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DEVINE & BEARD

LAW OFFICE

Authorized to Provide Immigration Services in All 50 States



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February 20, 2023

VIA ELECTRONIC SUBMISSION

U.S. Citizenship and Immigration Services
National Records Center, FOIA/PA Office
P.O. Box 648010
Lee's Summit, MO 64064-8010
uscis.foia@uscis.dhs.gov

Re: **Freedom of Information Act (FOIA) Request**
Subject of Record: **JASI, Karen Johanna**
DOB: **06/01/1992**
A#: **A#200-215-573**

Dear Sir or Madam:

This letter is a formal request under the Freedom of Information Act (hereinafter "FOIA"), as amended (5 U.S.C. §522), and all nonexempt portions of the information described below:

All documents, forms or other written, photographic, electronic, computer or recorded materials and all printouts pertaining to the referenced request from the CIS, DACS, NCIC, CLAIMS, NIIS, and NAIL/IBIS databases, in the files of **Karen Johanna Jasi**.

In furtherance of this request, we enclose the **Form G-28**, Notice of Entry of Appearance as Attorney, and **Form G-639**, Freedom of Information/Privacy Act Request.

As you are aware, the FOIA permits fees to be charged only for search and copying costs and not for review of the material. As an alternative to being assessed copying fees in excess of \$50.00, I wish to be contacted about the prospective amount of copying costs and be given the option of access to the requested documents that are responsive to my request, so that I might review them without incurring duplication costs and select those documents I wish to be copied. Section (a)(3) of the FOIA requires agencies to make documents and information promptly available. Section (a)(4) permits "recovery of only direct costs of such search and duplications." Therefore, agencies are required by law to make documents available for inspection and may not require the purchase of copies of documents.

I respectfully ask that you respond within 20 working days. If you have any questions regarding this request, please telephone me directly at (843) 789-4586.



CHARLESTON · 843.789.4586
1535 Sam Rittenberg, Ste. A&B

BLUFFTON · 843.757.4586
1306 Fording Is. Rd, Ste. 108

SAVANNAH · 912.999.7772
6409 Abercorn Street, Ste. C

CHARLOTTE · 704.919.0163
810 Tyvola Rd., Ste. 136

LIMITED-TERM
DRIVER'S LICENSE

SC USA
South Carolina

DL



02/06/1966

4d DL#: 101515889

1 MARTINEZ

2 CLAUDIO RAFAEL

8 7113 MCGREGOR ST

CHARLESTON SC 294064414

3 DOB: 02/06/1966

4a Issued: 08/05/2022

4b Expires: 05/10/2026

15 Sex: M 16 Hgt: 5'-10"

17 Wgt: 140 lb 18 Eyes: GRN

9 Class: D 9a End: None

12 Restrictions: None

5 DD 1000100302328164179



Henry McMaster
Governor



Freedom of Information/Privacy Act Request

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form G-639
OMB No. 1615-0102
Expires 07/31/2025

What Is the Purpose of Form G-639?

Use Form G-639 to request access to U.S. Citizenship and Immigration Services (USCIS) records under the Freedom of Information Act (FOIA) at 5 U.S.C. 552 and the Privacy Act of 1974 (PA) at 5 U.S.C. 552a, if applicable. You may also use this form to request amendment or correction of records pertaining to you under the PA, if applicable.

Your Options to Make a FOIA or PA Request with USCIS

You can make a FOIA or PA request:

- Online at www.uscis.gov/foia;
- Using this Form G-639; or
- In writing and in accordance with the requirements of the FOIA and PA.

Request and Receive Records Faster Online

Our online FOIA and PA services are a more efficient way to request and receive records than by using Form G-639 to make a request.

When you make your request online, USCIS receives it immediately and we can deliver the response to you immediately after the records are processed.

You will also be able to:

- Receive instant updates when we act on your request;
- Respond faster if we ask you to give us more information; and

Making your request online helps ensure your request contains the required information and reaches us immediately, rather than through a mailed postal delivery. Once you provide the information necessary to process your request, we will add it to the same first-in, first-out processing queue ordinarily used for all requests.

Once we release records you request online, you can use your online account to:

- View them on any internet connected device, such as a smartphone, tablet, or computer;
- Access the records as soon as they are available, rather than waiting for them by mail; and
- Continue to access your records through your online account and print them whenever you need.

If You Make Your Request Using This Form

If you complete and submit this form, we will send all correspondence and any records we release through U.S. mail, requiring time for transit and receiving. Unless you specify another format, any records responsive to your request will be sent to you on a CD-ROM, so you will need to use a computer with an optical drive to view them. Alternately, if you request records online (www.uscis.gov/foia) using FIRST, you can download them without the need for equipment other than a computer, smartphone, or tablet that is connected to the internet.

