

United States of America

DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE

April 22, 2002

CERTIFICATION

BY VIRTUE OF the authority vested in me by Title 8, Code of Federal Regulations, Part 103 a regulation issued by the Attorney General pursuant to Section 103 of the Immigration and Nationality Act,

I HEREBY CERTIFY that the annexed documents are originals, or copies thereof, from the records of the said Immigration and Naturalization Service, Department of Justice, relating to File No. A72 454 775, of which the Attorney General is the legal custodian by virtue of Section 103 of the Immigration and Nationality Act.



Richard Gottlieb
Officer in Charge
Charlotte, North Carolina



START HERE - Please Type or Print

Part 1. Information about you.

| | | |
|--|--|----------------------------------|
| Family Name <i>Hamoud</i> | Given Name <i>Mohamad</i> | Middle Initial <i>Youssef</i> |
| Address - C/O | | |
| Street Number and Name <i>34 20 FOX wood RD</i> | Apt. # | |
| City <i>BRONX</i> | | |
| State <i>NEW YORK</i> | Zip Code <i>11460</i> | |
| Date of Birth (month/day/year) <i>09-25-1973</i> | Country of Birth <i>LODNON</i> | |
| Social Security # <i>NONE</i> | A # (if any) | |
| Date of Last Arrival (month/day/year) <i>09-26-1973</i> | I-94 # <i>00991898500</i> | |
| Current INS Status <i>NONE</i> | Expires on (month/day/year) <i>03-25-73</i> | |

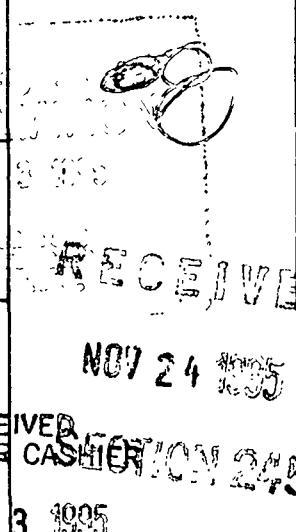
Part 2. Application Type. (check one)

I am applying for adjustment to permanent resident status because:

- a. an immigrant petition giving me an immediately available immigrant visa number has been approved (attach a copy of the approval notice), or a relative, special immigrant juvenile, or special immigrant military visa petition filed with this application will give me an immediately available visa number if approved.
 - b. My spouse or parent applied for adjustment of status or was granted lawful permanent residence in an immigrant visa category which allows derivative status for spouses and children.
 - c. I entered as a K-1 fiance(e) of a U.S. citizen whom I married within 90 days of entry, or I am the K-2 child of such a fiance(e) (attach a copy of the fiance(e) petition approval notice and the marriage certificate).
 - d. I was granted asylum or derivative asylum status as the spouse or child of a person granted asylum and am eligible for adjustment.
 - e. I am a native or citizen of Cuba admitted or paroled into the U.S. after January 1, 1959, and thereafter have been physically present in the U.S. for at least 1 year.
 - f. I am the husband, wife, or minor unmarried child of a Cuban described in (e) and am residing with that person, and was admitted or paroled into the U.S. after January 1, 1959, and thereafter have been physically present in the U.S. for at least 1 year.
 - g. I have continuously resided in the U.S. since before January 1, 1972.
- Other explain _____

permanent resident and am applying to have the date I was granted adjustment adjusted to the date I originally arrived in the U.S. as a parolee, or as of May 2, 1964, whichever is later, and: (Check one)
 native or citizen of Cuba and meet the description in (e), above.
 the husband, wife or minor unmarried child of a Cuban, and meet the description in (f), above.

FOR INS USE ONLY

| | |
|---|---|
| Returned | Receipt |
| Resubmitted |  |
| Reloc Sent | |
| Reloc Rec'd | |
| <input type="checkbox"/> Applicant Interviewed AUG 03 1995 | |

Section of Law

- Sec. 13, Act of 9/11/57
- Sec. 245, INA
- Sec. 249, INA
- Sec. 1 Act of 11/2/66
- Sec. 2 Act of 11/2/66
- Other _____

Country Chargeable

Eligibility Under Sec. 245

- Approved Visa Petition
- Dependent of Principal Alien
- Special Immigrant
- Other _____

Preference

Action Block

Denied

8/6/96

[Signature]

TEG 08-03-95

To Be Completed by Attorney or Representative, if any

- Fill in box if G-28 is attached to represent the applicant

VOLAG#

ATTY State License #

Continued on back.



Part 3. Processing Information.

| | | | |
|---|---|--|--|
| A. City/Town/Village of birth <u>Bourj Brajne - Lebanon</u> | | Current occupation <u>Self employed</u> | |
| Your mother's first name <u>Anaame</u> | | Your father's first name <u>Youssef</u> | |
| Give your name exactly how it appears on your Arrival /Departure Record (Form I-94) <u>HAMOUD MOHAMAD YOUSSEF</u> | | | |
| Place of last entry into the U.S. (City/State) <u>NEW YORK</u> | | In what status did you last enter? (Visitor, Student, exchange alien, crewman, temporary worker, without inspection, etc.) <u>VISITOR</u> | |
| Were you inspected by a U.S. Immigration Officer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Nonimmigrant Visa Number <u> </u> | | Consulate where Visa was issued | |
| Date Visa was issued (month/day/year) | Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | Marital Status: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | |

Have you ever before applied for permanent resident status in the U.S.? No Yes (give date and place of filing and final disposition):

B. List your present husband/wife, all of your sons and daughters (if you have none, write "none". If additional space is needed, use separate paper).

| | | | |
|-------------------------------|--------------------------|-----------------------------|---|
| Family Name <u>EDWARDS</u> | Given Name <u>SABWA</u> | Middle Initial <u>LUCAS</u> | Date of Birth <u>02-15-1974</u> (month/day/year) |
| Country of birth <u>U.S.A</u> | Relationship <u>WIFE</u> | A # <u> </u> | Applying with you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Family Name | Given Name | Middle Initial | Date of Birth (month/day/year) |
| Country of birth | Relationship | A # | Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Family Name | Given Name | Middle Initial | Date of Birth (month/day/year) |
| Country of birth | Relationship | A # | Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Family Name | Given Name | Middle Initial | Date of Birth (month/day/year) |
| Country of birth | Relationship | A # | Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Family Name | Given Name | Middle Initial | Date of Birth (month/day/year) |
| Country of birth | Relationship | A # | Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No |

C. List your present and past membership in or affiliation with every political organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other place since your 16th birthday. Include any foreign military service in this part. If none, write "none". Include the name of organization, location, dates of membership from and to, and the nature of the organization. If additional space is needed, use separate paper.

