

TRANSMISSION VERIFICATION REPORT

TIME : 08/06/2015 04:40PM  
NAME :  
FAX :  
TEL :  
SER.# : U63090F4N772132

DATE, TIME	08/06 04:39PM
FAX NO./NAME	18163505785
DURATION	00:01:36
PAGE(S)	10
RESULT	OK
MODE	STANDARD ECM

**Maria Baldini-Potermin & Associates, P.C.**

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FACSIMILE TRANSMITTAL SHEET

TO: <b>National Records Center (FOIA/PA Office)</b>	FROM: <b>Maria Baldini-Potermin</b>
COMPANY: <b>U.S. Citizenship and Immigration Services P.O. Box 648010 Lee's Summit, MO 64064-8010</b>	DATE: <b>August 6, 2015</b>
FAX NUMBER: <b>(816) 350-5785</b>	TOTAL NO. OF PAGES INCLUDING COVER: <b>10</b>
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE: <b>EL-KHADER, Hani Hasan Ahmad</b>	YOUR REFERENCE NUMBER: <b>A071 846 426</b>

URGENT     FOR REVIEW     PLEASE COMMENT     PLEASE REPLY     PLEASE RECYCLE

NOTES/COMMENTS:

Dear USCIS Officer:

**Maria Baldini-Potermin & Associates, P.C.**

One North LaSalle Street, Suite 3040  
Chicago, Illinois 60602

Telephone: (312) 368-8200

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NOTES/COMMENTS:

Dear USCIS Officer:

Please process the enclosed Freedom of Information Act Request as soon as possible. If you require any additional information, please do not hesitate to contact me at 312-368-8200 or the above address. Thank you for your attention to this request.

Sincerely,



Maria Baldini-Potermin  
Attorney at Law

**Maria Baldini-Potermin & Associates, P.C.**

One North LaSalle Street, Suite 2150  
Chicago, Illinois 60602

Telephone: (312) 368-8200

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MARIA BALDINI-POTERMIN  
ADMITTED IN ILLINOIS AND MINNESOTA

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ADMITTED IN ILLINOIS

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ADMITTED IN ILLINOIS

August 6, 2015

United States Citizenship and Immigration Services  
National Records Center (NRC)  
**FOIA/PA Office**  
P.O. Box 648010  
Lee's Summit, MO 64064-8010

By facsimile:  
**(816) 350-5785**

**RE: EL-KHADER, Hani Hasan Ahmad**  
**File No.: A071 846 426**  
**FREEDOM OF INFORMATION ACT REQUEST**

Dear USCIS Officer:

I represent Mr. Hani Hasan Ahmad El-Khader. Enclosed are Form G-639, Freedom of Information/Privacy Act request, and Form G-28, Notice of Entry of Appearance as Attorney, signed by Mr. El-Khader.

Per the Freedom of Information and Privacy Act, a response to an inquiry should be generated within 20 days. Your prompt response to our request will be greatly appreciated.

If you require any additional information, please do not hesitate to contact me as soon as possible. Thank you.

Sincerely,



Maria Baldini-Potermin  
Attorney at Law

MBP/gh  
Enclosures



**Notice of Entry of Appearance  
as Attorney or Accredited Representative**

Department of Homeland Security

DHS  
Form G-28  
OMB No. 1615-0105  
Expires 03/31/2018

**Part 1. Information About Attorney or Accredited Representative**

1. USCIS ELIS Account Number (if any)  
▶

**Name and Address of Attorney or Accredited Representative**

2.a. Family Name (Last Name)   
 2.b. Given Name (First Name)   
 2.c. Middle Name   
 3.a. Street Number and Name   
 3.b. Apt.  Ste.  Flr.    
 3.c. City or Town   
 3.d. State  3.e. ZIP Code   
 3.f. Province   
 3.g. Postal Code   
 3.h. Country   
 4. Daytime Telephone Number   
 5. Fax Number   
 6. E-Mail Address (if any)   
 7. Mobile Telephone Number (if any)