Do not use Form G-639 for:

- **Status Inquires.** Contact the USCIS office where the application or petition was filed or visit <https://egov.uscis.gov> to check your case status online. You may also reach out to the USCIS Contact Center at www.uscis.gov/contactcenter. The USCIS Contact Center provides information in English and Spanish. For those who are deaf or hard of hearing and use a TTY relay service, call 1-800-767-1833.
- **Consular Notification of a Visa Petition Approval.** Use Form I-824, Application for Action on an Approved Application or Petition, to request consular notification of visa petition approval.

START HERE - Type or print in black ink.

Part 1. Specify the Nature of your Request

NOTE: On this form, the individual to whom a record pertains is described as the subject of record.

1. Select Type of Request

Select the box that indicates the nature of your request, and the type of records you are requesting. If you need extra space to complete this section, use the space provided in Part 5. Additional Information.

- A. Information from your own immigration record:
- B. Information from another person's immigration record:
- C. USCIS business, operational, or policy records;
- D. An amendment or correction of your record under the Privacy Act:
- E. An amendment or correction of another person's immigration record on their behalf under the Privacy Act: or
- F. Other records in USCIS custody.

If you selected Item B. or E. in Item Number 1., complete Part 4. Third-Party Requestor, along with other pertinent sections of this form.

If you selected Item A., C., D., or F. in Item Number 1., do not complete Part 4. Third-Party Requestor section of this form.

2. Request Specific Documents

If you request specific documents, USCIS will usually be able to process your request faster than if you request a large set of records, such as an entire A-File.

Select the types of records you are requesting, if applicable, from this list of commonly requested records:

- Apprehensions, and Date of Apprehension (mm/dd/yyyy)
- Birth certificate
- Form I-94, with Date of Entry (mm/dd/yyyy)
- Passport
- Other Arrival/Departure documents into the U.S., with Date of Entry (mm/dd/yyyy)
- I-129, Petition for a Nonimmigrant Worker
- I-90, Application to Replace Permanent Resident Card (Green Card)
- I-130, Petition for Alien Relative
- I-140, Immigrant Petition for Alien Workers
- I-485, Application to Register Permanent Residence or Adjust Status
- I-751, Petition to Remove Conditions on Residence
- N-400, Application for Naturalization
- Labor certification issued by the U.S. Department of Labor
- Naturalization certificate
- Proof of Lawful Permanent Resident (I PR) status
- Record of removal from the U.S., with Date of Removal (mm/dd/yyyy)
- Other (Explain):

If you need extra space to complete this section, use the space provided in Part 5. Additional Information.

Part 1. Specify the Nature of your Request (continued)

3. Qualifications for Expedited Processing

Select any of the following circumstances if applicable to your request:

- Circumstances in which the lack of expedited processing could reasonably be expected to pose an imminent threat to the life or physical safety of an individual.
- An urgency to inform the public about an actual or alleged Federal government activity, if made by a person primarily engaged in disseminating information.
- The loss of substantial due process rights.
- A matter of widespread and exceptional media interest in which there are possible questions about the government's integrity which affect public confidence. Requests for expedited processing based upon this category must be submitted to the Senior Director of FOIA Operations, the Privacy Office, U.S. Department of Homeland Security, 245 Murray Lane SW STOP - 0655, Washington, DC 20598-0655.

4. Statement Requesting Expedited Processing

To receive expedited processing, you must further explain why you are requesting it. In **Part 5. Additional Information**, type or print a detailed statement explaining your selection in **Item Number 3**.

5. Information Pertaining to an Upcoming Immigration Court Proceeding

If the subject of record has an upcoming immigration court proceeding, USCIS may be able to process the request on an accelerated track. Select the box if the following circumstance applies to your request.

- The subject of record has a date scheduled for an immigration court proceeding.

If selected, include a copy of one of the following forms, as issued by the U.S. Department of Homeland Security or U.S. Department of Justice, with your request:

- Form I-862, Notice to Appear, documenting the upcoming date of the Subject's hearing before the Immigration Judge;
- Form I-122, Order to Show Cause, documenting the upcoming date of the Subject's hearing before the Immigration Judge;
- Form I-863, Notice of Referral to Immigration Judge; or
- A written notice of continuation of a future scheduled hearing before the Immigration Judge.