NONE

Part 3. Processing Information. (Continued)

Please answer the following questions. (If your answer is "Yes" on any one of these questions, explain on a separate piece of paper. Answering "Yes" does not necessarily mean that you are not entitled to register for permanent residence or adjust status).

1. Have you ever, in or outside the U. S.:
 - a. knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested?
 - b. been arrested, cited, charged, indicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations?
 - c. been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action?
 - d. exercised diplomatic immunity to avoid prosecution for a criminal offense in the U. S.?

Yes No

2. Have you received public assistance in the U.S. from any source, including the U.S. government or any state, county, city, or municipality (other than emergency medical treatment) , or are you likely to receive public assistance in the future?

Yes No

3. Have you ever:
 - a. within the past 10 years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future?
 - b. engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling?
 - c. knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the U.S. illegally?
 - d. illicitly trafficked in any controlled substance, or knowingly assisted, abetted or colluded in the illicit trafficking of any controlled substance?

Yes No

4. Have you ever engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or funds for, or have you through any means ever assisted or provided any type of material support to, any person or organization that has ever engaged or conspired to engage, in sabotage, kidnapping, political assassination, hijacking, or any other form of terrorist activity?

Yes No

5. Do you intend to engage in the U.S. in:
 - a. espionage?
 - b. any activity a purpose of which is opposition to, or the control or overthrow of, the Government of the United States, by force, violence or other unlawful means?
 - c. any activity to violate or evade any law prohibiting the export from the United States of goods, technology or sensitive information?

Yes No

6. Have you ever been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party?

Yes No

7. Did you, during the period March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist or otherwise participate in the persecution of any person because of race, religion, national origin or political opinion?

Yes No

8. Have you ever engaged in genocide, or otherwise ordered, incited, assisted or otherwise participated in the killing of any person because of race, religion, nationality, ethnic origin, or political opinion?

Yes No

9. Have you ever been deported from the U.S., or removed from the U.S. at government expense, excluded within the past year, or are you now in exclusion or deportation proceedings?

Yes No

10. Are you under a final order of civil penalty for violating section 274C of the Immigration Act for use of fraudulent documents, or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the U.S., or any other immigration benefit?

Yes No

11. Have you ever left the U.S. to avoid being drafted into the U.S. Armed Forces?

Yes No

12. Have you ever been a J nonimmigrant exchange visitor who was subject to the 2 year foreign residence requirement and not yet complied with that requirement or obtained a waiver?

Yes No

13. Are you now withholding custody of a U.S. Citizen child outside the U.S. from a person granted custody of the child?

Yes No

14. Do you plan to practice polygamy in the U.S.?

Yes No

Part 4. Signature. (Read the information on penalties in the instructions before completing this section. You must file this application while in the United States.)

I certify under penalty of perjury under the laws of the United States of America that this application, and the evidence submitted with it, is all true and correct. I authorize the release of any information from my records which the Immigration and Naturalization Service needs to determine eligibility for the benefit I am seeking.

Signature Mohamad Hamoud Print Your Name
Date 07-24-95 Daytime Phone Number 718-2205442

Please Note: If you do not completely fill out this form, or fail to submit required documents listed in the instructions, you may not be found eligible for the requested document and this application may be denied.

Part 5. Signature of person preparing form if other than above. (Sign Below)

I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.

Signature _____ Print Your Name _____ Date _____ Day time Phone Number _____

Firm Name _____
and Address _____

DO NOT WRITE IN THIS BLOCK - FOR EXAMINING OFFICE ONLY

| | | |
|-----------------|--|--|
| Case ID# | Action Stamp | Fee Stamp |
| A# | <p><i>Denied</i> 7/6/96 RECEIVED 3rd FLOOR CASHIER AUG 03 1995</p> | <p>RECEIVED - INFORMATION AUG 03 1995</p> |
| G-28 or Volag # | | |
| Section of Law | | |
| AM CON | <input type="checkbox"/> 201 (b) spouse <input type="checkbox"/> 201 (b) child <input type="checkbox"/> 201 (b) parent <input type="checkbox"/> 203 (a)(1) <input type="checkbox"/> 203 (a)(2) <input type="checkbox"/> 203 (a)(4) <input type="checkbox"/> 203 (a)(5) | Petition was filed on _____ (priority date) <input type="checkbox"/> Personal Interview and Review Service <input type="checkbox"/> Pet <input type="checkbox"/> Ben <input type="checkbox"/> Fee Reviewed <input type="checkbox"/> Field Investigations <input type="checkbox"/> 204 (a)(2)(A) Resolved |
| Remarks: | <p>Immigration and Naturalization Service New York, N.Y.</p> | <input type="checkbox"/> Previously Forwarded <input type="checkbox"/> Stateside Criteria <input checked="" type="checkbox"/> 1-485 Simultaneously <input type="checkbox"/> 204 (h) Resolved |

A. Relationship

1. The alien relative is my Husband/Wife Parent Brother/Sister Child Yes No
2. Are you related by adoption? Yes No
3. Did you gain permanent residence through adoption? Yes No

B. Information about you

1. Name (Family name in CAPS) (First) (Middle) (Last)
EDWARDS SABINA LUCAS

2. Address (Number and Street) (Apartment Number)
34 20 Fox wood RD

(Town or City) (State/Country) (ZIP/Postal Code)
BRONX N.Y. 11460

3. Place of Birth (Town or City) (State/Country)
BROOKLYN N.Y. U.S.A.

4. Date of Birth (Mo/Day/Yr) 5. Sex Male Female Widowed Divorced
02-15-74 Married Single

6. Marital Status

7. Other Names Used (including maiden name)
Same

8. Date and Place of Present Marriage (if married)
02-07-1994 NEW YORK

9. Social Security Number 10. Alien Registration Number (if any)
014 699624

11. Names of Prior Husbands/Wives 12. Date(s) Marriages(s) Ended
No

C. Information about your alien relative

1. Name (Family name in CAPS) (First) (Middle) (Last)
HAMOOLAD MOHAMAD YOUSSEF

2. Address (Number and Street) (Apartment Number)
34 20 Fox wood RD

(Town or City) (State/Country) (ZIP/Postal Code)
BRONX N.Y. 11460

3. Place of Birth (Town or City) (State/Country)
BOUJ BRAJNE LOBNON

4. Date of Birth (Mo/Day/Yr) 5. Sex Male Female Widowed Divorced
09-25-73 Married Single

6. Marital Status

7. Other Names Used (including maiden name)
Same

8. Date and Place of Present Marriage (if married)
12-07-1994 NEW YORK

9. Social Security Number 10. Alien Registration Number (if any)
No

11. Names of Prior Husbands/Wives 12. Date(s) Marriages(s) Ended
No

13. If you are a U.S. citizen, complete the following:
My citizenship was acquired through (check one)
 Birth in the U.S.
 Naturalization (Give number of certificate, date and place it was issued)

