EXHIBIT 3

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Application for Advance Permission to Enter as a Nonimmigrant

USCIS Form I-192

Department of Homeland SecurityU.S. Citizenship and Immigration Services

OMB No. 1615-0017 Expires 10/31/2023

For DHS Use Only						
Received	Returne	d Trans. O	ut		Fee Stamp	
Trans. In	Con	Completed				
	Action by t	he Denartn	nent of F	 	ify	
Ground	of Inadmissibility	не Бераген	ilent of 1.	lomerana securi	Action Stamp	
☐ INA 212(a)(1)	☐ INA 212(a)(9)					
☐ INA 212(a)(2)	☐ INA 212(a)(10)					
☐ INA 212(a)(3)	Other:					
☐ INA 212(a)(4)	Granted, subject to reupon the following ter			Benefits Catego		
☐ INA 212(a)(6)				Nonimmigrant other than T or U nonimmigrant/Advance Permission under INA 212(d)(3)(A) and 8 CFR 212.4		
☐ INA 212(a)(7)				8 CFR 212.16	rant/Advance Permission under INA 212(d)(3) and	
				☐ T Nonimmigrant/Waiver under INA 212(d)(13) and 8 CFR 212.16		
☐ INA 212(a)(8)				U Nonimmigrant/Waiver under INA 212(d)(14) and 8 CFR 212.17		
				U Nonimmigrant/Advance Permission under INA 212(d)(3)(A) and 8 CFR 212.17		
Date of Action (mm/dd/yyyy) DD or OIC			DIC	Office		
Т	o be completed by an	attorney	or accr	edited represei	ntative (if any).	
Select this box if Form G-28 or (if a	ag Number	Attorne (if applie		Attorney or Accredited Representative USCIS Online Account Number (if any)		
Form G-28I is	my)	Парри	caoic)	OSCIS Online Account Number (
attached.						
► START HERE - Type or p			-			
Part 1. Application Type	,		Pa	art 2. Infori	nation About You	
I am applying to the Secretary of Homeland Security for permission to enter the United States temporarily under the			Ye	our Full Nan	ne	
provisions of the Immigration and Nationality Act (INA) section 212(d)(3)(A)(ii), section 212(d)(13), or section			1.a	Family Nam (Last Name)		
212(d)(14).			1.b	. Given Name		
I am seeking this permission so that I may obtain (select only			(First Name)			
one box):		1.c	. Middle Nam	ne		
1. Admission as a nonim nonimmigrant).						
2. Status as a victim of trafficking (T nonimmigrant status) or a victim of a crime (U nonimmigrant status).						

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Par	t 2. Information About You (continued)	Mailing Address
		10.a. In Care Of Name (if any)
Oth	er Names Used (if any)	
maid	de all other names you have ever used, including aliases, en name, and nicknames. If you need extra space to elete this section, use the space provided in Part 8.	10.b. Street Number and Name
	tional Information.	10.c. Apt. Ste. Flr.
2.a.	Family Name (Last Name)	10.d. City or Town
2.b.	Given Name (First Name)	10.e. State 10.f. ZIP Code
2.c.	Middle Name	10.g. Province
3.a.	Family Name (Last Name)	10.h. Postal Code
3.b.	Given Name (First Name)	10.i. Country
3.c.	Middle Name	
		Safe Mailing Address
<i>Oth</i> 4.	Alien Registration Number (A-Number) (if any) • A-	If you are a T or U visa applicant, and do not want U.S. Citizenship and Immigration Services (USCIS) to send notices about this application to your home, you may provide a safe mailing address.
5.	USCIS Online Account Number (if any)	11.a. In Care Of Name (if any)
6.	Date of Birth (mm/dd/yyyy)	11.b. Organization Name (if applicable)
7.	Gender Male Female	
	of Birth	11.c. Street Number and Name
	City or Town	11.d. Apt. Ste. Flr.
		11.e. City or Town
8.b.	State or Province	11.f. State 11.g. ZIP Code
8.c.	Country	11.h. Province
		11.i. Postal Code
9.	Country of Citizenship or Nationality	11.j. Country