Part 2. Provide Information to Identify the Subject of Record

The individual to whom a record pertains is described as the subject of record. The more information you provide about the subject of record, the better USCIS can identify the records you are requesting.

Subject of Record's Identifying Information

1. Alien Registration Number (A-Number):

USCIS issues Alien Registration Numbers, otherwise known as an "A-Number," to persons who apply for, or are granted, certain immigration benefits. U.S. Customs and Border Protection (CBP) or U.S. Immigration and Customs Enforcement (ICE) may also issue A-Numbers. If the subject of record was issued an A-Number(s), type or print it in the spaces provided. If they do not have an A-Number, or do not remember it, leave this space blank.

▶ A- ▶ A- ▶ A-

2. Date of Birth (mm/dd/yyyy)

3. Country of Birth

Provide the name of the country where the subject of record was born. If the country's name has changed or the country no longer exists, list the country as it was named when the subject of record was born.

Part 2. Provide Information to Identify the Subject of Record (continued)

4. Receipt Number

Provide the USCIS receipt number that corresponds to any request the subject of record filed with USCIS

A. B.
 C.

Subject of Record

5. Subject of Record's Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
JASI	KAREN	JOHANNA

6. Additional Names Used

If applicable, list any additional names the subject of record has used, including any nicknames, aliases, and maiden name, in Item Number 8. If the subject's name has changed since they entered the United States, indicate the name used at the time of entry in Item Number 9. If you need extra space to complete this section, use the space provided in Part 5. Additional Information.

A. Additional Name 1

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE

B. Additional Name 2

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE

C. Additional Name 3

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE

7. Name Used Upon Entry to the United States

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE

Subject of Record's Mailing Address and Contact Information

8. List the subject's contact information. You may list a valid residence, Army Post Office (APO), Fleet Post Office (FPO), or commercial address in the United States. You may list a post office address (PO Box) if that is how the subject receives their mail.

Street Number and Name 2561 FASSITT ROAD		Apt. Ste. Flr. Number <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> D 4
City or Town NORTH CHARLESTON		State ZIP Code SC 29406
Province N/A	Postal Code N/A	Country USA
Telephone Number 8439645335		Email Address karen23jasi@gmail.com

Part 2. Provide Information to Identify the Subject of Record (continued)

9. Subject of Record's Father

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
MARTINEZ	CLAUDIO	RAFAEL

Father's Name is unknown.

10. Subject of Record's Mother

Family Name (Last Name)	Maiden Name, or previous last names
JASI	NMN
Given Name (First Name)	Middle Name (if applicable)
CLAUDIA	LOURDES

Mother's Name is unknown.

11. Additional Family Members that May Appear on Requested Records

Provide the family member's full name and their relationship to the subject of record for any individual that may appear on the requested records, for example, a spouse or children.

A. Name 1

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
MOREIRA DE SOUZA JASI	EDMILSON	NMN

Relationship

B. Name 2

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
DE SOUZA JASI	ANNA	JULIA

Relationship

C. Name 3

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE

Relationship

If you need extra space to complete this section, use the space provided in **Part 5. Additional Information**.

12. Avoiding Redaction of Records Mentioning Additional Persons

To protect the privacy of each person mentioned in records we release, we redact their information unless you provide:

- Their consent for us to release their information, either in a notarized document, or a document signed under penalty of perjury, or;
- Proof they are deceased, with a death certificate, obituary, photograph of a funeral memorial or monument; or screen print from the Social Security Death Index; or probate documents filed in court. This is not required if they were born more than 100 years before you submit this form.

Include these documents with this Form G-639 and complete pertinent sections of **Part 5. Additional Information**.

Part 3. Certification of Request and Consent to Release, Amend, or Correct Records

Requestor Consent to Pay Potential Fees

USCIS will contact you with instructions if any fees are required. **Please do not send any payment at the time of your request.**

In accordance with Department of Homeland Security Regulations, your request constitutes an agreement to pay any fees that may be chargeable up to \$25.00. We may charge fees for searching for records at the respective clerical, professional, and/or managerial rates of \$4.00/\$7.00/\$10.25 per quarter hour, and for duplication of copies at the rate of \$.10 per copy. We do not charge for the first 100 copies and two hours of search time, and the remaining combined charges for search and duplication must exceed \$14.00 before we will charge you any fees. Search and processing fees are not applicable for Privacy Act requests.

If the total anticipated fees are more than \$250, or you have failed to pay fees in the past, USCIS may request an advance deposit. USCIS will not process any Form G-639 until you pay all fees from prior requests.

I, the requestor, consent to pay all costs incurred for search, duplication, and review of documents up to \$25.

