

Online Nonimmigrant Visa Application (DS-160)

Application - Sensitive But Unclassified(SBU)

We do not need a printed copy of your application at any point during your interview process. Only print this application if you want a copy for your own records. If you print your application, please keep it secure.

Photo Provided:



Confirmation Number:

## Your Personal Copy -- Do Not Bring to Interview

#### Personal, Address, Phone, and Passport/Travel Document Information

Name Provided: RIVERA MALDONADO, MARIA DE JESUS
Full Name in Native Language: MARIA DE JESUS RIVERA MALDONADO

Other Names Used:

NO
Telecode Name Used:

NO

Sex: FEMALE

Marital Status: COMMON LAW MARRIAGE

Date of Birth: 01 AUGUST 1966

Place of Birth: VILLA DE SAN ANTONIO, COMAYAGUA, HONDURAS

Country/Region of Origin (Nationality): HONDURAS

Do you hold or have you held any nationality other than the one

indicated above on nationality?

Are you a permanent resident of a country/region other than your

country/region of origin (nationality) above?

National Identification Number: 0319196600148
U.S. Social Security Number: DOES NOT APPLY

U.S. Taxpayer ID Number: DOES NOT APPLY

Home Address: BARRIO SAN ANTONIO CALLE AL BALNEARIO

VILLA PARAISO

NO

NO

City: COMAYAGUA

State/Province: COMAYAGUA

Postal Zone/ZIP Code: 12101

Country/Region: HONDURAS

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Same Mailing Address? YES

Primary Phone Number: +50433909178
Secondary Phone Number: DOES NOT APPLY

Work Phone Number: 27727626

Do you have any additional phone numbers?

Email Address: mr4143321@gmail.com

Do you have any additional email addresses?

Do you have a social media presence?

Social Media Platform: (1): FACEBOOK

Social Media Identifier: MARIA RIVERA

Do you have any additional social media presence? NO

Passport/Travel Document Type:

Passport/Travel Document Number:

Passport Book Number:

E0123435

E0123435

Country/Authority that Issued Passport/Travel Document:

HONDURAS

City Where Issued:

TEGUCIGALPA

State/Province Where Issued: FRANCISCO MORAZAN

Country/Region Where Issued: HONDURAS
Issuance Date: 06 JUNE 2022
Expiration Date: 06 JUNE 2032

Have you ever lost a passport or had one stolen? NO

#### **Travel Information**

The List of Purposes of Trip to the U.S.

Purpose of Trip to the U.S. (1): TEMP. BUSINESS PLEASURE VISITOR (B)

Specify: BUSINESS & TOURISM (TEMPORARY VISITOR)

(B1/B2)

NO

Have you made specific travel plans?

Intended Date of Arrival: 01 NOVEMBER 2022

Intended Length of Stay in U.S.: 21 DAY(S)

Address where you will stay in the U.S.: 2957 LANDMARK DR SE

Person/Entity Paying for Your Trip: SELF

Are there other persons traveling with you? YES

Are you traveling as part of a group or organization? YES

Name of the Group: FAMILY VACATION

Have you ever been in the U.S.?

NO

Have you ever been issued a U.S. visa?

NO

Have you ever been refused a U.S. Visa, or been refused admission to

NO

Have you ever been refused a U.S. Visa, or been refused admission to the United States, or withdrawn your application for admission at the

port of entry?

Has anyone ever filed an immigrant petition on your behalf with the

United States Citizenship and Immigration Services?

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#### **U.S. Contact Information**

Contact Person Name in the U.S.: KIRKPATRICK, TERESA

Organization Name in the U.S.: DO NOT KNOW

Relationship to You: RELATIVE

U.S. Contact Address: 2957 LANDMARK DR SE

CONYERS, GEORGIA 30094

Phone Number: 6783003371

Email Address: DOES NOT APPLY

**Family Information** 

Father's Surnames: RIVERA SUAZO

Father's Given Names: JESUS

Father's Date of Birth: DO NOT KNOW

Is your father in the U.S.?

Mother's Surnames: MALDONADO EUCEDA

Mother's Given Names: PASTORA

Mother's Date of Birth: 29 MARCH 1939

Is your mother in the U.S.? NO

Do you have any immediate relatives, not including parents in the U.S.? YES

Relative Name (1): KIRKPATRICK, TERESA

Relationship to you: SIBLING

Status: U.S. CITIZEN

Spouse's Full Name: MORALES CALIX, CARLOS ROBERTO

Spouse's Date of Birth:

21 JULY 1977

Spouse's Country/Region of Origin (Nationality):

HONDURAS

Spouse's City of Birth:

LA PAZ LA PAZ

Spouse's Country/Region of Birth:

HONDURAS

Spouse's Address: SAME AS HOME ADDRESS

#### Work/Education/Training Information

Briefly Describe your Duties:

Primary Occupation: BUSINESS

Present Employer or School Name: TRANSPORTES MORALES RIVERA

Address: BARRIO SAN ANTONIO

City: COMAYAGUA
State/Province: COMAYAGUA

Postal Zone/Zip Code: 12101

Country/Region: HONDURAS

Work Phone Number: +50433909178

Monthly Salary in Local Currency (if employed): DOES NOT APPLY

PROPIETARIA DE TRANSPORTE DE C ARGA Y ENFERMERA EN EL ÁREA DE SALUD OCUPACIONAL EN "ALIMENT OS MARAVILLA DE HONDURAS"

Were you previously employed?

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above?