Parents
Have you obtained a certificate of citizenship in your own name?
 Yes No
If "Yes", give number of certificate, date and place it was issued

14a. If you are a lawful permanent resident alien, complete the following:
Date and place of admission for, or adjustment to, lawful permanent residence, and class of admission

14b. Did you gain permanent resident status through marriage to a United States citizen or lawful permanent resident? Yes No

13. Has your relative ever been in the U.S.? Yes No

14. If your relative is currently in the U.S., complete the following: He or she last arrived as a (visitor, student, stowaway, without inspection, etc.)
VISITOR

Arrival/Departure Record (I-94) Number Date arrived (Month/Day/Year)
0109 91189185101 09-26-1994

Date authorized stay expired, or will expire, as shown on Form I-94 or I-95
03-25-1995

15. Name and address of present employer (if any)
Self employed
Date this employment began (Month/Day/Year)
02-1990

16. Has your relative ever been under immigration proceedings?
 Yes No Where _____ When _____
 Exclusion Deportation Recission Judicial Proceedings

| | | | | | | |
|-----------------|-------------|-----------|------|-----------|--------|----------|
| INITIAL RECEIPT | RESUBMITTED | RELOCATED | | COMPLETED | | |
| | | Rec'd | Sent | Approved | Denied | Returned |

C. (continued) Information about your alien relative

16. List husband/wife and all children of your relative (if your relative is your husband/wife, list only his or her children).

| (Name) | (Relationship) | (Date of Birth) | (Country of Birth) |
|------------------------|----------------|-----------------|--------------------|
| HAMOUD MOHAMAD YOUSSEF | Husband | 09-25-73 | LOBNON |

17. Address in the United States where your relative intends to live

| (Number and Street) | (Town or City) | (State) |
|---------------------|----------------|------------|
| 34 20 FOX WOOD | RD BRONX | N.Y. 11460 |

18. Your relative's address abroad

| (Number and Street) | (Town or City) | (Province) | (Country) | (Phone Number) |
|---------------------|----------------|------------|-----------|----------------|
| UNRAYE | BOURJ BRAINE | | LOBNON | |

19. If your relative's native alphabet is other than Roman letters, write his or her name and address abroad in the native alphabet:

| (Name) | (Number and Street) | (Town or City) | (Province) | (Country) |
|--------|---------------------|----------------|------------|-----------|
| | | BOURJ BRAINE | | LOBNON |

20. If filing for your husband/wife, give last address at which you both lived together:

| (Name) | (Number and Street) | (Town or City) | (Province) | (Country) | From (Month) (Year) | To (Month) (Year) |
|--------|---------------------|----------------|------------|-----------|---------------------|-------------------|
| | 34 20 FOX WOOD | RD BRONX | N.Y. | 11460 | 12/94 | present |

21. Check the appropriate box below and give the information required for the box you checked:

- Your relative will apply for a visa abroad at the American Consulate in _____ (City) _____ (Country)
 - Your relative is in the United States and will apply for adjustment of status to that of a lawful permanent resident in the office of the Immigration and Naturalization Service at _____ (City) _____ (State) N.Y. If your relative is not eligible for adjustment of status, he or she will apply for a visa abroad at the American Consulate in _____ (City) _____ (Country) LOBNON
- (Designation of a consulate outside the country of your relative's last residence does not guarantee acceptance for processing by that consulate. Acceptance is at the discretion of the designated consulate.)

D. Other Information

1. If separate petitions are also being submitted for other relatives, give names of each and relationship.

2. Have you ever filed a petition for this or any other alien before? Yes No
 If "Yes," give name, place and date of filing, and result.

Warning: The INS investigates claimed relationships and verifies the validity of documents. The INS seeks criminal prosecutions when family relationships are falsified to obtain visas.

Penalties: You may, by law be imprisoned for not more than five years, or fined \$250,000, or both, for entering into a marriage contract for the purpose of evading any provision of the immigration laws and you may be fined up to \$10,000 or imprisoned up to five years or both, for knowingly and willfully falsifying or concealing a material fact or using any false document in submitting this petition.

Your Certification: I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information from my records which the Immigration and Naturalization Service needs to determine eligibility for the benefit that I am seeking.

Signature Sabine Lucas Edwards Date 07-24-95 Phone Number 718-220-5442

Signature of Person Preparing Form if Other than Above

I declare that I prepared this document at the request of the person above and that it is based on all information of which I have any knowledge

Print Name _____ (Address) _____ (Signature) _____ (Date) _____

G-28 ID Number _____

Volag Number _____

NOTICE TO PERSONS FILING FOR SPOUSES IF MARRIED LESS THAN TWO YEARS

Pursuant to section 216 of the Immigration and Nationality Act, your alien spouse may be granted conditional permanent resident status in the United States as of the date he or she is admitted or adjusted to conditional status by an officer of the Immigration and Naturalization Service. Both you and your conditional permanent resident spouse are required to file a petition, Form I-751, Joint Petition to Remove Conditional Basis of Alien's Permanent Resident Status, during the ninety day period immediately before the second anniversary of the date your alien spouse was granted conditional permanent residence.

Otherwise, the rights, privileges, responsibilities and duties which apply to all other permanent residents apply equally to a conditional permanent resident. A conditional permanent resident is not limited to the right to apply for naturalization, to file petitions in behalf of qualifying relatives, or to reside permanently in the United States as an immigrant in accordance with the immigration laws.

Failure to file Form I-751, Joint Petition to Remove the Conditional Basis of Alien's Permanent Resident Status, will result in termination of permanent residence status and initiation of deportation proceedings.

NOTE: You must complete Items 1 through 6 to assure that petition approval is recorded. Do not write in the section below item 6.

