

# United States of America

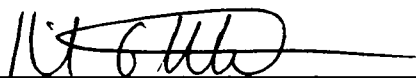
DEPARTMENT OF JUSTICE  
IMMIGRATION AND NATURALIZATION SERVICE

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. A46 356 599, of which the Attorney General is the legal custodian by virtue of Section 103 of the Immigration and Nationality Act.

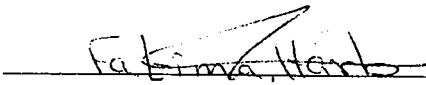
  
Richard Gottlieb  
Officer in Charge  
Charlotte, North Carolina

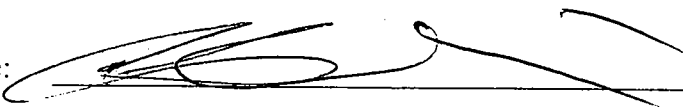


TO: HARB, Fatma

Pursuant to Section 216 of the Immigration and Nationality Act, you have been granted **CONDITIONAL** Permanent Residence Status as of 01/27/2000 . You must file form I-751, Petition to Remove the Conditions on Residence, between 10/28/2001 and 01/26/2002 (ie. the ninety (90) day period just prior to the second anniversary of you becoming a Conditional Permanent Resident. If a petition, Form I-751, to remove the conditional basis of your status is not filed within this period, your Conditional Permanent Resident status will automatically terminate and you will be subject to deportation from the United States.

Petitioner's Signature: 

Beneficiary's Signature: 

Immigration Officer's Signature: 

DATE: 01/27/2000 FILE NUMBER: A46356599

Form I-751 Provided

IMM



ION

IV-46356599

HARB, FATME MOHAMAD

(First Name)

(Middle Name)

INS FILE #, IF KNOWN

ACTION BY IMMIGRATION INSPECTOR

THE IMMIGRANT NAMED ABOVE ARRIVED IN THE UNITED STATES VIA (Name of vessel or flight no. of arrival)

INELIGIBILITY FOR VISA WAIVED UNDER SECTION

U.S. IMMIGRATION  
INS. ATL. 2002

GENDER:  
FEMALE

AF 300

BEIRUT, LEBANON

DAY-MO-YR OF BIRTH  
14DEC1979

CITY AND COUNTRY OF LAST RESIDENCE  
BEIRUT, LEBANON

NATIONALITY  
LEBANON

26 JAN 2002

MARITAL STATUS  
MARRIED

MOTHER'S FIRST NAME  
RABIAA

FATHER'S FIRST NAME  
MOHAMAD

FINAL ADDRESS IN THE UNITED STATES

STREET ADDRESS AND APPLICABLE  
3713 CASADE LN D

CITY, STATE, AND ZIP CODE  
CHARLOTTE, NC 28211

SEC. 212(a)(5)(A)  
NOT REQUIRED

OCCUPATION  
HOU HOUSEWIFE/HOUSEHUSBAND

This visa is issued under Section 221 of the Immigration and Nationality Act, and upon the basis of the facts stated in the application. Possession of a visa does not entitle the bearer to enter the United States if at the time he seeks to enter he is found to be inadmissible. Upon arrival in the United States, it must be surrendered to a United States Immigration Officer.

AMERICAN EMBASSY

NCS, CYPR

AT

Cheryl Young  
Consular Officer of the United States of America



IMMIGRANT CLASSIFICATION

CLASSIFICATION SYMBOL  
CRI

FOREIGN STATE/OTHER AREA LIMITATION  
LEBANON

NCS199928700401

ISSUED ON 21JAN2000 (Day) (Month) (Year)

THE VALIDITY OF THIS VISA EXPIRES MIDNIGHT AT THE END OF 20JUL2000 (Day) (Month) (Year)

PASSPORT

NO 1585499

OR OTHER TRAVEL DOCUMENTS (Describe)  
NONE

ISSUED TO: FATME MOHAMAD HARB

ISSUED BY: GOL

ISSUED ON: 21JAN1999

EXPIRES ON: 21JAN2004

IV-46356599

Tariff No. 21

Fee Paid \$

or Local Currency Equivalent

ACTION OF I.J.

ACTION ON APPEAL

U.S.P.H.S.

FEB 04 2000

4X0851



# APPLICATION FOR IMMIGRANT VISA AND ALIEN REGISTRATION

## PART I - BIOGRAPHIC DATA

INSTRUCTIONS: Complete one copy of this form for yourself and each member of your family, regardless of age, who will immigrate with you. Please print or type your answer to all questions. Questions that are Not Applicable should be so marked. If there is insufficient room on the form, answer on a separate sheet using the same numbers as appear on the form. Attach the sheet to this form.

WARNING: Any false statement or concealment of a material fact may result in your permanent expulsion from the United States.