Declaration that the Request is True and Complete

If you are the subject of record and requesting records about yourself or requesting a correction or amendment of your records, you must verify your identity by providing the information requested in Part 2, Item Number 7. You **MUST** also sign your request below and have your signature notarized **OR** submitted under penalty of perjury.

Sign and date the request. A stamped or typewritten name in place of a signature is not acceptable.

I certify, swear, or affirm, under penalty of perjury under the laws of the United States of America, that the information in this request is complete, true, and correct.

1. Signature of Requestor Date of Signature (mm/dd/yyyy)
 →

Part 4. Third-Party Requestor

1. Third-Party Requestor Identifying Information

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
DEVINE	MARK	JOHN

2. Third-Party Requestor Mailing Address and Contact Information

In Care Of Name (if any)

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Province Postal Code Country

Telephone Number Email Address

Part 4. Third-Party Requestor (continued)

3. Third-Party Requestor's Relationship to the Subject of Record

What is the relationship of the subject of record to the third-party requestor?

If you are requesting information or amendment or correction of records on behalf of the subject of record (select only one for Items A. - F.):

- A. I am an attorney or accredited representative, acting on behalf of the subject of record.
- B. I am requesting information about someone who is deceased.
- C. I am requesting information on behalf of my child or a minor for whom I am a legal guardian.
- D. Other (Explain):

If you are requesting information about a subject of record with whom you have no relationship:

- E. I am requesting as a member of the media.
- F. Other (Explain):

If you selected **Item B.** in **Item Number 3.**, you must provide proof they are deceased, with a death certificate, obituary, photograph of a funeral memorial or monument; or screen print from the Social Security Death Index; or probate documents filed in court. This is not required if they were born more than 100 years before you submit this form.

4. If you selected **Item C.** in **Item Number 3.**, you must provide proof of parentage/guardianship, such as a birth certificate, adoption decree, or similar document naming the requestor as the legal parent or guardian. You must also provide:

A. Parent/Guardian's Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE

B. Parent/Guardian's Date of Birth

(mm dd yyyy)

C. Parent/Guardian's Country of Birth

Consent by Subject of Record to Release Records to a Third-Party Requestor or Allow Amendment or Correction of Records by a Third-Party Requestor

USCIS generally requests that third-party requestors prove they have the subject of the record's consent to receive the records. Alternately, third-party requestors must prove the subject of record is deceased, or otherwise demonstrate that the requested records are subject to release, such as when there is no privacy interest in the records, or if there is a public interest in the records that outweighs the subject's privacy interests. Consent by the subject of record is generally not requested if the subject of record's birthdate is more than 100 years before the submission of this request. Third party requestors who are seeking amendment or correction of records pertaining to the subject of record must demonstrate that they have the subject of record's consent and that they are acting on behalf of the subject of record.

To provide consent, complete one of the following options:

Option 1: Declaration Under Penalty of Perjury

- I, the subject of record, consent to USCIS releasing my records to a third-party requestor and/or allowing amendment or correction of my records by a third-party requestor, as named in **Part 4.**

5. Signature of Subject of Record

Date of Signature (mm/dd/yyyy)

Part 5. Additional Information

If you need extra space to provide any additional information within this request, use the space below. You may also make copies of this page to complete this request or attach a separate sheet of paper.

If you attach additional paper:

- Type or print the subject of record's name and their A-number (if known) at the top of each sheet:
- Indicate the Page Number, Part Number, and Item Number to which your answer refers: and
- Sign and date each sheet.

1. Subject of Record's Family Name (Last Name) Subject of Record's Given Name (First Name) Subject of Record's Middle Name

JAST KAREN JOHANNA

2. Subject of Record's A-Number (if any) ▶ A- 2 0 0 2 1 5 5 7 3

3. A. Page Number B. Part Number C. Item Number

W/A W/A W/A

D. NOT APPLICABLE

4. A. Page Number B. Part Number C. Item Number

W/A W/A W/A

D. NOT APPLICABLE

5. A. Page Number B. Part Number C. Item Number

W/A W/A W/A

D. NOT APPLICABLE

6. A. Page Number B. Part Number C. Item Number

W/A W/A W/A

D. NOT APPLICABLE

7. A. Page Number B. Part Number C. Item Number

W/A W/A W/A

D. NOT APPLICABLE

DHS Privacy Notice

AUTHORITIES: The information requested on this form, and the associated evidence, is collected under the Freedom of Information Act (FOIA), 5 U.S.C. Section 552, and the Privacy Act of 1974 (PA), 5 U.S.C. Section 552a, together with the Department of Homeland Security implementing regulations found in volume 6 of the Code of Federal Regulations (CFR).