1. Name of relative (Family name in CAPS) (First) (Middle)
HAMMOUD MOHAMAD YOUSSEF

2. Other names used by relative (Including maiden name)
Same

3. Country of relative's birth 4. Date of relative's birth (Month/Day/Year)
LEBANON 09-25-73

5. Your name (Last name in CAPS) (First) (Middle) 6. Your phone number
EDWARDS SABINA LUCAS 718-2205442

Action Stamp

SECTION

DATE PETITION FILED

- 201 (b)(spouse)
- 201 (b)(child)
- 201 (b)(parent)
- 203 (a)(1)
- 203 (a)(2)
- 203 (a)(4)
- 203 (a)(5)

STATESIDE
CRITERIA GRANTED

SENT TO CONSUL AT:

CHECKLIST

- Have you answered each question?
- Have you signed the petition?
- Have you enclosed:
 - The filing fee for each petition?
 - Proof of your citizenship or lawful permanent residence?
 - All required supporting documents for each petition?
- If you are filing for your husband or wife have you included:
 - Your picture?
 - His or her picture?
 - Your G-325A?
 - His or her G-325A?

Form **9003**
(January 1992)

Additional Questions to be Completed by All Applicants for Permanent Residence in the United States

This form must accompany your application for permanent residence in the United States

Privacy Act Notice: Your responses to the following questions will be provided to the Internal Revenue Service pursuant to Section 6039E of the Internal Revenue Code of 1986. Use of this information is limited to that needed for tax administration purposes. Failure to provide this information may result in a \$500 penalty unless failure is due to reasonable cause.

On the date of issuance of the Alien Registration Receipt Card, the Immigration and Naturalization Service will send the following information to the Internal Revenue Service: your name, social security number, address, date of birth, alien identification number, occupation, class of admission, and answers to IRS Form 9003.

Name (Last—Surname—Family) (First—Given) (Middle Initial)

Hameed Muhammad

Taxpayer Identification Number NONE

Enter your Social Security Number (SSN) if you have one. If you do not have an SSN but have used a Taxpayer Identification Number issued to you by the Internal Revenue Service, enter that number. Otherwise, write "NONE" in the space provided; i.e., "_____|N|O|N|E|".

| | Mark appropriate column | |
|--|-------------------------|----|
| | Yes | No |
| 1. Are you self-employed? Mark "yes" if you own and actively operate a business in which you share in the profits other than as an investor. | ✓ | |
| 2. Have you been in the United States for 183 days or more during any one of the three calendar years immediately preceding the current calendar year? Mark "yes" if you spent 183 days or more (not necessarily consecutive) in the United States during any one of the three prior calendar years whether or not you worked in the United States. | ✓ | |
| 3. During the last three years did you receive income from sources in the United States? Mark "yes" if you received income paid by individuals or institutions located in the United States. Income includes, but is not limited to, compensation for services provided by you, interest, dividends, rents, and royalties. | ✓ | |
| 4. Did you file a United States Individual Income Tax Return (Forms 1040, 1040A, 1040EZ or 1040NR) in any of the last three years? | | ✓ |

If you answered yes to question 4, for which tax year was the last return filed? 19 ____

Paperwork Reduction Act Notice—We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is 5 minutes. If you have comments concerning the accuracy of this time estimate or suggestions for making this form more simple, we would be happy to hear from you. You can write to both the **Internal Revenue Service**, Washington, DC 20224. Attention: IRS Reports Clearance Officer, T:FP, and **Office of Management and Budget**, Paperwork Reduction Project (1545-1065) Washington, DC 20503. **DO NOT send this form to either of these offices. Instead, return it to the appropriate office of the Department of State or the Immigration and Naturalization Service.**

Remarks

Form **9003**
(January 1992)

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Name (Last—Surname—Family) (First—Given) (Middle Initial)

12345 123456789 123456789

Taxpayer Identification Number N O N E

Enter your Social Security Number (SSN) if you have one. If you do not have an SSN but have used a Taxpayer Identification Number issued to you by the Internal Revenue Service, enter that number. Otherwise, write "NONE" in the space provided; i.e., " N O N E ".

| | Mark appropriate column | |
|--|-------------------------------------|-------------------------------------|
| | Yes | No |
| 1. Are you self-employed? Mark "yes" if you own and actively operate a business in which you share in the profits other than as an investor. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been in the United States for 183 days or more during any one of the three calendar years immediately preceding the current calendar year? Mark "yes" if you spent 183 days or more (not necessarily consecutive) in the United States during any one of the three prior calendar years whether or not you worked in the United States. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. During the last three years did you receive income from sources in the United States? Mark "yes" if you received income paid by individuals or institutions located in the United States. Income includes, but is not limited to, compensation for services provided by you, interest, dividends, rents, and royalties. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Did you file a United States Individual Income Tax Return (Forms 1040, 1040A, 1040EZ or 1040NR) in any of the last three years? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If you answered yes to question 4, for which tax year was the last return filed? 19

Paperwork Reduction Act Notice—We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

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Remarks

| | | | | | | |
|---|--------------------------------|---------------------------------|---|---|--|-------------------------------------|
| (Family name) HAMMOUD | (First name) Mohamad | (Middle name) YOUSSEF | <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE | BIRTHDATE (Mo-Day-Yr.) 09-25-73 | NATIONALITY Lebanon | FILE NUMBER A- 74-752 696 |
| ALL OTHER NAMES USED (Including names by previous marriages) Same | | | CITY AND COUNTRY OF BIRTH Bourj Brajine Lebanon | | SOCIAL SECURITY NO. (If any) --- | |

| | | | |
|---|--|--|---|
| FATHER MOTHER (Maiden name) HAMMOUD YOUSSEF DAWWEHE ANAM | FAMILY NAME FIRST NAME HAMMOUD ANAM | DATE, CITY AND COUNTRY OF BIRTH (If known) Bourj Brajine Lebanon | CITY AND COUNTRY OF RESIDENCE Lebanon |
|---|--|--|---|

| | | | | | | |
|---|--|-----------------------------|--------------------------------|---|---------------------------------------|--------------------------------------|
| HUSBAND (if none, so state) OR WIFE EDWARDS | FAMILY NAME (For wife, give maiden name) SABINA | FIRST NAME SABINA | BIRTHDATE 02-15-1974 | CITY & COUNTRY OF BIRTH BROOKLYN NEW YORK | DATE OF MARRIAGE 12-07-1994 | PLACE OF MARRIAGE NEW YORK |
|---|--|-----------------------------|--------------------------------|---|---------------------------------------|--------------------------------------|

| | | | | | | |
|--|------------|-----------|--------------------------|---|-----------|--|
| FORMER HUSBANDS OR WIVES (if none, so state) | | | | | | |
| FAMILY NAME (For wife, give maiden name) | FIRST NAME | BIRTHDATE | DATE & PLACE OF MARRIAGE | DATE AND PLACE OF TERMINATION OF MARRIAGE | | |
| No | No | | No | | No | |