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Part 2. Information About You (continued)	Physical Address 3
	16.a. Street Number and Name
Address History	16.b. Apt. Ste. Flr.
Provide physical addresses for everywhere you have lived during the last five years, whether inside or outside the United States. Provide your current address first. If you need extra space to complete this section, use the space provided in Part 8.	16.c. City or Town
Additional Information.	16.d. State 16.e. ZIP Code
Physical Address 1 (current address)	16.f. Province
12.a. Street Number and Name	16.g. Postal Code
12.b. Apt. Ste. Flr.	16.h. Country
12.c. City or Town	
	Dates of Residence
12.d. State 12.e. ZIP Code	17.a. From (mm/dd/yyyy)
12.f. Province	17.b. To (mm/dd/yyyy)
12.g. Postal Code	Physical Address 4
12.h. Country	18.a. Street Number and Name
Dates of Residence	18.b.
13.a. From (mm/dd/yyyy)	18.c. City or Town
13.b. To (mm/dd/yyyy) PRESENT	18.d. State 18.e. ZIP Code
Physical Address 2	18.f. Province
14.a. Street Number and Name	18.g. Postal Code
14.b. Apt. Ste. Flr.	18.h. Country
14.c. City or Town	D
14.d. State 14.e. ZIP Code	Dates of Residence 19.a. From (mm/dd/yyyy)
14.f. Province	
14.g. Postal Code	19.b. To (mm/dd/yyyy)
14.h. Country	
Dates of Residence	
15.a. From (mm/dd/yyyy)	
15.b. To (mm/dd/yyyy)	

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Par	rt 2. Information About You (continued)	28.	Date Application Filed (mm/dd/yyyy)
æ	17.6		
Tra	vel Information	Loca	tion where you filed your application (for example, USCIS to or Port-of-Entry).
	TE: If you are applying for T or U nonimmigrant status and		• • • • • • • • • • • • • • • • • • • •
	n the United States, you may skip Item Numbers 20 25.	29.a.	USCIS Office or U.S. Port-of-Entry
	tion at Which you Plan to Enter the United States (desired of-Entry)		
		29.b.	. City or Town
20.a	. City		
20.b	. State	29.c.	State or Province
21.	Name of Port-of-Entry		
		29.d.	. Country
22.	How do you plan to travel to the United States?		
	(For example, by plane, ship, car)	29.e.	Receipt Number (if available)
			>
23.	When do you plan to enter the United States? (mm/dd/yyyy)	30.	Have you EVER been in the United States for a period of
			six months or more? Yes No
24.	Approximate Length of Stay in the United States		If you answered "Yes" to Item Number 30. , provide the
			dates you were in the United States (from and to) and
25.	What is the purpose of your stay in the United States?		your immigration status at the time of entry into the
23.	Explain fully below.		United States in the space provided in Part 8. Additional Information .
		21	II
		31.	Have you EVER filed an application or petition for immigration benefits with the U.S. Government, or has
			one ever been filed on your behalf? Yes No
			If you answered "Yes" to Item Number 31. , provide the
			information requested in Item Numbers 32.a 32.c.
		If yo	u (or somebody else on your behalf) have filed multiple
			cations or petitions for immigration benefits with the U.S.
Im	nigration and Criminal History		ernment, use the space provided in Part 8. Additional rmation to provide the answers to Item Numbers
26.	Do you believe that you may be inadmissible to the		- 32.c. for each of your additional applications or petitions
	United States? Yes No	32.a.	Type of Application or Petition Filed
	If you answered "Yes" to Item Number 26. , explain the		
	reasons why you believe, according to the best of your	32.b.	Location Where You (or the Other Person) Filed the
	knowledge, that you may be inadmissible in Part 8.		Application or Petition (for example, USCIS office or
	Additional Information . If you were told that you are inadmissible, provide the reason you were given.		Port-of-Entry);
27.	Have you previously filed an application for advance		
	permission to enter the United States as a nonimmigrant?	32.c.	Outcome of the Application or Petition (for example, approved, denied, or is pending).
	☐ Yes ☐ No		approved, demed, or is pending).
	If you answered "Ves" to Item Number 27 provide the		

