

LAW OFFICES OF HEMANT R. HABBU, INC.
A PROFESSIONAL CORPORATION

95 South Market Street, Suite 530
San Jose, California 95113
Telephone: (408) 993-9577
Facsimile: (408) 881-0456

RE: IMMIGRATION VISA PETITION

Please note that despite sponsoring an alien relative under this Form I-130 and getting an approval, the relative (Beneficiary) may still not be able to adjust status if within the United States, or the relative may still not be called for an interview at the appropriate United States mission abroad if the priority date is not current for that particular category of visa under which Form I-130 has been applied for. Please contact this office if you (Petitioner) believe that the Beneficiary is eligible to apply in some other nonimmigrant status.

APPLICATION:

1. Alien Relative Petition (I-130)

DOCUMENTS TO RETURN:

The following documents are required to process your relative's applications. Please note that if Beneficiary has never been to the United States or has never been sponsored for permanent residency, some items below may not apply. These documents are needed for EACH family member applying:

1. Two photographs of the Petitioner and two photographs of Beneficiary (passport photos-front face). More information regarding photos is provided below.
2. Photographs of both Petitioner and Beneficiary showing good faith marriage (for Form I-130); if the petition is for parents or children of US citizens, photographs are not necessary;
3. Completed questionnaire – please complete one for every family member applying (attached);
4. Previous I-797 approval notices of nonimmigrant visas or previous I-130, if applicable;
5. Previous EAD card if applicable;
6. Questionnaire last page answered by the Petitioner (US Citizen or Legal Permanent Resident);
7. Naturalization certificate and/or birth certificate plus US Passport for US Citizens; Permanent Residence Card (green card);
8. Birth Documents for each family member for whom an application is being made. If a birth certificate is not available, please contact this office.
9. Marriage Certificate and/or Divorce decree (if applicable);
10. Dark, legible copy of latest Form I-94 card (both sides) for Beneficiary;
11. Copy of Beneficiary's entire passport including all blank pages (please remove Form I-94).

PROCESS:

Once you have the required documents listed above, please **send all documents to our office.** We will be in touch with you shortly upon receipt of your documentation.

PHOTOGRAPHS:

Almost any photo-shop takes photographs in compliance with BCIS requirements. Please let them know what the purpose of the photographs is.

If you have any questions, feel free to contact our office or e-mail to hrhabbu@habbulaw.com or to dtanaka@habbulaw.com

Thank you,

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PERMANENT RESIDENT STATUS APPLICATION QUESTIONNAIRE

(Please PRINT CLEARLY and be complete)

Return questionnaire to:

HOME PHONE: _____
WORK PHONE: _____
FAX No. : _____
E-mail address : _____

LAW OFFICES OF HEMANT R. HABBU, Inc.
95 South Market Street, Suite 530
San Jose, California 95 113

INFORMATION ABOUT YOU:

Complete name: _____
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

Current U.S. ADDRESS: _____
(Street No. And Name) (Apt. No.) (City) (State) (Zip Code)

Date of Birth: _____
(MONTH/DAY/YEAR)

Place of Birth: _____
(City or Village, Province or State and Country)

Social Security No. _____
And/or Tax ID No.: _____ - _____ - _____ A # (if any): _____

Date of Last Arrival in U.S.: _____ I-94 #: _____
(MONTH/DAY/YEAR)

Current INS Status: _____ Expires On: _____
(MONTH/DAY/YEAR)

PROCESSING INFORMATION:

Current Occupation: _____

Your mother's FIRST name: _____ your father's FIRST name: _____

Give your name EXACTLY as it appears on I-94 card: _____

Place of last entry into the U.S. (city/state): _____ in what status did you last enter: _____

U.S. Visa Control No.: _____ Consulate where visa was issued: _____

Date Visa issued: _____

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MALE: _____ **FEMALE:** _____ **MARITAL STATUS:** Single Married Divorced Widowed
(Circle one)

List present **HUSBAND/WIFE**, **ALL SONS/DAUGHTERS** (if you have none, write "NONE". If additional space needed, use separate paper):

Last name: _____ **First:** _____ **Middle Initial** _____ **Date of Birth:** _____
(month/day/year)