Name of Institution (1): INSTITUTO HONDURENO DE EDUCACION POR RADIO

Address of Institution: BARRIO LA MERCED

City: LA PAZ
State/Province: LA PAZ

Have you attended any educational institutions at a secondary level or YES

Postal Zone/ZIP Code: 15101

Country/Region: HONDURAS

Course of Study: BACHILLERATO EN CIENCIAS Y LETRAS

Date of Attendance From: 01 FEBRUARY 1999

Date of Attendance To: 30 NOVEMBER 2000

Do you belong to a clan or tribe?

Provide a List of Languages You Speak:

Language Name (1): SPANISH

Have you traveled to any countries/regions within the last five years? NO

Have you belonged to, contributed to, or worked for any professional, NO

social, or charitable organization?

Do you have any specialized skills or training, such as firearms, NO explosives, nuclear, biological, or chemical experience?

Have you ever served in the military?

Have you ever served in, been a member of, or been involved with a NO paramilitary unit, vigilante unit, rebel group, guerrilla group, or insurgent organization?

#### **Security and Background Information**

Do you have a communicable disease of public health significance? (Communicable diseases of public significance include chancroid, gonorrhea, granuloma inguinale, infectious leprosy, lymphogranuloma venereum, infectious stage syphilis, active tuberculosis, and others diseases as determined by the Department of Health and Human Services.)

Do you have a mental or physical disorder that poses or is likely to pose a threat to the safety or welfare of NO yourself or others?

Are you or have you ever been a drug abuser or addict?

Have you ever been arrested or convicted for any offense or crime, even though subject of a pardon, amnesty, or other similar action?

Have you ever violated, or engaged in a conspiracy to violate, any law relating to controlled substances?

Are you coming to the United States to engage in prostitution or unlawful commercialized vice or have you been engaged in prostitution or procuring prostitutes within the past 10 years?

Have you ever been involved in, or do you seek to engage in, money laundering?

Have you ever committed or conspired to commit a human trafficking offense in the United States or outside the United States?

Are you the spouse, son, or daughter of an individual who has committed or conspired to commit a human trafficking offense in the United States or outside the United States and have you within the last five years, knowingly benefited from the trafficking activities?

Have you knowingly aided, abetted, assisted or colluded with an individual who has committed or conspired to commit a severe human trafficking offense in the United States or outside the United States?

Do you seek to engage in espionage, sabotage, export control violations, or any other illegal activity while in the United States?

Do you seek to engage in terrorist activities while in the United States or have you ever engaged in terrorist activities?

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NO

NO

NO

NO

NO

NO

NO

Have you ever or do you intend to provide financial assistance or other support to terrorists or terrorist NO organizations? Are you a member or representative of a terrorist organization? NO Are you the spouse, son, or daughter of an individual who has engaged in terrorist activity, including providing NO financial assistance or other support to terrorists or terrorist organizations, in the last five years? NO Have you ever ordered, incited, committed, assisted, or otherwise participated in genocide? Have you ever committed, ordered, incited, assisted, or otherwise participated in torture? NO Have you committed, ordered, incited, assisted, or otherwise participated in extrajudicial killings, political killings, NO or other acts of violence? Have you ever engaged in the recruitment or the use of the child soldiers? NO NO Have you, while serving as a government official, been responsible for or directly carried out, at any time, particularly severe violations of religious freedom? Have you ever been directly involved in the establishment or enforcement of the population controls forcing a NO woman to undergo an abortion against her free choice or a man or a woman to undergo sterilization against his or her free will? Have you ever been directly involved in the coercive transplantation of human organs or bodily tissue? NO Have you ever sought to obtain or assist others to obtain a visa, entry into the United States, or any other United NO States immigration benefit by fraud or willful misrepresentation or other unlawful means? Have you ever been removed or deported from any country? NO Have you ever withheld custody of a U.S. citizen child outside the United States from a person granted legal NO custody by a U.S. court? Have you voted in the United States in violation of any law or regulation? NO Have you ever renounced United States citizenship for the purpose of avoiding taxation? NO

#### **Location Information**

Location where you will be submitting your application

Current Location: TEGUCIGALPA, HONDURAS

#### Preparer of Application

Did anyone assist you in filling out this application?

Preparer Names: DOES NOT APPLY
Organization Name: USA SOLUTIONS

Street Address: 1RA AVENIDA 6 CALLE BARRIO SAN FRANCISCO

City: COMAYAGUA
State/Province: COMAYAGUA

Postal Zone/ZIP Code: 12101

Country/Region: HONDURAS
Relationship to You: AGENT

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You electronically signed your application on 20-Jul-2022 02:34:55 (GMT-05:00). You were required to electronically sign your application yourself, unless otherwise exempt by regulation, even if the application was prepared by someone other than yourself. Your electronic signature certifies that you have read and understood the questions in this application and that your answers are true and correct to the best of your knowledge and belief. The submission of an application containing any false or misleading statements may result in the permanent refusal of a visa or the denial of entry into the United States. All declarations made in this application are unsworn declarations made under penalty of perjury. (28 U.S.C. 1746).

You certified that you understand that you are required to submit your visa to the United States Immigration Officer at the port where you apply to enter the United States, and that possession of the visa does not entitle you to enter the United States if, upon your arrival, you are found to be inadmissible under U.S. immigration laws. You certified that you understand that any willfully false or misleading statement or willful concealment of a material fact made by you within the application may subject you to permanent

exclusion from the United States and, if you are admitted to the United States, may subject you to criminal prosecution and/or deportation.

The information that you have provided in your application and other information submitted with your application may be accessible to other government agencies having statutory or other lawful authority to use such information, including for law enforcement and immigration law enforcement purposes. If fingerprints are collected as part of your application process, they may be used for the purpose of comparing them to other fingerprints in the FBI's Next Generation Identification (NGI) fingerprint system or its successor systems (including civil, criminal, and latent fingerprint repositories). The photograph that you provide with your application may be used for employment verification or other U.S. law purposes.