**Part 2. Notice of Appearance as Attorney or Accredited Representative**

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

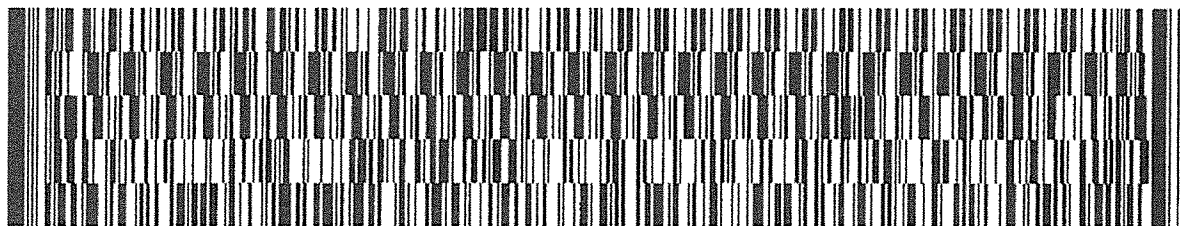
1.a.  USCIS  
 1.b. List the form numbers   
 2.a.  ICE  
 2.b. List the specific matter in which appearance is entered   
 3.a.  CBP  
 3.b. List the specific matter in which appearance is entered

I enter my appearance as attorney or accredited representative at the request of:

4. Select only one box:  
 Applicant  Petitioner  Requestor  
 Respondent (ICE, CBP)

**Information About Applicant, Petitioner, Requestor, or Respondent**

5.a. Family Name (Last Name)   
 5.b. Given Name (First Name)   
 5.c. Middle Name   
 6. Name of Company or Organization (if applicable)



**Part 2. Notice of Appearance as Attorney or Accredited Representative (continued)**

**Information About Applicant, Petitioner, Requestor, or Respondent (continued)**

- 7. USCIS ELIS Account Number (if any)
- 8. Alien Registration Number (A-Number) or Receipt Number
- 9. Daytime Telephone Number
- 10. Mobile Telephone Number (if any)
- 11. E-Mail Address (if any)

**Mailing Address of Applicant, Petitioner, Requestor, or Respondent**

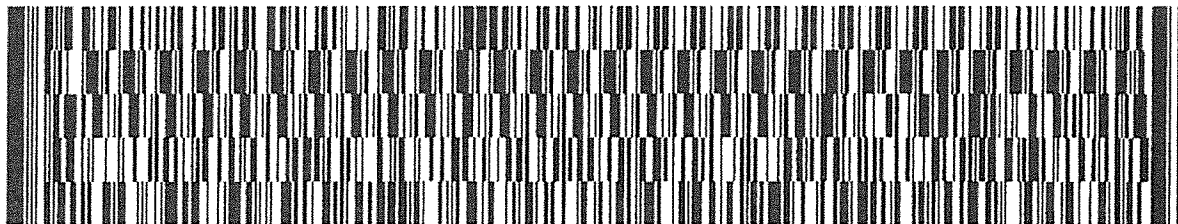
NOTE: Provide the mailing address of the applicant, petitioner, requestor, or respondent. If the applicant, petitioner, requestor, or respondent has used a safe mailing address on the application, petition, or request being filed with this Form G-28, provide it in these spaces.

- 12.a. Street Number and Name
- 12.b. Apt.  Ste.  Flr.
- 12.c. City or Town
- 12.d. State  12.e. ZIP Code
- 12.f. Province
- 12.g. Postal Code
- 12.h. Country

**Part 3. 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 additional space, use Part 6.)  
Licensing Authority
- 1.b. Bar Number (if applicable)
- 1.c. Name of Law Firm
- 1.d. I (choose one)  am not  am subject to any order of any court or administrative agency disbaring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law. If you are subject to any orders, explain in the space below. (If you need additional space, use Part 6.)
- 2.a.  I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals, in accordance with 8 CFR 292.2. Provide the name of the organization and the expiration date of accreditation.
- 2.b. Name of Recognized Organization
- 2.c. Date accreditation expires (mm/dd/yyyy)



**Part 3. Eligibility Information for Attorney or Accredited Representative (continued)**

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 is at his or her request.

NOTE: If you select this item, also complete Item Numbers 1.a. - 1.b. or Item Numbers 2.a. - 2.c. in Part 3. (whichever is appropriate).

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)(iv).

4.b. Name of Law Student or Law Graduate \_\_\_\_\_

**Part 4. Applicant, Petitioner, Requestor, or Respondent Consent to Representation, Contact Information, and Signature**

**Consent to Representation and Release of Information**

1. 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 DHS policy, I also consent to the disclosure to the named attorney or accredited representative of any record pertaining to me that appears in any system of records of USCIS, ICE or CBP.