PURPOSE: The primary purpose for providing the requested information on this form is to request access to information under the FOIA and/or PA, or amendment or correction of records under the PA. DHS uses the information you provide to grant or deny the information request you are seeking.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information, and any requested evidence, may delay access to information or result in denial of your information or amendment request.

ROUTINE USES: DHS may share the information you provide on this form and any additional requested evidence with other Federal, state, local, and foreign government agencies and authorized organizations. DHS follows approved routine uses described in the associated published system of records notices [DHS/ALL-001 DHS FOIA and Privacy Act Record System and DHS/ALL-037 E-Authentication Records System of Records] and the published privacy impact assessments [DHS/USCIS/PIA-077 FOIA Immigration Records System (FIRST) and DHS/ALL/PIA-038 FOIA/PA Information Processing System], which you can find at www.dhs.gov/privacy. DHS may also share this information, as appropriate, for law enforcement purposes or in the interest of national security.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid Office of Management and Budget (OMB) control number. The public reporting burden for this collection of information is estimated at 40 minutes per response, including the time for reviewing instructions, gathering the required documentation and information, completing the request, preparing statements, attaching necessary documentation, and submitting the request. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Office of Policy and Strategy, Regulatory Coordination Division, 5900 Capital Gateway Drive, Mail Stop #2140, Camp Springs, MD 20588-0009; OMB No. 1615-0102. **Do not mail your completed Form G-639 to this address.**



**Notice of Entry of Appearance
as Attorney or Accredited Representative**
Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)
▶

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name)
2.b. Given Name (First Name)
2.c. Middle Name

Address of Attorney or Accredited Representative

3.a. Street Number and Name
3.b. Apt. Stc. Flr.
3.c. City or Town
3.d. State 3.e. ZIP Code
3.f. Province
3.g. Postal Code
3.h. Country

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number
5. Mobile Telephone Number (if any)
6. Email Address (if any)
7. Fax Number (if any)

Part 2. Eligibility Information for Attorney or Accredited Representative

Select all applicable items.

1.a. I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in Part 6. Additional Information.

Licensing Authority

1.b. Bar Number (if applicable)

1.c. I (select only one box) am not am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in Part 6. Additional Information to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

2.a. I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

2.c. Date of Accreditation (mm/dd/yyyy)

3. I am associated with
the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate



Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in Part 6. Additional Information.

This appearance relates to immigration matters before (select only one box):

- 1.a. U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.
- 2.a. U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
- 3.a. U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
- 4. Receipt Number (if any)
- 5. I enter my appearance as an attorney or accredited representative at the request of the (select only one box):
 Applicant Petitioner Requestor
 Beneficiary/Derivative Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

- 6.a. Family Name (Last Name)
- 6.b. Given Name (First Name)
- 6.c. Middle Name
- 7.a. Name of Entity (if applicable)
- 7.b. Title of Authorized Signatory for Entity (if applicable)
- 8. Client's USCIS Online Account Number (if any)
- 9. Client's Alien Registration Number (A-Number) (if any)

Client's Contact Information

- 10. Daytime Telephone Number
- 11. Mobile Telephone Number (if any)
- 12. Email Address (if any)

Mailing Address of Client

NOTE: Provide the client's mailing address. Do not provide the business mailing address of the attorney or accredited representative unless it serves as the safe mailing address on the application or petition being filed with this Form G-28.

- 13.a. Street Number and Name
- 13.b. Apt. Ste. Flr.
- 13.e. City or Town
- 13.d. State 13.e. ZIP Code
- 13.f. Province
- 13.g. Postal Code
- 13.h. Country

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in Part 1. of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

Part 4. Client's Consent to Representation and Signature (continued)

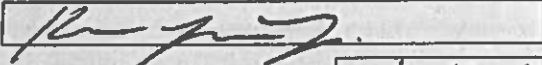
Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

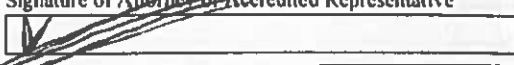
- 1.a. I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
 - 1.b. I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).
- NOTE:** If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**
- 1.c. I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

- 2.a. Signature of Client or Authorized Signatory for an Entity
➔ 
- 2.b. Date of Signature (mm/dd/yyyy)

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

- 1. a. Signature of Attorney or Accredited Representative

- 1. b. Date of Signature (mm/dd/yyyy)
- 2. a. Signature of Law Student or Law Graduate
- 2. b. Date of Signature (mm/dd/yyyy)