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details in **Item Numbers 28. - 29.e.** If you need extra space to complete this section, use the space provided in

Part 8. Additional Information.

Pai	rt 2. Information About You (continued)	Par	t 4. Other Information About You
33.	Have you EVER been denied or refused an immigration benefit by the U.S. Government, or had a benefit revoked	Emp	ployment History
	or terminated (including but not limited to visas)? Yes No If you answered "Yes" to Item Number 33. , provide an explanation the information in the space provided in Part 8. Additional Information.	whether this s	de your employment history for the last five years, ner inside or outside the United States. Provide the most t employment first. If you need extra space to complete ection, use the space provided in Part 8. Additional mation.
34.	Have you EVER , in or outside the United States, been arrested, cited, charged, indicted, fined, convicted, or imprisoned for breaking or violating any law or	Empl	Name of Employer or Company
	ordinance, excluding minor traffic violations?	Addr	ess of Employer or Company
	If you answered "Yes" to Item Number 34. , describe the	2.a.	Street Number
	incidents in detail and include all offenses where impaired driving may have been an issue in the space provided in	2.b.	and Name Apt. Ste. Flr.
	Part 8. Additional Information.	2.c.	City or Town
Par	rt 3. Biographic Information	2.d.	State 2.e. ZIP Code
1.	Ethnicity (Select only one box)	2.f.	Province
	Hispanic or Latino	2 σ	Postal Code
	☐ Not Hispanic or Latino		
2.	Race (Select all applicable boxes)	2.h.	Country
	American Indian or Alaska Native	2	Varia Occumentian
	Asian	3.	Your Occupation
	Black or African American	Data	- CF
	Native Hawaiian or Other Pacific Islander		s of Employment
	White	4.a.	From (mm/dd/yyyy)
3.	Height Feet Inches	4.b.	To (mm/dd/yyyy)
4.	Weight Pounds Dounds		
5.	Eye Color (Select only one box)		
	Black Blue Brown		
	Gray Green Hazel		
	Maroon Pink Unknown/Other		
6.	Hair Color (Select only one box)		
	Bald (No hair) Black Blond		
	☐ Brown ☐ Gray ☐ Red		
	Sandy White Unknown/Other		

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Par	t 4. Other Information About You (continued)	14.	Current City or Town of Residence (if living)
	oyer 2		
5.	Name of Employer or Company	15.	Current Country of Residence (if living)
Addr	ess of Employer or Company	Infor	rmation About Your Father
6.a.	Street Number	Fathe	er's Legal Name
<i>(</i>).	and Name	16.a.	Family Name
6.b.	Apt. Ste. Flr.	16.b	(Last Name) Given Name
6.c.	City or Town		(First Name)
6.d.	State 6.e. ZIP Code	16.c.	Middle Name
6.f.	Province		er's Name at Birth (if different than above)
		17.a.	Family Name (Last Name)
6.g.	Postal Code	17.b	Given Name (First Name)
6.h.	Country	17 c	Middle Name
7.	Your Occupation		
·•	Total occupation	18.	Date of Birth (mm/dd/yyyy)
Dates	s of Employment	19.	City or Town of Birth
	From (mm/dd/yyyy)	20	C. A. CRIA
		20.	Country of Birth
8.b.	To (mm/dd/yyyy)	21.	Current City or Town of Residence (if living)
Info	ormation About Your Parents	21.	current city of Town of residence (II fiving)
Infor	mation About Your Mother	22.	Current Country of Residence (if living)
	er's Legal Name		, , ,
	Family Name	T 0	
9.b.	(Last Name) Given Name	Inf	ormation About Your Marital History
·	(First Name)	23.	What is your current marital status?
9.c.	Middle Name		☐ Single, Never Married ☐ Married ☐ Divorced
Moth	er's Name at Birth (if different than above)		☐ Widowed ☐ Legally Separated
10.a.	Family Name (Last Name)		☐ Marriage Annulled ☐ Other
10.b.	Given Name	24.	How many times have you been married (including annulled marriages and marriages to the same person)?
10 0	(First Name) Middle Name		▶
11.	Date of Birth (mm/dd/yyyy)		
12.	City or Town of Birth		
13.	Country of Birth		