This form (OF-230 PART I) is Part I of two parts which, together with Optional Form OF-230 PART II, constitute the complete Application for Immigrant Visa and Alien Registration.

|  |   |   |             |
|--|---|---|-------------|
| 1. FAMILY NAME   |   | FIRST NAME  | MIDDLE NAME |
| HARB   |   | FATME   | MHAMAD      |
| 2. OTHER NAMES USED OR BY WHICH KNOWN (If married woman, give maiden name)                 |   |   |             |
| N/A  |   |   |             |
| 3. FULL NAME IN NATIVE ALPHABET (If Roman letters not used)                                |   |   |             |
| فاتيمة حارب  |   |   |             |
| 4. DATE OF BIRTH<br>(Day) (Month) (Year)   | 5. AGE  | 6. PLACE OF BIRTH<br>(City or town) (Province) (Country)  |             |
| 14 12 79   | 20  | Beirut LEBANON  |             |
| 7. NATIONALITY (If dual national, give both)   | 8. GENDER   | 9. MARITAL STATUS   |             |
| LEBANSE  | <input type="checkbox"/> MALE<br><input checked="" type="checkbox"/> FEMALE | <input type="checkbox"/> Single (Never married) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated |             |
|  |   | Including my present marriage, I have been married _____ times.   |             |
| 10. MARKS OF IDENTIFICATION  |   | 11. PRESENT ADDRESS (City or Town) (Province) (Country)   |             |
| N/A NONE   |   | BOU ELBARJNE, ABED NASSER ST<br>Beirut, LEBANON   |             |
|  |   | Telephone number: Home 03 825448 Office   |             |
| 12. NAME OF SPOUSE (Maiden or family name) (First name) (Middle name)                      |   |   |             |
| SWARINGEN WAYNE JEFFERY  |   |   |             |
| Date and place of birth of spouse: 9.6.1966 NEW YORK, USA                                  |   |   |             |
| Address of spouse (If different from your own):<br>3713 CASCADE LN CHARLOTTE, NC, 28211    |   |   |             |
| Spouse's occupation: MANAGER   |   |   |             |
| 13. LIST NAME, DATE AND PLACE OF BIRTH, AND ADDRESSES OF ALL CHILDREN                      |   |   |             |
| NAME   | DATE AND PLACE OF BIRTH   | ADDRESS (If different from your own)  |             |
| N/A NONE   |   |   |             |
| 14A. PERSON(S) NAMED IN 12 AND 13 WHO WILL ACCOMPANY ME TO THE UNITED STATES NOW.          |   |   |             |
| FATME HARB   |   |   |             |
| 14B. PERSON(S) NAMED IN 12 AND 13 WHO WILL FOLLOW ME TO THE UNITED STATES AT A LATER DATE. |   |   |             |
| FATME HARB   |   |   |             |

An alien previously ordered removed who is present and ordered removed

15. NAME OF FATHER, DATE AND PLACE OF BIRTH, AND ADDRESS (If deceased, so state and give year of death)  
MOHAMAD HARB APR 11-15-1948 Beirut LEBANON

16. MAIDEN NAME OF MOTHER, DATE AND PLACE OF BIRTH, AND ADDRESS (If deceased, so state and give year of death)  
~~RABIA~~ AIAeddine Sept. 18, 1951 MALAKA, LEBANON  
Rabicaa

17. LIST BELOW ALL EMPLOYMENT FOR THE LAST TEN YEARS

| EMPLOYER | LOCATION | JOB TITLE | FROM/TO |
|----------|----------|-----------|---------|
|          | N/A      |           |         |

In what occupation do you intend to work in the United States? \_\_\_\_\_

18. LIST BELOW ALL EDUCATIONAL INSTITUTIONS ATTENDED

| SCHOOL AND LOCATION | FROM/TO | COURSE OF STUDY | DEGREE OR DIPLOMA |
|---------------------|---------|-----------------|-------------------|
| Mour High school    | 84-97   | Darave          | High school       |

Languages spoken or read: Arabic, English.

Professional associations of which you are a member: N/A

19. MILITARY SERVICE:  Yes  No  
Branch: \_\_\_\_\_ Dates of Service: \_\_\_\_\_  
Rank/Position: \_\_\_\_\_ Military Speciality/Occupation: \_\_\_\_\_

20. LIST BELOW ALL PLACES YOU HAVE LIVED FOR AT LEAST SIX MONTHS SINCE REACHING THE AGE OF 16. BEGIN WITH YOUR PRESENT RESIDENCE.

| CITY OR TOWN | PROVINCE  | COUNTRY | FROM/TO      |
|--------------|-----------|---------|--------------|
|              | ALWAYS IN | LEBANON | Birth-todate |

21. LIST DATES OF ALL PREVIOUS VISITS TO OR RESIDENCE IN THE UNITED STATES. (If never, so state) GIVE TYPE OF VISA STATUS, IF KNOWN. GIVE "A" NUMBER, IF ANY.

| FROM/TO | LOCATION | VISA | TYPE OR "A" NO. (If known) |
|---------|----------|------|----------------------------|
| NEVER   |          |      |                            |

SIGNATURE OF APPLICANT  DATE 10.6.99

NOTE: Return this completed form immediately to the consular office address on the covering letter. This form will become part of your immigrant visa and your visa application cannot be processed until this form is complete.

\*Public reporting burden for this collection of information is estimated to average 1 hour per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: Department of State (OIS/RA/DRI) Washington, D.C. 20520 0264, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (1405-0015), Washington, D.C. 20503.

