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

Applicant

Alien Number:

USCIS Online Account Number:

Last Name: Niziolek
First Name: Kamila
Middle Name:

Country Of Birth: POL

Country Of Citizenship Or Nationality: POL

Date Of Birth: 03-18-1994 **Social Security Number:**

Mailing Address

In Care Of Name:

Address Line One: 1867 MILL SPRINGS CMN

Address Line Two: APT 207

City: LIVERMORE

State: CA

Zip Code: 94550-6382

Physical Address

Address Line One: 1867 MILL SPRINGS CMN

Address Line Two: APT 207

City: LIVERMORE

State: CA

Zip Code: 94550-6382

I-94 Data

Date Of Last Arrival: 01-13-2020

Arrival Departure Record Number: 441274983A2

Current Non Immigrant Status: B2

Current Non Immigrant Status Expiration Date: 07-12-2020

Is Granted Duration Of Status: No

Passport Or Travel Document

Passport Number: ED5475181

Travel Document Number: ED5475181

Country Of Issuance: POL **Expiration Date:** 03-07-2022

Application Detail

Receipt Number: Submission Date:

Application Type: Change of Status

New Non Immigrant Status Effective Date: 07-12-2020

New Non Immigrant Status: H4

Is Only Applicant: Yes

Number Included In Application Total:

Processing Information

Current Status Extension Date: 03-07-2022 Is Based On Granted Family Petition: No

Is Based On Granted Family Petition Receipt Number:

Based On Separate Family Petition: No

Based On Separate Family Petition Pending Data

Receipt Number: First Name: Last Name: Date Filed:

Current Passport

Number: ED5475181 Country Of Issuance: POL Expiration Date: 03-07-2022

Foreign Physical Address

Address Line One: Wyszynskiego 4

Address Line Two:
City: Radom

Province: mazowieckie Postal Code: 26600 Country: POL

Additional Information About the Applicant

Is Applicant For Immigrant Visa: No

Additional Explanation:

Has Immigrant Petition Been Filed: No

Additional Explanation: Has I 485 Been Filed: No Additional Explanation:

Has Been Arrested Or Convicted: No

Additional Explanation:

Has Participated In Torture Or Genocide: No

Additional Explanation:

Has Participated In Killing Any Person: No

Additional Explanation:

Has Participated In Injuring Any Person: No

Additional Explanation:

Has Participated In Forced Sexual Contact: No

Additional Explanation:

Has Participated In Denying Religious Beliefs: No

Additional Explanation: Has Served In Military: No Additional Explanation: Has Served In Prison: No Additional Explanation:

Has Served in Organization With Weapons: No Additional Explanation: Has Weapons Training: 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 fine Removal Proceedings: No Additional Explanation: Is Employed in Us: No Employment Additional Explanation: Supporting Self Additional Explanation: Supporting Self Additional Explanation: Supporting Self Additional Explanation: Is Employment Additional Explanation: Is Employment Additional Explanation: Is Explanation: Supporting Self Additional Explanation: Is Explanation: Is Explanation: Is Explanation: Is Explanation: Is Explanation: Applicant Statement Has English Applicant Statement: Is Explanation: Applicant Statement Has English Applicant Statement: Signature Form Type: Signature Form Type: Signature Block: Email Address:		
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Has Interpreter Applicant Statement:	Fluent Language:	
	Has Interpreter Applicant Statement:	

Signature:
Date of Signature:
Preparer
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:
Public Benefits
Certification
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Certification Certification Item: No, I have not received any of the public benefits listed above.
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