| | | | | | | |
|--|--------------|-------------------|--------------|------------|-----------|---------------|
| APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST. | | | | | | |
| STREET AND NUMBER | CITY | PROVINCE OR STATE | COUNTRY | FROM MONTH | YEAR | TO MONTH YEAR |
| 34 20 FOX WOOD RD | Bronx | N.Y. | U.S.A | 04 | 90 | PRESENT TIME |

| | | | | | | |
|--|----------------------|-------------------|----------------|------------|-----------|---------------|
| APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR | | | | | | |
| STREET AND NUMBER | CITY | PROVINCE OR STATE | COUNTRY | FROM MONTH | YEAR | TO MONTH YEAR |
| Village of Bourj | Bourj Brajine | Lebanon | Lebanon | 01 | 84 | 01 89 |

| | | | | | | |
|--|----------------------|--|--|------------|-----------|---------------|
| APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST | | | | | | |
| FULL NAME AND ADDRESS OF EMPLOYER | OCCUPATION (SPECIFY) | | | FROM MONTH | YEAR | TO MONTH YEAR |
| Self employed | CARPENTAR | | | 07 | 90 | PRESENT TIME |

Show below last occupation abroad if not shown above. (Include all information requested above.)

| | | | |
|---|--|---|-------------------------|
| THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR: <input type="checkbox"/> NATURALIZATION <input type="checkbox"/> OTHER (SPECIFY) | <input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT | SIGNATURE OF APPLICANT Mohamad Hamoud | DATE 07-24-95 |
| Are all copies legible? <input checked="" type="checkbox"/> Yes | | IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE | |

PENALTIES SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.

| | | | |
|---|--------------------------------|---------------------------------|---|
| COMPLETE THIS BOX (Family name) HAMMOUD | (Given name) MOHAMAD | (Middle name) YOUSSEF | (Alien registration number) A74 752 696 |
|---|--------------------------------|---------------------------------|---|

| | | | | | | |
|--|---|-------------------------------|---|---|--|--------------------------------------|
| (Family name) EDWARDS | (First name) SABINA | (Middle name) LUCAS | <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE | BIRTHDATE (Mo-Day-Yr.) 02-15-74 | NATIONALITY U.S.A | FILE NUMBER A. _____ |
| ALL OTHER NAMES USED (Including names by previous marriages) Same | | | CITY AND COUNTRY OF BIRTH BRONX - N.Y | | SOCIAL SECURITY NO. (If any) 014699624 | |
| FAMILY NAME EDWARDS | | FIRST NAME CARL | DATE, CITY AND COUNTRY OF BIRTH (If known) BRONX - NEW YORK U.S.A | | CITY AND COUNTRY OF RESIDENCE U.S.A | |
| FATHER MOTHER (Maiden name) PABLA LUNA | FAMILY NAME EDWARDS | | FIRST NAME CARL | BIRTHDATE 09-25 | | PLACE OF MARRIAGE BRONX |
| HUSBAND (If none, so state) OR WIFE HAMMOUD | FAMILY NAME (For wife, give maiden name) MONAMAD | FIRST NAME MONAMAD | BIRTHDATE 1973 | CITY & COUNTRY OF BIRTH Lebanon | DATE OF MARRIAGE 12-07-94 | PLACE OF MARRIAGE NEW YORK |
| FORMER HUSBANDS OR WIVES (if none, so state) | | | | | | |
| FAMILY NAME (For wife, give maiden name) | FIRST NAME | BIRTHDATE | DATE & PLACE OF MARRIAGE | | DATE AND PLACE OF TERMINATION OF MARRIAGE | |
| No | | No | No | | No | |
| APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST. | | | | | | |
| STREET AND NUMBER | | | | CITY | PROVINCE OR STATE | COUNTRY |
| 34 20 FOX WOOD RD | | | | BRONX | NEW YORK | 11460 USA |
| FROM | | | | TO | | |
| MONTH YEAR | | | | MONTH | YEAR | PRESENT TIME |
| 06 90 | | | | | | |
| APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR | | | | | | |
| STREET AND NUMBER | | | | CITY | PROVINCE OR STATE | COUNTRY |
| FROM | | | | TO | | |
| MONTH YEAR | | | | MONTH | YEAR | PRESENT TIME |
| APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST | | | | | | |
| FULL NAME AND ADDRESS OF EMPLOYER | | | OCCUPATION (SPECIFY) | MONTH | YEAR | PRESENT TIME |
| Self employed | | | CARPENTAR | 03 | 89 | |
| Show below last occupation abroad if not shown above. (Include all information requested above.) | | | | | | |
| THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR. | | | SIGNATURE OF APPLICANT | | DATE | |
| <input type="checkbox"/> NATURALIZATION <input type="checkbox"/> OTHER (SPECIFY) | | | <input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT | | Sabina Lucas Edwards | |
| <input checked="" type="checkbox"/> Yes | | | | | 07-24-95 | |
| Are all copies legible? | | | IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE | | | |

PENALTIES SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT

APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.

| | | | |
|---------------------------------|---------------|---------------|-----------------------------|
| COMPLETE THIS BOX (Family name) | (Given name) | (Middle name) | (Alien registration number) |
| EDWARDS | SABINA | LUCAS | |



HAMMOUD MOHAMAD YOSSEF

MOHAMAD HAMMOUD

34 20 Fox wood
BRONX N.Y. 11460

[Signature]

Self employed

NY INSNY00
USINS
NEW YORK, NY

DATE OF BIRTH 09 25 73

Lab NON

M W 52 140 B B Lab NON

LEAVE BLANK

CLASS

EF

I.N.S
#2 OK 32102

(2)

51500
JAN

312152
12



LEFT FOUR FINGERS LEFT ALTERNATE USES

THUMB

RIGHT FOUR FINGERS RIGHT ALTERNATE USES

[Handwritten signature]

Departure Number

009918985 00

Immigration and
Naturalization Service

I-94
Departure Record

U. S. IMMIGRATION
NEW YORK, N.Y. 2468

SEP 26 1994

ADMITTED 27
UNTIL (CLASS)

H.A.M.O.O.U.D.

M.O.H.A.M.A.D.

L.O.B.N.O.N.