... alien previously ordered removed within 5 years or ordered removed a second time within 20 years; who was previously unlawfully present and ordered removed within 10 years or ordered removed a second time within 20 years; who was convicted of an aggravated felony and ordered removed; who was previously unlawfully present in the United States for more than 180 days but less than one year who voluntarily departed within the last 3 years; or who was unlawfully present for more than one year or an aggregate of one year within the last 10 years. [212(a)(9)]

Yes  No

i. An alien who is coming to the United States to practice polygamy; who withholds custody of a U.S. citizen child outside the United States from a person granted legal custody by a U.S. court; who has voted in the United States in violation of any law or regulation; or who renounced U.S. citizenship to avoid taxation. [212(a)(10)]

Yes  No

j. An alien who is a former exchange visitor who has not fulfilled the 2-year foreign residence requirement. [212(e)]

Yes  No

k. An alien physically present in the United States within 90 days who was not maintaining lawful nonimmigrant status at the time of departure. [212(o)]

Yes  No

l. An alien determined by the Attorney General to have knowingly made a frivolous application for asylum. [208(d)(6)]

Yes  No

29. HAVE YOU EVER BEEN CHARGED, ARRESTED OR CONVICTED OF ANY OFFENSE OR CRIME?  
(If answer is Yes, please explain)

Yes  No

30. HAVE YOU EVER BEEN REFUSED ADMISSION TO THE UNITED STATES AT A PORT-OF-ENTRY?  
(If answer is Yes, please explain)

Yes  No

31. HAVE YOU EVER APPLIED FOR A SOCIAL SECURITY NUMBER?

Yes. Give Number: 241-29-2730  No

Do you want a Social Security Card issued to you?  Yes  No

32. WERE YOU ASSISTED IN COMPLETING THIS APPLICATION?  Yes  No

(If answer is Yes, give name and address of person assisting you, indicating whether relative, friend, travel agent, attorney, or other)

33. THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS APPLICATION:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Passport             | <input type="checkbox"/> Military record  | <input type="checkbox"/> Evidence of own assets |
| <input checked="" type="checkbox"/> Birth Certificate    | <input type="checkbox"/> Police Certificate   | <input type="checkbox"/> Affidavit of support   |
| <input checked="" type="checkbox"/> Marriage Certificate | <input type="checkbox"/> Medical records  | <input type="checkbox"/> Offer of employment    |
| <input type="checkbox"/> Death Certificate               | <input type="checkbox"/> Photographs  | <input type="checkbox"/> Educational records    |
| <input type="checkbox"/> Divorce decree                  | <input type="checkbox"/> Birth Certificates of all children who will not be immigrating at this time. (List those for whom birth certificates are not available.) | <input type="checkbox"/> Other (describe)       |

DO NOT WRITE BELOW THE FOLLOWING LINE  
The consular officer will assist you in answering items 34 and 35.

34. I claim to be exempt from ineligibility to receive a visa and exclusion under item \_\_\_\_\_ in Part 28 for the following reasons:

212(a)(5)

Beneficiary of a Waiver under:

- Not Applicable
- Not Required
- Attached

- |  |                                    |                                 |
|--|------------------------------------|---------------------------------|
| <input type="checkbox"/> 212(a)(3)(D)(ii)  | <input type="checkbox"/> 212(e)    | <input type="checkbox"/> 212(h) |
| <input type="checkbox"/> 212(a)(3)(D)(iii) | <input type="checkbox"/> 212(g)(1) | <input type="checkbox"/> 212(i) |
| <input type="checkbox"/> 212(a)(3)(D)(iv)  | <input type="checkbox"/> 212(g)(2) |                                 |

35. I claim to be:

- A Family-Sponsored Immigrant
- An Employment Based-Immigrant
- A Diversity Immigrant
- A Special Category (Specify) CR-1, IMMEDIATE RELATIVE, Lebanon

I derive foreign state chargeability under Sec. 202(b) through my \_\_\_\_\_

Preference: \_\_\_\_\_

Numerical limitation: \_\_\_\_\_  
(foreign state)

I understand that I am required to surrender my visa to the United States Immigration Officer at the place where I apply to enter the United States, and that the possession of a visa does not entitle me to enter the United States if at that time I am found to be inadmissible under the immigration laws.

I understand that any willfully false or misleading statement or willful concealment of a material fact made by me herein may subject me to permanent exclusion from the United States and, if I am admitted to the United States, may subject me to criminal prosecution and/or deportation.

I, the undersigned applicant for a United States immigrant visa, do solemnly swear (or affirm) that all statements which appear in this application, consisting of Optional Forms 230 PART I and 230 PART II combined, have been made by me, including the answers to items 1 through 35 inclusive, and that they are true and complete to the best of my knowledge and belief. I do further swear (or affirm) that, if admitted into the United States, I will not engage in activities which would be prejudicial to the public interest, or endanger the welfare, safety, or security of the United States; in activities which would be prohibited by the laws of the United States relating to espionage, sabotage, public disorder, or in other activities subversive to the national security; in any activity a purpose of which is the opposition to or the control, or overthrow of, the Government of the United States, by force, violence, or other unconstitutional means.

I understand that completion of this form by persons required by law to register with the Selective Service System (males 18 through 25 years of age) constitutes such registration in accordance with the Military Selective Service Act.

I understand all the foregoing statements, having asked for and obtained an explanation on every point which was not clear to me.  
The relationship claimed in items 12 and 13 verified by documentation submitted to consular officer except as noted:

Fatme mohamad HARB  
(Signature of Applicant)

Subscribed and sworn to before me this 21st day of JANUARY 2000 by David R. Dreher  
Consul of the United States of America  
(Consular Officer)

TARIFF ITEM NO. 20.

# APPLICATION FOR IMMIGRANT VISA AND ALIEN REGISTRATION

## PART II - SWORN STATEMENT

**INSTRUCTIONS:** Complete one copy of this form for yourself and each member of your family, regardless of age, who will immigrate with you. Please print or type your answer to all questions. Questions that are Not Applicable should be so marked. If there is insufficient room on the form, answer on a separate sheet using the same numbers as appear on the form. Attach the sheet to this form. **DO NOT SIGN** this form until instructed to do so by the consular officer. The fee for filing this application is listed under tariff item No. 20. The fee should be paid in United States dollars or local currency equivalent, or by bank draft, when you appear before the consular officer.