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Part 4. Other Information About You (continued)

Information About Your Current Marriage (including if you are legally separated)

If you are currently married, provide the following information about your current spouse.

Current Spouse's Legal Name	Prior Spouse's Legal Na
25.a. Family Name (Last Name)	marriage)
25.b. Given Name (First Name)	31.a. Family Name (Last Name)
25.c. Middle Name	31.b. Given Name (First Name)
26. A-Number (if any)	31.c. Middle Name
► A-	32. Prior Spouse's Dat
27. Current Spouse's Date of Birth (mm/dd/yyyy)	
	33. Date of Marriage t
28. Date of Marriage to Current Spouse (mm/dd/yyyy)	
	Place of Marriage to Price
Current Spouse's Place of Birth	34.a. City or Town
29.a. City or Town	
	34.b. State or Province
29.b. State or Province	
	34.c. Country
29.c. Country	
	35. Date Marriage wit (mm/dd/yyyy)
Place of Marriage to Current Spouse	(
30.a. City or Town	Place Where Marriage w
	36.a. City or Town
30.b. State or Province	
	36.b. State or Province
30.c. Country	
	36.c. Country

Information About Prior Marriages (if any)

If you have been married before, whether in the United States or in any other country, provide the information requested in **Item Numbers 31.a. - 36.c.** about your prior marriage. If you have had more than one previous marriage, use the space provided in **Part 8. Additional Information** to provide the answers to **Item Numbers 31.a. - 36.c.** for each additional marriage.

Prior Spouse's Legal Name (provide family name before marriage)

Prior Spouse's Date of Birth (mm/dd/yyyy)		
ld/yyyy)		
y Ended		
ally Ended		

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Part 5. Applicant's Statement, Contact Information, Declaration, Certification, and **Signature**

NOTE: Read the **Penalties** section of the Form I-192 Instructions before completing this section.

\boldsymbol{A}	nn	licani	t's	Statem	ent
4 = 1	$\nu \nu$	<i>iicuiii</i>		State	

		Select the box for either Item Number 1.a. or 1.b. If e, select the box for Item Number 2.
1.a.		I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
1.b.		The interpreter named in Part 6. read to me every question and instruction on this application and my answer to every question in
		,
		a language in which I am fluent, and I understood everything.
2.		At my request, the preparer named in Part 7. ,
		,
		prepared this application for me based only upon information I provided or authorized.
App	olica	nt's Contact Information
3.	App	olicant's Daytime Telephone Number
4.	App	plicant's Mobile Telephone Number (if any)
5.	Apı	plicant's Email Address (if any)

Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that the U.S. Department of Homeland Security (DHS) may require that I submit original documents to DHS at a later date. Furthermore, I authorize the release of any information from any and all of my records that DHS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my DHS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that DHS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were

all of appli	provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.				
App	olicant's Signature				
6.a.	Applicant's Signature				
6.b.	Date of Signature (mm/dd/yyyy)				
NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.					
	Instructions, USCIS may deny your application.				
Par	e instructions, USCIS may deny your application. It 6. Interpreter's Contact Information, It fication, and Signature				
Par Cer	t 6. Interpreter's Contact Information,				
Par Cer	et 6. Interpreter's Contact Information, etification, and Signature				
Par Cer	et 6. Interpreter's Contact Information, etification, and Signature ide the following information about the interpreter.				
Par Cer Prov	et 6. Interpreter's Contact Information, etification, and Signature ide the following information about the interpreter.				
Par Cer Prov	et 6. Interpreter's Contact Information, etification, and Signature ide the following information about the interpreter.				
Par Cer Prove	rt 6. Interpreter's Contact Information, rtification, and Signature ide the following information about the interpreter. **Expreter's Full Name** Interpreter's Family Name (Last Name)				

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Part 7. Contact Information, Declaration, and

Signature of the Person Preparing this

Part 6. Interpreter's Contact Information, Certification, and Signature (continued)

	, 8 ()	App	plication, if Other Than the Applicant
Inte	erpreter's Mailing Address	Provi	ide the following information about the preparer.
3.a.	Street Number and Name	Pre	parer's Full Name
3.b.	Apt. Ste. Flr.		Preparer's Family Name (Last Name)
3.c.	City or Town		
	State 3.e. ZIP Code	1.b.	Preparer's Given Name (First Name)
3.f.	Province	2.	Preparer's Business or Organization Name (if any)
3.g.	Postal Code		Treputer o Business or organization ratine (ir any)
	Country	Pre	parer's Mailing Address
		3.a.	
Inte	erpreter's Contact Information	3.b.	Apt. Ste. Flr.
4.	Interpreter's Daytime Telephone Number	3.c.	City or Town
5.	Interpreter's Mobile Telephone Number (if any)	3.d.	State 3.e. ZIP Code
		3.f.	Province
5.	Interpreter's Email Address (if any)	3.g.	Postal Code
		3.h.	Country
Inte	erpreter's Certification		
cert	ify, under penalty of perjury, that:	Dua	parer's Contact Information
	fluent in English and ,		
	h is the same language specified in Part 5. , Item Number and I have read to this applicant in the identified language	4.	Preparer's Daytime Telephone Number
every	question and instruction on this application and his or her	_	Dunguarda Mahila Talambana Nyumban (if anyi)
	er to every question. The applicant informed me that he or nderstands every instruction, question, and answer on the	5.	Preparer's Mobile Telephone Number (if any)
appli	cation, including the Applicant's Declaration and	6.	Preparer's Email Address (if any)
Cert	ification, and has verified the accuracy of every answer.	0.	rieparci's Email Address (if any)
Inte	erpreter's Signature		
7.a.	Interpreter's Signature		
7.b.	Date of Signature (mm/dd/yyyy)		

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Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant (continued)

Pre	pare	er's Statement
7.a.		I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
7.b.		I am an attorney or accredited representative and my representation of the applicant in this case extends does not extend beyond the preparation of this application.
		NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature							
8.a.	Preparer's Signature						
8.b.	Date of Signature (mm/dd/yyyy)						

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Par	t 8. Additional Information	5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
within space to co sheet at the Num	u need extra space to provide any additional information in this application, use the space below. If you need more than what is provided, you may make copies of this page implete and file with this application or attach a separate of paper. Type or print your name and A-Number (if any) to top of each sheet; indicate the Page Number, Part aber, and Item Number to which your answer refers; and and date each sheet.	5.d.					
	Family Name (Last Name) Given Name						
1.c.	(First Name)						
2.	A-Number (if any) ► A-						
3.a.	Page Number 3.b. Part Number 3.c. Item Number	6.a.	Page Number	6.b.	Part Number	6.c.	Item Number
3.d.		6.d.					
4.a. 4.d.	Page Number 4.b. Part Number 4.c. Item Number	7.a. 7.d.	Page Number	7.b.	Part Number	7.c.	Item Number

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