10,9,2,5,7,3

See Other Side

STAPLE HERE

THE CITY OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATION OF BIRTH

This is a certification of name and birth facts on file in the Bureau of Vital Records, Department of Health, City of New York.

| | | | | | |
|----------------------|--------------------------|-----------------|---------------|-------------|----------|
| DATE OF BIRTH | FEBRUARY 15, 1974 | CERTIFICATE NO. | 156-74-304636 | | |
| BOROUGH | BROOKLYN | DATE FILED | 02-25-74 | DATE ISSUED | 01-10-91 |
| NAME | SABINA LUCAS EDWARDS *** | | | | |
| SEX | FEMALE | | | | |
| MOTHER'S MAIDEN NAME | PABLA LUNA | | | | |
| FATHER'S NAME | CARL EDWARDS | | | | |

Irene A. Scanlon

IRENE A. SCANLON
CITY REGISTRAR



Do not accept this transcript unless it bears the raised seal of the Department of Health. The reproduction or alteration of this certification is prohibited by Section 3.21 of the New York City Health Code.

Record No 0965 of Year 1994

Town of North Hempstead
County of Nassau - State of New York



Certificate of Marriage

This is to Certify

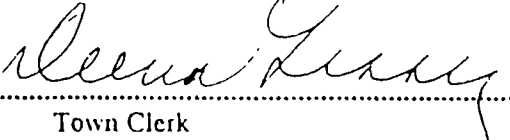
that MOHAMAD YOUSSEF HAMOUD
who was born September 25th, 1973
and SABINA LUCAS EDWARDS
who was born February 15th, 1974
were married on December 7th, 1994

residing at New York, New York
at Lobnon.
residing at New york, New york
at Manhattan New york.
at Garden City, New York

As shown by the duly registered license and certificate of marriage of said persons on file in this office.

Dated at Manhasset, N.Y.

..... December 7th, 1994


.....
Town Clerk

Any Alteration Invalidates This Certificate, Issued Pursuant to Section 14-a, Domestic Relations Law.
Do not accept this copy unless the raised seal of the Town of North Hempstead is affixed thereon.

BIRTH REGISTRATION FORM

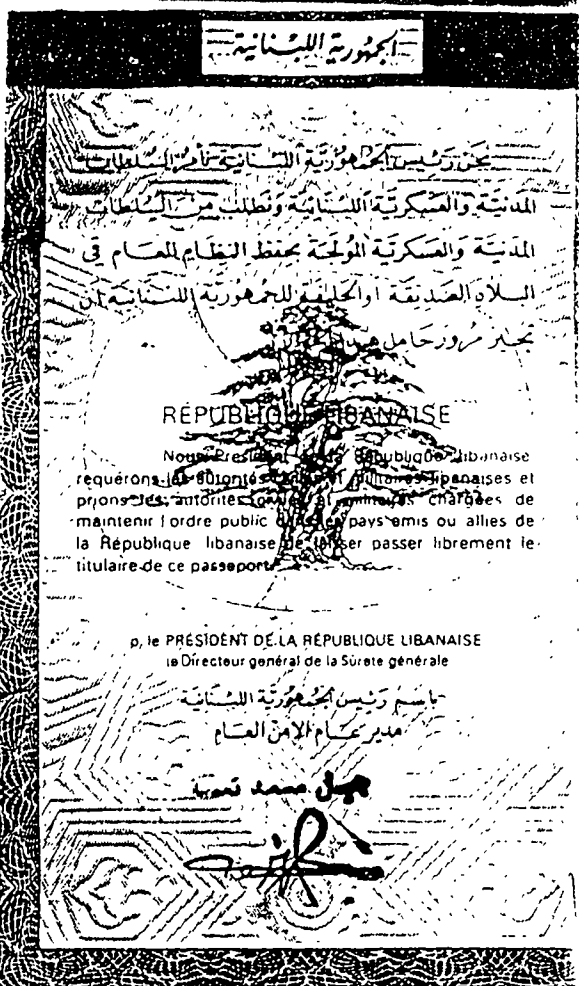
BIRTH IN THE DISTRICT OF: TEL EL GABAL
 PARISH: LOBANON : No: 09840

Place of birth: TEL EL GABAL - LOBANON
 Date of Birth: SEP 25th 1973
 Sex: MALE
 Name of Child: MOHAMAD YOUSSEF HAMOUD
 Physician registered or mid wife in attendance: DOCTOR YAK Ali
 Father

Name of Surname: ANAAME HAMOUD
 Age at the time of birth: 1/9/78 Years: 30 Occupation: teacher
 Place of Birth: TEL EL GABAL - LOBANON
 LOBANON
 Mother

Residence: TEL EL GABAL LOBANON
 Town or village: LOBANON
 No. of children born to mother(a) alive: 1
 Name and Maiden Surname: ALIA ZAKY
 Age at the time of Birth: 24 Occupation: Housewife
 Place of Birth: TEL EL GABAL
 LOBANON

Registrar's Certificates
 Entered by me from the particulars on a Certificate received from:
 Witness: [Signature]



باسم رئيس الجمهورية اللبنانية
 مدير عام الأمن العام

عبد الله محمد حمزة
 [Signature]

BIRTH REGISTRATION FORM

BIRTH IN THE DISTRICT OF : TEL EL GABAL

PARISH: LOBANON : No: 09840

Place of birth : TEL EL GABAL - LOBANON

Date of Birth: SPT 25th 1973

Sex: MALE

Name of Child: MOHAMAD YOUSSEF HAMOUD

Physician registered or mid wife in attendance:

DOCTOR ZAK Ali

Father

Name of Surname: ANAAME HAMOUD

Age at the time of birth: 1/9/78 Years : 30 Occupation: teacher

Place of Birth: TEL EL GABAL - LOBANON
LOBANON

Mother

Residence : TEL EL GABAL LOBANON

Town or village: LOBANON

NO. of children born to mother(a) alive:

Name and Maiden Surname: ALIA ZAKY

Age at the time of Birth: 24 Occupation: Housewife

Place of Birth: TEL EL GABAL
LOBANON

Registrar's Certificates

Entered by me from the particulars on a Certificate received from:

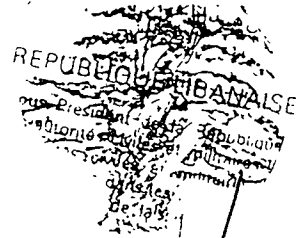
[Signature]

Witness: [Signature]

باسم رئيس الجمهورية اللبنانية
مدير عام الامن العام

جمال محمد قسبي

[Signature]



الجمهورية اللبنانية

وزارة الصحة

إدارة النفوس

مكتب نفوس لبنان

- نحن جوردو يوسف بإدارة مكتب النفوس بالاضافة الى دفاتر النفوس تبين ان المذكور طابقي و
 - محمد جوردو يوسف مقيد ببطاقة النفوس رقم ٧ والمذكور هو وليد يوم ٢٥
 - شهر سبتمبر سنة ١٩١٥ ولقبه كاتبة وثلاثه واسميوه وبياناته كالتالي