**WARNING:** Any false statement or concealment of a material fact may result in your permanent expulsion from the United States. Even though you should be admitted to the United States, a fraudulent entry could be grounds for your prosecution and/or deportation.

This form (OF-230 PART II) is a continuation of Form OF-230 PART I, which together, constitute the complete Application for Immigrant Visa and Alien Registration.

|                 |            |             |
|-----------------|------------|-------------|
| 22. FAMILY NAME | FIRST NAME | MIDDLE NAME |
| SWARINGEN       | WAYNE      | JEFFREY     |

23. OTHER NAMES USED OR BY WHICH KNOWN (If married woman, give maiden name)

24. FULL NAME IN NATIVE ALPHABET (If Roman letters not used)

25. PERMANENT ADDRESS IN THE UNITED STATES (Street address including zip code)

3713 CASCADE CIR Apt D  
 CHARLOTTE, NC, 28211

Telephone number: 704 373 9834

26. PERSON YOU INTEND TO JOIN AT YOUR PERMANENT ADDRESS IN THE UNITED STATES (Name, address, and relationship)

FATME HARB  
 3713 CASCADE CIR Apt D  
 CHARLOTTE, NC, 28211

Telephone number: 704-562-2925

27. NAME AND ADDRESS OF SPONSORING PERSON OR EMPLOYER

WAYNE J SWARINGEN  
 3713 CASCADE CIR Apt D  
 CHARLOTTE, NC, 28211

Telephone number:

28. United States laws governing the issuance of visas require each applicant to state whether or not he or she is a member of any class of individuals excluded from admission into the United States. The excludable classes are described below in general terms. You should read carefully the following list and answer YES or NO to each category. The answers you give will assist the consular officer to reach a decision on your eligibility to receive a visa.

EXCEPT AS OTHERWISE PROVIDED BY LAW, ALIENS WITHIN THE FOLLOWING CLASSIFICATIONS ARE INELIGIBLE TO RECEIVE A VISA. DO ANY OF THE FOLLOWING CLASSES APPLY TO YOU?

- a. An alien who has a communicable disease of public health significance; who has failed to present documentation of having received vaccinations in accordance with U.S. law; who has or has had a physical or mental disorder that poses or is likely to pose a threat to the safety or welfare of the alien or others; or who is a drug abuser or addict. [212(a)(1)]  Yes  No
- b. An alien convicted of, or who admits having committed a crime involving moral turpitude or violation of any law relating to a controlled substance; who has been convicted of 2 or more offenses for which the aggregate sentences were 5 years or more; who is coming to the United States to engage in prostitution or commercialized vice or who has engaged in prostitution or procuring within the past 10 years; who is or has been an illicit trafficker in any controlled substance; or who has committed a serious criminal offense in the United States and who has asserted immunity from prosecution. [212(a)(2)]  Yes  No
- c. An alien who seeks to enter the United States to engage in espionage, sabotage, export control violations, terrorist activities, overthrow of the Government of the United States or other unlawful activity; who is a member of or affiliated with the Communist or other totalitarian party; who participated in Nazi persecutions or genocide; or who has engaged in genocide. Are you a member or representative of a terrorist organization as currently designated by the U.S. Secretary of State? [212(a)(3)]  Yes  No
- d. An alien who is likely to become a public charge [212(a)(4)]  Yes  No
- e. An alien who seeks to enter for the purpose of performing skilled or unskilled labor who has not been certified by the Secretary of Labor; who is a graduate of a foreign medical school seeking to perform medical services who has not passed the NBME exam or its equivalent; or a health care worker seeking to perform such work without a certificate from the CGFNS or from an equivalent approved independent credentialing organization. [212(a)(5)]  Yes  No  Not Applicable
- f. An alien who failed to attend a hearing on deportation or inadmissibility within the last 5 years; who seeks or has sought a visa, entry into the United States, or any immigration benefit by fraud or misrepresentation; who knowingly assisted any other alien to enter or try to enter the United States in violation of law; who, after November 30, 1996, attended on student (F) visa status a U.S. public elementary school or who attended a U.S. public secondary school without reimbursing the school; or who is subject to a civil penalty under INA 274C. [212(a)(6)]  Yes  No
- g. An alien who is permanently ineligible to U.S. citizenship; or who departed the United States to evade military service in time of war. [212(a)(8)]  Yes  No





**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 |
|------|--------------|---------------|------------------|
|      |              |               |                  |
|      |              |               |                  |

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

(Number and Street) (Town or City) (State)

18. Your relative's address abroad

(Number and Street) (Town or City) (Province) (Country)  
 Ahmed NASSER St Beirut LEBANON

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

(Name) (Number and Street) (Town or City) (Province) (Country)  
 محمد ناصر عبد الله حيدر بيروت لبنان

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

(Name) (Apt. No.) (Town or City) (State or Province) (Country) From To  
 (Month) (Year) (Month) (Year)  
 N/A

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 NICOSIA CYPRUS  
 (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 \_\_\_\_\_ . 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) (State) (City) (Country)
- (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 Wagner Cheffey Song Date 10.6.1999 Phone Number 707 3679398

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.

