MIDDLE

LAST

DATE OF BIRTH:

MONTH

DAY

YEAR

COUNTRY OF BIRTH:

COUNTRY OF CITIZENSHIP:

GENDER: (CHECK ONE)

- ☐ MALE
☐ FEMALE
☐ OTHER

RACE: (CHECK ONE)

- ☐ ASIAN
☐ BLACK
☐ CAUCASIAN/LATINO

- ☐ NATIVE AMERICAN
☐ UNKNOWN

EYE COLOR: (CHECK ONE)

- ☐ BLACK
☐ BLUE
☐ BROWN
☐ GRAY
☐ GREEN

- ☐ HAZEL
☐ MAROON
☐ MULTICOLOR
☐ PINK
☐ UNKNOWN

HAIR COLOR: (CHECK ONE)

- ☐ BALD
☐ BLACK
☐ BLOND OR STRAWBERRY
☐ BLUE
☐ BROWN
☐ GRAY
☐ GREEN

- ☐ ORANGE
☐ PINK
☐ PURPLE
☐ RED OR AUBURN
☐ SANDY
☐ WHITE
☐ UNKNOWN

HEIGHT:

FEET/INCHES

OR

CENTIMETERS

WEIGHT:

POUNDS

OR

KILOGRAMS

When you provide your digital signature, you will be attesting to the following:

I declare under penalty of perjury that I have reviewed and understand the document(s) identified by the receipt number displayed on the screen above, and that all the information in these materials is complete, true, and correct. This includes any:

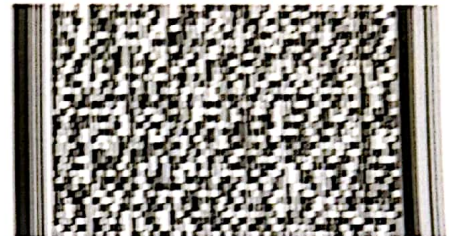
- application, petition, or request that I submitted;
- application, petition, or request that I provided on behalf of my derivative beneficiary;
- application, petition, or request that was submitted on my behalf; and
- supporting documents, applications, petitions, or requests filed with my application, petition, or request that I (or my attorney or accredited representative) filed with USCIS, or that was filed on my behalf.

RETURN "AIW" TO APPLICANT

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

ASC Appointment Notice		CASE TYPE I485, I765	NOTICE DATE 10/20/2022
APPLICATION/PETITION/REQUEST NUMBER LIN2390006164; LIN2390006166		USCIS # A141 139 482	CODE 3
ACCOUNT NUMBER	TCR	SERVICE CENTER NSC	PAGE 1 of 2

TIAN XING
c/o SABRINA SCHROEDER
SAHALE IMMIGRATION LAW
1225 E SUNSET DR STE 145
BELLINGHAM WA 98226



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APPLICATION SUPPORT CENTER
USCIS PHOENIX
1330 S 16th Street
Phoenix AZ 85034

DATE AND TIME OF APPOINTMENT
11/06/2022
08:00AM

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APPLICATION NUMBER
I485 - LIN2390006164



APPLICATION NUMBER 2
I765 - LIN2390006166



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1)

FIRST

MIDDLE

LAST

2)

FIRST

MIDDLE

LAST

DATE OF BIRTH:

MONTH

DAY

YEAR

COUNTRY OF BIRTH:

COUNTRY OF CITIZENSHIP:

GENDER: (CHECK ONE)

RACE: (CHECK ONE)

- ☐ MALE
☐ FEMALE
☐ OTHER

- ☐ ASIAN
☐ BLACK
☐ CAUCASIAN/LATINO

- ☐ NATIVE AMERICAN
☐ UNKNOWN

EYE COLOR: (CHECK ONE)

- ☐ BLACK
☐ BLUE
☐ BROWN
☐ GRAY
☐ GREEN

- ☐ HAZEL
☐ MAROON
☐ MULTICOLOR
☐ PINK
☐ UNKNOWN

HAIR COLOR: (CHECK ONE)

- ☐ BALD
☐ BLACK
☐ BLOND OR STRAWBERRY
☐ BLUE
☐ BROWN
☐ GRAY
☐ GREEN

- ☐ GRAYISH
☐ PINK
☐ WHITE
☐ REDDISH BROWN
☐ SILVER
☐ WHITE
☐ UNKNOWN

HEIGHT:

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OR

CENTIMETERS

Weight:

POUNDS

OR

KILOGRAMS

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I declare under penalty of perjury that I have reviewed and understand the document(s) identified by the receipt number displayed on the notice when you first received the information in this materials is complete, true, and correct. This includes any:

- application, petition, or request that I submitted;
- application, petition, or request that I provided on behalf of my derivative beneficiary;
- application, petition, or request that was submitted on my behalf; and
- supporting documents, applications, petitions, or requests filed with my application, petition, or request that I (or my attorney or authorized representative) submitted on my behalf.

RETURN "AIW" TO APPLICANT