- اسم الولد محمد
- اسم الابن يوسف - يوسف
- اسم الابن - اللقب جوردو
- مكان الميلاد بوقيج بوقايج - لبنان
- تاريخ الميلاد ١٩/١٥ ٢١٩٧٣
- اسم الزم بالهـ

- هذا ما تم الاضاح عليه من واقع جدول (دفتر النفوس) رقم ٧ بواج ١٦١٢٩ / ٢١٩٧٤
 - وقد اعطينته لتزود به من اجله وبيد مدير النفوس

مدير النفوس
 م. جوردو

مدير النفوس
 ١٩٩٤ / ٦ / ١٠

لبنان

(Please type or print clearly)

I certify that on the date shown I examined:

1 Name (Last in CAPS)

HAMMOUD

(First) MOHAMAD (Middle Initial) YOUSSEF

2 Address (Street number and name)

34 20 FOX WOOD RD

(City) BRONX (State) NEW YORK (ZIP Code) 11460

3 File number (A number)

4 Sex

Male Female

5 Date of birth (Month/Day/Year)

09 - 25 93

6 Country of birth

LOBNON

7 Date of examination (Month/Day/Year)

07 - 24 - 95

General Physical Examination: I examined specifically for evidence of the conditions listed below. My examination revealed:

No apparent defect, disease, or disability. The conditions listed below were found (check all boxes that apply).

Class A Conditions

- Chancroid
- Chronic alcoholism
- Gonorrhea
- Granuloma inguinale
- Hansen's disease, infectious
- HIV infection
- Insanity
- Lymphogranuloma venereum
- Mental defect
- Mental retardation
- Narcotic drug addiction
- Previous occurrence of one or more attacks of insanity
- Psychopathic personality
- Sexual deviation
- Syphilis, infectious
- Tuberculosis, active

Class B Conditions

- Hansen's disease, not infectious
- Tuberculosis, not active

Examination for Tuberculosis - Tuberculin Skin Test

- Reaction _____ mm
- No reaction
- Not done

Doctor's name (please print) _____ Date read _____

Examination for Tuberculosis - Chest X-Ray Report

- Abnormal
- Normal
- Not done

Doctor's name (please print) _____ Date read _____

Serologic Test for Syphilis

- Reactive Titer (confirmatory test performed)
- Nonreactive

Test Type R-P-R

Doctor's name (please print) _____ Date read _____

Serologic Test for HIV Antibody

- Positive (confirmed by Western blot)
- Negative

Test Type H-IV

Doctor's name (please print) _____ Date read _____

Immunization Determination (DTP, OPV, MMR, Td-Refer to PHS Guidelines for recommendations.)

- Applicant is current for recommended age-specific immunizations.
- Applicant is not current for recommended age-specific immunizations and I have encouraged that appropriate immunizations be obtained.

REMARKS:

[Handwritten signature]

Civil Surgeon Referral for Follow-up of Medical Condition

- The alien named above has applied for adjustment of status. A medical examination conducted by me identified the conditions above which require resolution before medical clearance is granted or for which the alien may seek medical advice. Please provide follow-up services or refer the alien to an appropriate health care provider. The actions necessary for medical clearance are detailed on the reverse of this form.

Follow-up Information:

The alien named above has complied with the recommended health follow-up

Doctor's name and address (please type or print clearly)

Doctor's signature

Date

[Signature] 07-24-95

Applicant Certification:

I certify that I understand the purpose of the medical examination, I authorize the required tests to be completed and the information on this form refers to me

Signature

Date

[Signature: Mohamed Hamoud]

Civil Surgeon Certification:

My examination showed the applicant to have met the medical examination and health follow-up requirements for adjustment of status

Doctor's name and address (please type or print clearly)

Doctor's signature

Date

The Immigration and Naturalization Service is authorized to collect this information under the provisions of the Immigration and Nationality Act and the Immigration Reform and Control Act of 1986. Public Law 99-603

RR0-1

(Please type or print clearly)

I certify that on the date shown I examined:

1 Name (Last in CAPS)
HAMMOUD

(First) MOHAMMAD (Middle Initial) YOUSSEF

2 Address (Street number and name)
34 20 FOX WOOD RD

(City) BRONX (State) NEW YORK (ZIP Code) 11460

3 File number (A number)

4 Sex
 Male Female

5 Date of birth (Month/Day/Year)
09 - 25 - 93

6 Country of birth
LeBNON

7 Date of examination (Month/Day/Year)
07 - 24 - 95

General Physical Examination: I examined specifically for evidence of the conditions listed below. My examination revealed:

No apparent defect, disease, or disability The conditions listed below were found (check all boxes that apply).

Class A Conditions

- Chancroid
- Chronic alcoholism
- Gonorrhea
- Granuloma inguinale
- Hansen's disease, infectious
- HIV infection
- Insanity
- Lymphogranuloma venereum
- Mental defect
- Mental retardation
- Narcotic drug addiction
- Previous occurrence of one or more attacks of insanity
- Psychopathic personality
- Sexual deviation
- Syphilis, infectious
- Tuberculosis, active

Class B Conditions

- Hansen's disease, not infectious
- Tuberculosis, not active
- Other physical defect, disease or disability (specify below).

Examination for Tuberculosis - Tuberculin Skin Test

- Reaction _____ mm
- No reaction
- Not done

Doctor's name (please print) _____ Date read _____

Examination for Tuberculosis - Chest X-Ray Report

- Abnormal
- Normal
- Not done

Doctor's name (please print) _____ Date read _____

Serologic Test for Syphilis

- Reactive Titer (confirmatory test performed)
- Nonreactive

Test Type R - P - R

Doctor's name (please print) _____ Date read _____

Serologic Test for HIV Antibody

- Positive (confirmed by Western blot)
- Negative

Test Type H - I - V

Doctor's name (please print) _____ Date read _____

Immunization Determination (DTP, OPV, MMR, Td-Refer to PHS Guidelines for recommendations.)

- Applicant is current for recommended age-specific immunizations.
- Applicant is not current for recommended age-specific immunizations and I have encouraged that appropriate immunizations be obtained

REMARKS:

[Handwritten signature]

Civil Surgeon Referral for Follow-up of Medical Condition

- The alien named above has applied for adjustment of status. A medical examination conducted by me identified the conditions above which require resolution before medical clearance is granted or for which the alien may seek medical advice. Please provide follow-up services or refer the alien to an appropriate health care provider. The actions necessary for medical clearance are detailed on the reverse of this form.