Department of Justice  
 Immigration and Naturalization Service

(Address) (Signature) (Date)

Vollog Number \_\_\_\_\_  
 This form is not available, print name LEGIBLE. Failure to print name may result in denial of application.

(Family name) HAC G-28 ID Number \_\_\_\_\_

(Print Name)

INSTRUCTIONS: USE TYPEWRITER. BE SURE ALL COPIES ARE LEGIBLE. Failure to answer all questions delays action. Do Not Remove Stamps: If typewriter is not available, print heavily in block letters with ball-point pen.

U.S. Department of Justice  
Immigration and Naturalization Service

FORM G-325A  
BIOGRAPHIC INFORMATION

OMB No. 1115-0066

|  |   |                                 |  |  |  |                                     |
|--|---|---------------------------------|--|--|--|-------------------------------------|
| (Family name)<br><b>HARB</b>   | (First name)<br><b>FATME</b>                                    | (Middle name)<br><b>MOHAMAD</b> | <input type="checkbox"/> MALE<br><input checked="" type="checkbox"/> FEMALE      | BIRTHDATE(Mo.-Day-Yr.)<br><b>12-14-79</b>              | NATIONALITY<br><b>LEBANESE</b>         | FILE NUMBER<br><b>A</b>             |
| ALL OTHER NAMES USED (Including names by previous marriages)<br><b>NIA</b> |   |                                 | CITY AND COUNTRY OF BIRTH<br><b>Beirut - LEBANON</b>                             |  | SOCIAL SECURITY NO.<br>(If any)        |                                     |
| FATHER<br>MOTHER(Maiden name)  | FAMILY NAME<br><b>HARB</b>                                      | FIRST NAME<br><b>MOHAMAD</b>    | DATE, CITY AND COUNTRY OF BIRTH(If known)<br><b>10 April, 48 Beirut, LEBANON</b> | CITY AND COUNTRY OF RESIDENCE<br><b>Charlotte, USA</b> |  |                                     |
| MOTHER(Maiden name)  | <b>Rabilla</b>  | <b>MAEDINE</b>                  | <b>18 Sep, 51</b>  | <b>Malaka, LEBANON</b>                                 | <b>Charlotte, USA</b>                  |                                     |
| HUSBAND(If none, so state)<br>OR<br>WIFE                                   | FAMILY NAME<br>(for wife, give maiden name)<br><b>SWARINGEN</b> | FIRST NAME<br><b>WAYNE</b>      | BIRTHDATE<br><b>06 Sep, 66</b>   | CITY & COUNTRY OF BIRTH<br><b>New York, USA</b>        | DATE OF MARRIAGE<br><b>10, 5, 1979</b> | PLACE OF MARRIAGE<br><b>LARNACA</b> |
| 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              |  |                                     |

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.

| STREET AND NUMBER    | CITY          | PROVINCE OR STATE | COUNTRY        | FROM      |           | TO                  |      |
|----------------------|---------------|-------------------|----------------|-----------|-----------|---------------------|------|
|                      |               |                   |                | MONTH     | YEAR      | MONTH               | YEAR |
| <b>Abd NASSER St</b> | <b>Beirut</b> | <b>Beirut</b>     | <b>LEBANON</b> | <b>12</b> | <b>79</b> | <b>PRESENT TIME</b> |      |
|                      |               |                   |                |           |           |                     |      |
|                      |               |                   |                |           |           |                     |      |

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 |
| <b>Abd NASSER St</b> | <b>Beirut</b> | <b>Beirut</b>     | <b>LEBANON</b> | <b>12</b> | <b>79</b> | <b>Present</b> |      |

APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST

| FULL NAME AND ADDRESS OF EMPLOYER | OCCUPATION(SPECIFY) | FROM  |      | TO    |                     |
|-----------------------------------|---------------------|-------|------|-------|---------------------|
|                                   |                     | MONTH | YEAR | MONTH | YEAR                |
| <b>NIA</b>                        |                     |       |      |       | <b>PRESENT TIME</b> |
|                                   |                     |       |      |       |                     |
|                                   |                     |       |      |       |                     |

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

|   |   |                            |
|---|---|----------------------------|
| THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:<br><input type="checkbox"/> NATURALIZATION<br><input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT<br><input type="checkbox"/> OTHER (SPECIFY) | SIGNATURE OF APPLICANT<br><i>Fatima</i>   | DATE<br><b>10, 6, 1979</b> |
| Are all copies legible? <input type="checkbox"/> Yes  | IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:<br><i>فاتيما</i> |                            |

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) |
|                                 |              |               |                             |

INSTRUCTIONS: USE TYPEWRITER. BE SURE ALL COPIES ARE LEGIBLE. Failure to answer all questions delays action. Do Not Remove Carbon Copy: If typewriter is not available, print heavily in block letters with ball-point pen.

