

KEEP THIS PAGE FOR YOUR RECORDS

Packet Assembly Checklist - J-1 Visa Waiver Recommendation Application

Use this checklist to organize the pages in the J Visa Advisory Opinion Application packet

Case Number: 1636344
Applicant Name: Rocio Alejandra Castro Pinto
Applicant DOB: 05/19/1991
Applicant POB: PERU
Request for Advisory Opinion

Check that the exchange visitor's case number and country/region of last residence is written on any documentation submitted, as well as on the outside envelope of ALL future correspondence with the Waiver Review office.

Packet Destination:
Waiver Review Division
U.S. Department of State
Visa Office
SA-17, 11th Floor
600 19th Street, N.W.
Washington DC 20522-1711

Please assemble packet in this order:
(Items with a * have been generated in PDF format)

_____ Waiver Review Division Barcode Page *
_____ Letter requesting an advisory opinion *: **Please sign this letter**
_____ Supplementary Applicant Information pages *
_____ Copy of the data page of the EV's current passport containing name and birth date
_____ Copies of all forms DS-2019 or IAP-66
_____ Self addressed, stamped envelope
_____ Additional items as indicated by the applicant

DO NOT SEND THIS PAGE. KEEP THIS PAGE FOR YOUR RECORDS

Waiver Review Division Barcode Page

1636344, Castro Pinto, Rocio Alejandra, 05/19/1991, POB: PERU, Advisory Opinion

1.



20190927122655103

2.



20190927122655203

3.



20190927122655303

September 27, 2019

Waiver Review Division
U.S. Department of State
Visa Office - CA/VO/L/W
SA-17, 11th Floor
600 19th Street, N.W.
Washington DC 20522-1711

RE: , Castro Pinto, Rocio Alejandra, 05/19/1991, POB: PERU

Subject: Advisory Opinion Request

I, Rocio Alejandra Castro Pinto would like to request an Advisory Opinion, from the Department of State to determine if I am subject to the two-year foreign residence requirement of Section 212(e) of the Immigration and Nationality Act, as amended.

Sincerely,

Rocio Alejandra Castro Pinto

Important: Make sure to include this page with your Advisory Opinion Request

Case Number: **1636344**
 Request Type: **Advisory Opinion**

Applicant Information

Title: **Ms.**
 Surname(Last): **Castro Pinto**
 Given Name (First/Middle): **Rocio Alejandra**
 Maiden Name:
 Gender: **Female**
 Date of Birth: **05/19/1991**
 City of Birth: **Lima**
 Place of Birth: **PERU**
 Country/Region of Origin (Nationality): **PERU**
 Country/Region of Legal Permanent Residence: **PERU**
 Alien Registration Number:
 I-94 Departure Number:

Other Names (Aliases)

Given Name (First/Middle)

Surname (Last)

Other Name 1:

Other Name 2:

Other Name 3:

Contact Information

| | Current | Mailing | Mailing Preference: |
|------------------------|--------------------------|--------------------------|--------------------------------|
| Address 1: | 6891 GlenLake PKWY #A | | () Mailing Address |
| Address 2: | | | (✓) Current Address |
| Address 3: | | UNITED STATES OF AMERICA | () Attorney Address |
| City: | ATLANTA | | Most Recent City/State: |
| Province: | | | ATLANTA, GEORGIA |
| State: | GEORGIA | | |
| Country/Region: | UNITED STATES OF AMERICA | | |
| Zip Code: | 30328 | | |
| Postal Code: | | | |

Phone Number(s)

| Location | Number | Extension | Type |
|----------|------------|-----------|----------|
| US | 4703095256 | - | Home |
| | | | Business |
| | | - | Fax |

Email Information

Email Address: rocio.castropinto@gmail.com

Attorney Information

Law Firm or Organization Name:
 Name of Attorney or Representative
 Address 1:
 Address 2:
 Address 3:
 City:
 State:
 Zip code:
 Phone: Extension:
 Fax:
 Email Address:

Important: Make sure to include this page with your Advisory Opinion Request

Case Number: **1636344**
Name: **Ms. Rocio Alejandra Castro Pinto**
Request Type: **Advisory Opinion**

Visa History

Entry Date of First J-1 Visa: **09/17/2018**
Entry Port of First J-1 Visa: **1803**
Entry State of First J-1 Visa: **FLORIDA**
Control Number of First Visa: **Used to be ControlNo**
Issuing Post of First J-1 Visa:
Visa Class of First Visa: **J1**

Program Information

| SEVIS ID | Program Number | Purpose | Begin Date | End Date | Subject Field Code | Funding Amount |
|-------------|----------------|-------------|------------|------------|--------------------|----------------|
| N0029939338 | P-3-02937 | New Program | 09/24/2018 | 03/24/2020 | 52.1499 | \$ 72000 |

Dependent Information

| Given name | Surname | Date of Birth | Place of Birth | Relationship | Status |
|------------|---------|---------------|----------------|--------------|--------|
|------------|---------|---------------|----------------|--------------|--------|

Explanation for any period of time in the U.S. not covered DS-2019 or IAP-66 form.

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