Follow-up Information:

The alien named above has complied with the recommended health follow-up

Doctor's name and address (please type or print clearly)

Doctor's signature

Date

[Signature] 07-24-95

Applicant Certification:

I certify that I understand the purpose of the medical examination, I authorize the required tests to be completed, and the information on this form refers to me

Signature

Date

[Signature]

Civil Surgeon Certification:

My examination showed the applicant to have met the medical examination and health follow-up requirements for adjustment of status.

Doctor's name and address (please type or print clearly)

Doctor's signature

Date

The Immigration and Naturalization Service is authorized to collect this information under the provisions of the Immigration and Nationality Act and the Immigration Reform and Control Act of 1986. Public Law 99-603

(Please type or print clearly)

I certify that on the date shown I examined:

1. Name (Last in CAPS)

(First) (Middle Initial)

2. Address (Street number and name) (Apt. number)

(City) (State) (ZIP Code)

3 File number (A number)

4 Sex

Male Female

5 Date of birth (Month/Day/Year)

6 Country of birth

7 Date of examination (Month/Day/Year)

General Physical Examination: I examined specifically for evidence of the conditions listed below. My examination revealed:

No apparent defect, disease, or disability. The conditions listed below were found (check all boxes that apply).

Class A Conditions

- Chancroid
- Chronic alcoholism
- Gonorrhea
- Granuloma inguinale
- Hansen's disease, infectious
- HIV infection
- Insanity
- Lymphogranuloma venereum
- Mental defect
- Mental retardation
- Narcotic drug addiction
- Previous occurrence of one or more attacks of insanity
- Psychopathic personality
- Sexual deviation
- Syphilis, infectious
- Tuberculosis, active

Class B Conditions

Hansen's disease, not infectious Tuberculosis, not active

Examination for Tuberculosis - Tuberculin Skin Test

Reaction _____ mm No reaction Not done

Doctor's name (please print) Date read

Examination for Tuberculosis - Chest X-Ray Report

Abnormal Normal Not done

Doctor's name (please print) Date read

Serologic Test for Syphilis

Reactive Titer (confirmatory test performed) Nonreactive

Test Type

Doctor's name (please print) Date read

Serologic Test for HIV Antibody

Positive (confirmed by Western blot) Negative

Test Type

Doctor's name (please print) Date read

Immunization Determination (DTP, OPV, MMR, Td-Refer to PHS Guidelines for recommendations.)

Applicant is current for recommended age-specific immunizations. Applicant is not current for recommended age-specific immunizations and I have encouraged that appropriate immunizations be obtained.

REMARKS:

Civil Surgeon Referral for Follow-up of Medical Condition

The alien named above has applied for adjustment of status. A medical examination conducted by me identified the conditions above which require resolution before medical clearance is granted or for which the alien may seek medical advice. Please provide follow-up services or refer the alien to an appropriate health care provider. The actions necessary for medical clearance are detailed on the reverse of this form

Follow-up Information:

The alien named above has complied with the recommended health follow-up

Doctor's name and address (please type or print clearly) Doctor's signature Date

Applicant Certification:

I certify that I understand the purpose of the medical examination, I authorize the required tests to be completed, and the information on this form refers to me

Signature Date

Civil Surgeon Certification:

My examination showed the applicant to have met the medical examination and health follow-up requirements for adjustment of status

Doctor's name and address (please type or print clearly) Doctor's signature Date

The Immigration and Naturalization Service is authorized to collect this information under the provisions of the Immigration and Nationality Act and the Immigration Reform and Control Act of 1986. Public Law 99-603

NOTICE OF ENTRY OF APPEARANCE AS ATTORNEY OR REPRESENTATIVE

| | |
|--------|----------|
| In re: | DATE |
| | FILE No. |

I hereby enter my appearance as attorney for (or representative of), and at the request of, the following named person(s):

| | | |
|--|--|---|
| NAME <i>Sabrina Rowlands</i> | <input checked="" type="checkbox"/> Petitioner | <input checked="" type="checkbox"/> Applicant |
| | <input type="checkbox"/> Beneficiary | <input type="checkbox"/> |
| ADDRESS (Apt. No.) (Number & Street) (City) (State) (ZIP Code) <i>3420 Foxwood Rd. Bronx NY 10468</i> | | |
| NAME <i>Hymouy Muhammad</i> | <input type="checkbox"/> Petitioner | <input type="checkbox"/> Applicant |
| | <input type="checkbox"/> Beneficiary | <input type="checkbox"/> |
| ADDRESS (Apt. No.) (Number & Street) (City) (State) (ZIP Code) <i>Same</i> | | |

Check Applicable Item(s) below:

1. I am an attorney and a member in good standing of the bar of the Supreme Court of the United States or of the highest court of the following State, territory, insular possession, or District of Columbia
NEW YORK SUPREME COURT and am not under a court or administrative agency order suspending, enjoining, restraining, disbaring, or otherwise restricting me in practicing law.
(Name of Court)

2. I am an accredited representative of the following named religious, charitable, social service, or similar organization established in the United States and which is so recognized by the Board:

3. I am associated with _____, the attorney of record who previously filed a notice of appearance in this case and my appearance is at his request. (If you check this item, also check item 1 or 2 whichever is appropriate.)

4. Others (Explain fully.)

| | |
|--|---|
| SIGNATURE <i>Lawrence Gort</i> | COMPLETE ADDRESS <i>349 Broadway NY NY 10001</i> |
| NAME (Type or Print) <i>Lawrence Gort</i> | TELEPHONE NUMBER <i>212 686 7500</i> |

PURSUANT TO THE PRIVACY ACT OF 1974, I HEREBY CONSENT TO THE DISCLOSURE TO THE FOLLOWING NAMED ATTORNEY OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY IMMIGRATION AND NATURALIZATION SERVICE SYSTEM OF RECORDS: Lawrence Gort
(Name of Attorney or Representative)

THE ABOVE CONSENT TO DISCLOSE IS IN CONNECTION WITH THE FOLLOWING MATTER:

| | | |
|---|--|-----------------------|
| NAME OF PERSON CONSENTING <i>MUHAMMAD HMOUD YOUSUF</i> | SIGNATURE OF PERSON CONSENTING <i>Muhammad Muhammad</i> | DATE <i>8/1/95</i> |
|---|--|-----------------------|

(NOTE: Execution of this box is required under the Privacy Act of 1974 where the person being represented is a citizen of the United States or an alien lawfully admitted for permanent residence.)