U.S. Department of Justice  
Immigration and Naturalization Service

FORM G-325A  
BIOGRAPHIC INFORMATION

OMB No. 1115-0066

|   |   |                                 |   |  |                                      |  |
|---|---|---------------------------------|---|--|--------------------------------------|--|
| (Family name)<br><b>Swaringen</b>                             | (First name)<br><b>Wayne</b>                            | (Middle name)<br><b>Jeffery</b> | <input checked="" type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE | BIRTHDATE(Mo.-Day-Yr.)<br><b>9-6-1966</b>  | NATIONALITY<br><b>American</b>       | FILE NUMBER<br><b>A</b>                            |
| ALL OTHER NAMES USED (Including names by previous marriages)  |   |                                 | CITY AND COUNTRY OF BIRTH<br><b>New York City U.S.A.</b>                    |  |                                      | SOCIAL SECURITY NO. (If any)<br><b>241-29-2730</b> |
| FATHER<br>MOTHER (Maiden name)                                | FAMILY NAME<br><b>Glover</b>                            | FIRST NAME<br><b>Wayne</b>      | DATE, CITY AND COUNTRY OF BIRTH (If known)<br><b>7-11-1947 Chatham USA</b>  | CITY AND COUNTRY OF RESIDENCE<br><b>Liberty USA</b>                              |                                      |  |
| HUSBAND (If none, so state)<br>OR WIFE                        | FAMILY NAME (for wife, give maiden name)<br><b>Harb</b> | FIRST NAME<br><b>Fatme</b>      | BIRTHDATE<br><b>12-14-71</b>  | CITY & COUNTRY OF BIRTH<br><b>Beirut, Lebanon</b>                                | DATE OF MARRIAGE<br><b>10-5-1999</b> | PLACE OF MARRIAGE<br><b>Liberty USA</b>            |
| FORMER HUSBANDS OR WIVES (If none, so state)                  |   |                                 |   |  |                                      |  |
| FAMILY NAME (for wife, give maiden name)<br><b>Valenzuela</b> | FIRST NAME<br><b>Elizabeth</b>                          | BIRTHDATE<br><b>11-19-59</b>    | DATE & PLACE OF MARRIAGE<br><b>9-22-1989 Charlotte</b>                      | DATE AND PLACE OF TERMINATION OF MARRIAGE<br><b>5-18-1999 Charlotte N.C. USA</b> |                                      |  |

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.

| STREET AND NUMBER        | CITY             | PROVINCE OR STATE     | COUNTRY    | FROM     |           | TO                  |           |
|--------------------------|------------------|-----------------------|------------|----------|-----------|---------------------|-----------|
|                          |                  |                       |            | MONTH    | YEAR      | MONTH               | YEAR      |
| <b>3713-D Carcade Ln</b> | <b>Charlotte</b> | <b>North Carolina</b> | <b>USA</b> | <b>5</b> | <b>98</b> | <b>PRESENT TIME</b> |           |
| <b>3401 Seaman Dr.</b>   | <b>Charlotte</b> | <b>North Carolina</b> | <b>USA</b> | <b>7</b> | <b>97</b> | <b>5</b>            | <b>98</b> |
| <b>Coldstream Ln</b>     | <b>Charlotte</b> | <b>North Carolina</b> | <b>USA</b> | <b>4</b> | <b>95</b> | <b>4</b>            | <b>97</b> |

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 |
|                   |      |                   |         |       |      |       |      |

APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST

| FULL NAME AND ADDRESS OF EMPLOYER                        | OCCUPATION (SPECIFY) | FROM     |           | TO                  |           |
|--|----------------------|----------|-----------|---------------------|-----------|
|  |                      | MONTH    | YEAR      | MONTH               | YEAR      |
| <b>Papa John's Pizza 19700 Doe Newman Blvd. Cary, NC</b> | <b>Rest. Manager</b> | <b>3</b> | <b>97</b> | <b>PRESENT TIME</b> |           |
| <b>Dominos Pizza 7800 Orchard Lake Dr. Matthews, NC</b>  | <b>Rest. Manager</b> | <b>7</b> | <b>88</b> | <b>3</b>            | <b>97</b> |

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

|   |  |                          |
|---|--|--------------------------|
| THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:<br><input type="checkbox"/> NATURALIZATION<br><input type="checkbox"/> STATUS AS PERMANENT RESIDENT<br><input checked="" type="checkbox"/> OTHER (SPECIFY) <b>US Citizen</b> | SIGNATURE OF APPLICANT<br><b>Wayne Jeffery Swaringen</b>   | DATE<br><b>10-6-1999</b> |
| 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) | (Given name) | (Middle name) | (Alien registration number) |
|                                 |              |               |                             |



ΔΗΜΟΣ  
ΛΑΡΝΑΚΑΣ  
LARNACA  
MUNICIPALITY

Δημοτικό Μέγαρο  
Λεωφόρος Αθηνών  
Τ.Κ. 456300 Λάρνακα  
6300 Λάρνακα  
Τηλ: (04) 653333  
Φαξ: (04) 653384

Town Hall  
Athenon Ave  
P.O. Box 45  
6300 Larnaca  
Tel : (04) 653333  
Fax : (04) 653384

CERTIFICATE OF MARRIAGE

Marriage solemnized at the Municipality of Larnaca in the District of Larnaca, Cyprus

| No     | When Married | Name and Surname of Parties | Age | Nationality<br>Religion | Condition | Rank or<br>Profession | Residence at the time of<br>Marriage | Father's Name and<br>surname | Pro |
|--------|--------------|-----------------------------|-----|-------------------------|-----------|-----------------------|--------------------------------------|------------------------------|-----|
| 075274 | 05/10/1999   | WAYNE JEFFREY SWARINGEN     | 33  | USA<br>CHRISTIAN        | DIVORCED  | RESTAURANT<br>MANAGER | LARNACA                              | WAYNE GLOVER                 | MAC |
|        |              | FATME MOHAMAD HARB          | 20  | LEBANESE<br>MUSLIM      | SINGLE    | HOUSEWIFE             | LARNACA                              | MOHAMAD HARB                 | RET |

Married at the Municipality of Larnaca according to the rites and ceremonies of the Marriage Law, Cap. 279.

