

**(Kamila Niziolek) myUSCIS Responses to Your ()  
Application to Extend/Change Nonimmigrant Status (USCIS I-539)**

<b>Applicant</b>
<b>Alien Number:</b> <b>USCIS Online Account Number:</b>
<b>Last Name:</b> Niziolek <b>First Name:</b> Kamila <b>Middle Name:</b> <b>Country Of Birth:</b> POL <b>Country Of Citizenship Or Nationality:</b> POL <b>Date Of Birth:</b> 03-18-1994 <b>Social Security Number:</b>
<b>Mailing Address</b>
<b>In Care Of Name:</b> <b>Address Line One:</b> 1867 MILL SPRINGS CMN <b>Address Line Two:</b> APT 207 <b>City:</b> LIVERMORE <b>State:</b> CA <b>Zip Code:</b> 94550-6382
<b>Physical Address</b>
<b>Address Line One:</b> 1867 MILL SPRINGS CMN <b>Address Line Two:</b> APT 207 <b>City:</b> LIVERMORE <b>State:</b> CA <b>Zip Code:</b> 94550-6382
<b>I-94 Data</b>
<b>Date Of Last Arrival:</b> 01-13-2020 <b>Arrival Departure Record Number:</b> 441274983A2 <b>Current Non Immigrant Status:</b> B2 <b>Current Non Immigrant Status Expiration Date:</b> 07-12-2020 <b>Is Granted Duration Of Status:</b> No
<b>Passport Or Travel Document</b>
<b>Passport Number:</b> ED5475181 <b>Travel Document Number:</b> ED5475181 <b>Country Of Issuance:</b> POL <b>Expiration Date:</b> 03-07-2022
<b>Application Detail</b>
<b>Receipt Number:</b> <b>Submission Date:</b> <b>Application Type:</b> Change of Status <b>New Non Immigrant Status Effective Date:</b> 07-12-2020 <b>New Non Immigrant Status:</b> H4 <b>Is Only Applicant:</b> Yes <b>Number Included In Application Total:</b>

<b>Processing Information</b>
<p><b>Current Status Extension Date:</b> 03-07-2022</p> <p><b>Is Based On Granted Family Petition:</b> No</p> <p><b>Is Based On Granted Family Petition Receipt Number:</b></p> <p><b>Based On Separate Family Petition:</b> No</p>
<b>Based On Separate Family Petition Pending Data</b>
<p><b>Receipt Number:</b></p> <p><b>First Name:</b></p> <p><b>Last Name:</b></p> <p><b>Date Filed:</b></p>
<b>Current Passport</b>
<p><b>Number:</b> ED5475181</p> <p><b>Country Of Issuance:</b> POL</p> <p><b>Expiration Date:</b> 03-07-2022</p>
<b>Foreign Physical Address</b>
<p><b>Address Line One:</b> Wyzynskiego 4</p> <p><b>Address Line Two:</b></p> <p><b>City:</b> Radom</p> <p><b>Province:</b> mazowieckie</p> <p><b>Postal Code:</b> 26600</p> <p><b>Country:</b> POL</p>
<b>Additional Information About the Applicant</b>
<p><b>Is Applicant For Immigrant Visa:</b> No</p> <p><b>Additional Explanation:</b></p> <p><b>Has Immigrant Petition Been Filed:</b> No</p> <p><b>Additional Explanation:</b></p> <p><b>Has I 485 Been Filed:</b> No</p> <p><b>Additional Explanation:</b></p>
<p><b>Has Been Arrested Or Convicted:</b> No</p> <p><b>Additional Explanation:</b></p> <p><b>Has Participated In Torture Or Genocide:</b> No</p> <p><b>Additional Explanation:</b></p> <p><b>Has Participated In Killing Any Person:</b> No</p> <p><b>Additional Explanation:</b></p> <p><b>Has Participated In Injuring Any Person:</b> No</p> <p><b>Additional Explanation:</b></p> <p><b>Has Participated In Forced Sexual Contact:</b> No</p> <p><b>Additional Explanation:</b></p> <p><b>Has Participated In Denying Religious Beliefs:</b> No</p> <p><b>Additional Explanation:</b></p> <p><b>Has Served In Military:</b> No</p> <p><b>Additional Explanation:</b></p> <p><b>Has Served In Prison:</b> No</p> <p><b>Additional Explanation:</b></p>

**Has Served In Organization With Weapons:** No

**Additional Explanation:**

**Has Transported Weapons:** No

**Additional Explanation:**

**Has Weapons Training:** No

**Additional Explanation:**

**Has Violated Non Immigrant Status:** No

**Additional Explanation:**

**Is In Removal Proceedings:** No

**Additional Explanation:**

**Is Employed In Us:** No

**Employment Additional Explanation:**

**Supporting Self Additional Explanation:** I have some savings that I collected before I travel to the USA. I also received some money from my parents. In total, it is about \$10,000. I live with my husband whose annual income is \$91,000. He is working at Sadia National Laboratories. He is Polish, as well. His status is H1-B. If any evidence is required, I am happy to provide that.

**Is Exchange Visitor Or Dependent:** No

**Additional Explanation:**

### **Applicant Statement**

**Has English Applicant Statement:**

### **Signature**

**Form Type:**

**Signature Block:**

**Email Address:**

**eSign Date:**

### **Contact Information**

**Daytime Phone Number:** 925-758-9043

**Mobile Phone Number:** 925-758-9043

**Email Address:** niz.kamila@gmail.com

### **Interpreter**

**First Name:**

**Last Name:**

**Organization Name:**

**Address Line One:**

**Address Line Two:**

**City:**

**State:**

**Zip Code:**

**Province:**

**Postal Code:**

**Country:**

**Mobile Phone Number:**

**Daytime Phone Number:**

**Email Address:**

**Fluent Language:**

**Has Interpreter Applicant Statement:**

Signature:
Date of Signature:
<b>Preparer</b>
First Name:
Last Name:
Organization Name:
Address Line One:
Address Line Two:
City:
State:
Zip Code:
Province:
Postal Code:
Country:
Mobile Phone Number:
Daytime Phone Number:
Email Address:
Has Preparer Applicant Statement:
Is Attorney Or Accredited Representative:
Has Representation Extend Beyond Preparation:
Signature:
Date of Signature:
<b>Public Benefits</b>
<b>Certification</b>
Certification Item: No, I have not received any of the public benefits listed above.
<b>Categories</b>
<b>Benefit Information</b>
<b>Benefit Classification</b>
<b>Medicaid Classification</b>
Medicaid Classification Item: None of the above statements apply.
Medicaid From Date:
Medicaid To Date:
<b>Additional Information</b>
<b>Evidence Items</b>
Original File Name: I94kamila.pdf
Category: I-94
Original File Name: marriage_certificate.jpg
Category: Evidence of Relationship
Original File Name: IMG_2046.jpg
Category: Other Supporting Documents
Original File Name: IMG_2047.jpg
Category: Other Supporting Documents

<b>Original File Name:</b> IMG_2048.jpg <b>Category:</b> Other Supporting Documents
<b>Original File Name:</b> IMG_2049.jpg <b>Category:</b> Other Supporting Documents
<b>Original File Name:</b> i94_maciek.pdf <b>Category:</b> Other Supporting Documents