Country of Birth: _____ **Relationship:** _____ **Applying with you:** YES NO
(circle one)

Last Name: _____ **First:** _____ **Middle Initial** _____ **Date of Birth:** _____
(month/day/year)

Country of Birth: _____ **Relationship:** _____ **Applying with you:** YES NO
(circle one)

Last Name: _____ **First:** _____ **Middle Initial** _____ **Date of Birth:** _____
(month/day/year)

Country of Birth: _____ **Relationship:** _____ **Applying with you:** YES NO
(circle one)

Last Name: _____ **First:** _____ **Middle Initial** _____ **Date of Birth:** _____
(month/day/year)

Country of Birth: _____ **Relationship:** _____ **Applying with you:** YES NO
(circle one)

Last Name: _____ **First:** _____ **Middle Initial** _____ **Date of Birth:** _____
(month/day/year)

Country of Birth: _____ **Relationship:** _____ **Applying with you:** YES NO
(circle one)

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Please remember make CLEAR SINGLE SIDED photocopies of the following, attach and return with this questionnaire:

- A. Form I-94 (front AND back).
- B. Most recent nonimmigrant visa in your passport that you used to enter the U.S.
- C. Birth certificate (also your family's, as well as your marriage certificate, if applicable).

REMEMBER YOU WILL BE SWEARING UNDER OATH THAT MOST IF NOT ALL INFORMATION PROVIDED IN THIS QUESTIONNAIRE IS TRUE AND COMPLETE!

| | | |
|--------------------|--|--|
| NATIONALITY | OTHER NAMES USED (for wife include names used prior marriage) | CITY AND COUNTRY OF BIRTH |
| <hr/> | | |
| | Family Name | First Name |
| | | Date, city and Country of Birth |
| | | Social Security No. - - |
| | | City and Country of Residence |

FATHER

MOTHER

| | | | | | |
|--|--|-------------------|-------------------|----------------------------------|-----------------------------------|
| HUSBAND OR WIFE (if is none, State so) | Family name (for wife, give name prior to marriage) | First Name | Birth date | City and country of Birth | Date and place of marriage |
| <hr/> | | | | | |

| | | | | | |
|--|--|-------------------|-------------------|-----------------------------------|--|
| FORMER HUSBANDS OR WIVES (if none, state so) | Family Name (for wife, give name prior to marriage) | First Name | Birth date | Date and Place of Marriage | Date and Place of termination of Marriage |
| <hr/> | | | | | |
| <hr/> | | | | | |

| | | | | | | |
|---|-------------|--------------------------|----------------|-----------|----------------|-----------|
| Applicant's residence for last 5 years. List present address first | | | | | FROM | TO |
| Street and number | City | Province or State | Country | MO | YR | MO |
| | | | | | PRESENT | |

| | | | | | | |
|---|--|-----------------------------|-----------|-----------|----------------|-----------|
| Applicants Employment in last 5 yrs. (if none, state so) List Present employer first | | | | | FROM | TO |
| Name and Address of Employer | | Occupation (Specify) | MO | YR | MO | YR |
| | | | | | PRESENT | |

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| <u>Last Occupation Abroad if not included Above.</u> | <u>FROM</u> | <u>TO</u> |
|--|--------------|--------------|
| <u>Name and address of employer</u> | <u>MO YR</u> | <u>MO YR</u> |
| | | |
| | | |

| <u>Last address outside the U.S. for more than one year</u> | <u>FROM</u> | <u>TO</u> |
|---|------------------------------|----------------|
| <u>Street and Number</u> | <u>MO YR</u> | <u>MO YR</u> |
| <u>City</u> | <u>Province or State</u> | <u>Country</u> |
| | | |
| | | |

SIGNATURE OF APPLICANT: _____ **DATE OF COMPLETION:** _____

All document copies must be clear, legible and in English.

PLEASE NOTE THAT FULL PAYMENT MUST BE RECEIVED BEFORE ANY WORK CAN BEGIN.
FEE INFORMATION CAN BE PROVIDED UPON REQUEST.

PLEASE RETURN COMPLETED CHECKLIST TO THE FOLLOWING ADDRESS:

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Facsimile: (408) 881-0456
hrhabbu@habbulaw.com –or– dtanaka@habbulaw.com