By me, ANDROULA PASCHALIDOU Marriage Officer *A. Paschalidou*

1. WAYNE JEFFREY SWARINGEN

*Wayne Jeffrey Swaringen*

2. FATME MOHAMAD HARB

*Fatima*

In the presence of  
Us

SAID HARB

*Said Harb*

ALEXIS KASAPIS

*Alexis Kasapis*

This marriage was  
Solemnized between us





ΔΗΜΟΣ  
ΛΑΡΝΑΚΑΣ  
LARNACA  
MUNICIPALITY

Φαξ:(

CERTIFICATE OF MARRIAGE

Marriage solemnized at the Municipality of Larnaca in the District of Larn:

| No     | When Married | Name and Surname of Parties | Age | Nationality Religion | Condition | Rank or Profession | Residence |
|--------|--------------|-----------------------------|-----|----------------------|-----------|--------------------|-----------|
| D7527: | 05/10/1999   | WAYNE JEFFREY SWARINGEN     | 33  | USA CHRISTIAN        | DIVORCED  | RESTAURANT MANAGER | LARNACA   |
|        |              | FATME MOHAMAD HARB          | 20  | LEBANESE MUSLIM      | SINGLE    | HOUSEWIFE          | LARNACA   |



Married at the Municipality of Larnaca according to the rites and ceremonies of the Ma

By me, ANDROULA PASCHALIDOU Marriage Officer ..... *A. Paschalidou* .....

1. WAYNE JEFFREY SWARINGEN

*Wayne Jeffrey Swaringen*

2. FATME MOHAMAD HARB

*Fatima*

SAID F

In the presence of  
Us

*Alexis*  
ALEXIS

This marriage was  
Solemnized between us

STATE OF NORTH CAROLINA  
COUNTY OF MECKLENBURG

IN THE GENERAL COURT OF JUSTICE  
DISTRICT COURT DIVISION  
99-CVD-38211

ELIZABETH SWARINGEN,  
(561-35-8378)  
Plaintiff,

vs.

WAYNE JEFFERY SWARINGEN  
Defendant.

MECKLENBURG COUNTY  
FILED # 62  
MAY 18 1999  
CLERK OF SUPERIOR COURT

JUDGMENT OF DIVORCE

THIS CAUSE, COMING ON TO BE HEARD AND BEING HEARD BEFORE THE UNDERSIGNED JUDGE PRESIDING OVER THE REGULARLY SCHEDULED, NON-JURY TERM OF THE DISTRICT COURT DIVISION OF THE GENERAL COURT OF JUSTICE FOR MECKLENBURG COUNTY, NORTH CAROLINA:

FROM THE RECORD IN THIS CAUSE, THE COURT FINDS AS A FACT, AS ALLEGED IN THE COMPLAINT THAT:

1. This an action for absolute divorce based on the separation of the Plaintiff and Defendant for more than one year next preceding the institution of this action.
2. The Defendant has been properly served with the Summons and Complaint in this action and, further, all parties, whether proper or necessary, have been notified of the pleadings herein, and of the trial of this action, as is provided by law.
3. The Defendant has not filed an Answer or other pleadings herein and has not filed a request for a jury trial with the Clerk of this Court.
4. The Plaintiff is a citizen and resident of Mecklenburg County, North Carolina, and has been such for more than six months next preceding the institution of this action.
5. The Plaintiff and Defendant were married.
6. The Plaintiff and Defendant have lived separate and apart for more than one year next preceding the institution of this action.
7. There was one minor child of the marriage: Trenton, age 9 years.
8. The Plaintiff has consented to the withdrawal of RACHEL HUNT as counsel at this time.

BASED ON THE FOREGOING FINDINGS OF FACT, THE COURT CONCLUDES AS A MATTER OF LAW that the plaintiff is entitled to an absolute divorce from the defendant. There is no genuine issue as to any material fact in this matter.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that the bonds of matrimony heretofore existing between the Plaintiff and the Defendant be, and the same are hereby dissolved, and the Plaintiff and the Defendant are granted an absolute divorce from each other, and RACHEL HUNT is released as counsel for the Plaintiff, and the costs of this action are taxed to the Plaintiff.

This the 17<sup>th</sup> day of May, 1999.

*[Signature]*  
Judge Presiding

A TRUE COPY

CLERK SUPERIOR COURT  
BY *[Signature]*  
Deputy Clerk Superior Court

This is a photocopy of the original. The original is kept in the files of the archives of Civil Marriages Dept. of Larnaca Municipality.



(S. ZIRKIS)  
TOWN CLERK.

Larnaca, 5.10.1999.

REPUBLIC OF LEBANON / REPUBLICHE LIBANAISE / REPUBLIK LIBANON /  
REPUBLICA LIBANESA / REPUBBLICA LIBANESE

MINISTRY OF INTERIOR / MINISTERE L'INTERIEUR / INNENMINISTERIUM /  
MINISTERIO DEL INTERIOR / MINISTERO DEGLI INTERNI

CIVIL STATUS DEPT / ETAT CIVIL / STANDESAMT / DEPARTAMENTO  
DEL ESTADO CIVIL / DIREZIONE GENERALE DELLO STATO PERSONALE

CERTIFICATE OF PERSONAL STATUS FOR A PERSON LEBANESE NATIONALITY  
CERTIFICAT INDIVIDUEL D'ETAT CIVIL POUR PERSONNE DE NATIONALITE LIBANAISE  
PERSONENSTANDE SAUSWEIS FUR LIBANESISCHES STAATSANGEHORIGE PERSON  
CERTIFICACION INDIVIDUAL DE ESTADO CIVIL PARA PERSONA DE NACIONALIDAD LIBANESA  
CERTIFICATO INDIVIDUALE DI STATO CIVILE PERSONA DI CITTADINANZA LIBANESE

(NO./NR. 1227467/98)

District / Région/ Distrik/Region/Distretto: Baabda  
Place & Register No./Lieu d'inscription et No. du registre/Standesregister Nr./  
Lugar y Registro Civil No./Villaggio e No. del Registro: Bourj Brajneh /452

Surname / Nom de famille / Familiennome / Apellido/Cognome

First names and sex/prénoms et sexe/Vornamen und Geschlecht/  
Nombres y sexo / Nomi e sesso

Name of the father /Prénoms du père/Vornamen des Vaters /  
Nombres del padre/Nomi del padre

Surname and name of the mother/ Nom et prénoms de la mère/  
Familiennome und Vornamen der Mutter/Apellido y Nombres  
de la madre/Nomi della madre/Ort und Datum der Geburt/

Place and date of birth/Lieu et date de naissance/ Ort und Datum der  
Geburt/Lugar y fecha de nacimiento /Lugo e data di nascita

Legal Status/Etat Civil/Zivilstand/Estado Civil/Stato Civile

|                               |           |
|-------------------------------|-----------|
| HARB                          |           |
| Fatmé                         | M F<br>F. |
| Mohamad                       |           |
| ALAEDDINE Rabiha              |           |
| Bourj Brajneh on 14. DEC.1979 |           |
| unmarried                     |           |

Remarks / Observations / Vermerk / Observacion / Osservazioni:  
Lebanese since more than ten years.

The Registrar of Baabda (sealed & signed)  
L'officier de l'état civil  
Der zivilstandsbeamte  
El funcionario del registro civil  
L'ufficiale de registro civil

legalized overleaf by the Ministry of Interior/Civil Status Dept.  
on 24. SEP.1999 (sealed & signed)

-----  
TRUE TRANSLATION:

REPUBLIC OF LEBANON/ REPUBLIQUE LIBANAISE/ REPUBLIK LIBANON/ REPUBLICA LIBANESA/  
REPUBLICA LIBANESE.

DIRECTORATE GENERAL OF THE INTERNAL SECURITY FORCES/ DIRECTION GENERALE DES F.S.I./  
ABTEILUNG DER INNENSICHERHEIT/ DIRECCION GENERAL DE LAS FUERZAS DE LA SEGURIDAD  
INTERNA/ DIREZIONE GENERALE DEGLI FORZE DELLA SICUREZZA INTERNA.

JUCICIARY POLICE COMMANDMENT/ COMMANDEMENT DE LA POLICE JUDICIAIRE/ HAUPTAMT DER  
KRIMINALPOLIZEI/ COMMANDANCIA DE LA POLICIA JUDICIAL/ COMMANDO DELLA POLIZIA  
GUIDIZIARIA.

PENAL RECORD OFFICE/ BUREAU DU CASIER JUDICIAIRE/ STRAFREGISTERSAMT/ OF ICINA DEL  
REGISTRO PENAL/ UFF/ DEGLI FEDINA PENALE.

**JUDICIAL REPORT  
CASIER JUDICIAIRE  
STRAFREGISTERSAUSZUG  
REGISTRO PENAL  
FEDINA PENALE**

Form (e) / Forma : 2  
No./ Nr. : I4765  
Cat./ Kat. : ...

NAME & SURNAME/ PRÉNOM ET NOM/ VOR-UND  
ZUNAME/ NOMBRE Y APELLIDO/ NOME E COGNOME.

Patmé HARB

FATHER'S NAME/ PRÉNOM DU PÈRE/ NAME DES  
VATERS/ NOMBRE DEL PADRE/ NOME DEL PADRE.

Mohamad

MOTHER'S NAME/ PRÉNOM DE LA MERE/ NAME DER  
MUTTER/ NOMBRE DE LA MADRE/ NOME DELLA  
MADRE.

Rabiha ALAEDDINE

PLACE & DATE OF BIRTH/ LIEU ET DATE DE  
NAISSANCE/ ORT UND DATUM DER GEBURT/ LUGAR Y  
FECHA DE NACIMIENTO/ LUGGO E DATA DI NASCITA.

Bourj Brajneh /1979

NATIONALITY/ NATIONALITE/ NATIONALITAT/  
NACIONALIDAT/ NAZIONALITA.

lebanese

CIVIL REGISTER No./ REGISTRE CIVIL No./  
STANDESREGISTER NR./ REGISTRO CIVIL No./  
REGISTRO CIVILE No.

452/Bourj Brajneh /Baabda

Beirut

21.09.1999

**NOT CONVICTED  
PAS DE CONDAMNATION  
UNBESTRAFT (KEIN VERDIKT)  
NO REGISTRO CONDENAS  
NO VERDETTO**

Head of the Penal Record Office/ Chef du Bureau du Casier Judiciaire/ Der Amtsführer des Strafregistersamts/  
El jefe del Departamento del Registro judicial/ Capo degli Uff. Degli Fedina Penale: Mounir CHAABAN (sealed &  
TRUE TRANSLATION: signed)