When you (the applicant, petitioner, requestor, or respondent) are represented, DHS will send notices to both you and your attorney or accredited representative either through mail or electronic delivery.

DHS will also send the Form I-94, Arrival Departure Record, to you unless you select Item Number 2.a. in Part 4. All secure identity documents and Travel Documents will be sent to you (the applicant, petitioner, requestor, or respondent) unless you ask us to send those documents to your attorney of record or accredited representative.

If you do not want to receive original notices or secure identity documents directly, but would rather have such notices and documents sent to your attorney of record or accredited representative, please select all applicable boxes below:

2.a.  I request DHS send any notice (including Form I-94) on an application, petition, or request to the business address of my attorney of record or accredited representative as listed in this form. I understand that I may change this election at any future date through written notice to DHS.

2.b.  I request that DHS send any secure identity document, such as a Permanent Resident Card, Employment Authorization Document, or Travel Document, that I am approved to receive and authorized to possess, to the business address of my attorney of record or accredited representative as listed in this form. I consent to having my secure identity document sent to my attorney of record or accredited representative and understand that I may request, at any future date and through written notice to DHS, that DHS send any secure identity document to me directly.

3.a. Signature of Applicant, Petitioner, Requestor, or Respondent

\_\_\_\_\_

3.b. Date of Signature (mm/dd/yyyy) ▶ 08/02/2015

**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 the Department of Homeland Security. 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.

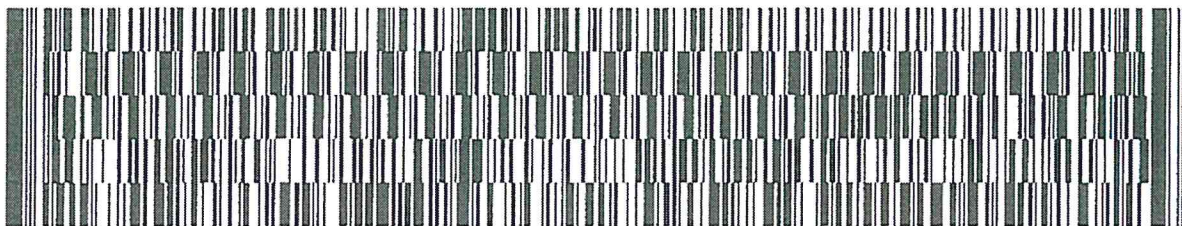
1. Signature of Attorney or Accredited Representative

\_\_\_\_\_

2. Signature of Law Student or Law Graduate

\_\_\_\_\_

3. Date of Signature (mm/dd/yyyy) ▶ 08/06/2015

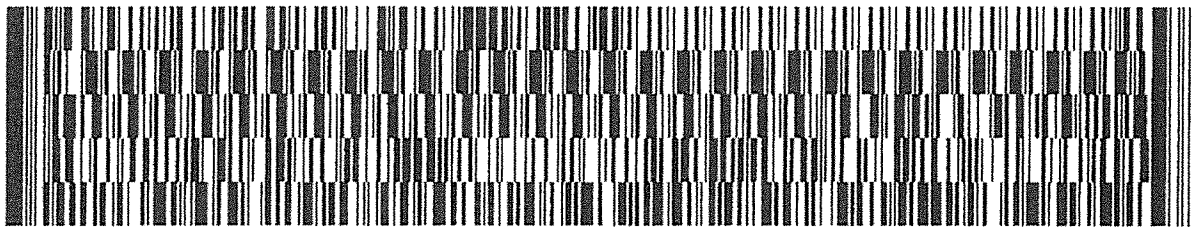


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**Part 6. Additional Information**

Use the space below to provide additional information  
pertaining to Part 3., Item Numbers 1.a. - 1.d.





**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 03/31/2017

NOTE: Use of this request is optional. Any written format for a Freedom of Information or Privacy Act request is acceptable.

▶ **START HERE** - Type or print in black ink.

**Part 1. Type of Request**

Select only one box.

NOTE: If you are filing this request on behalf of another individual, respond as it would apply to that individual.

- 1.a.  Freedom of Information Act (FOIA)
- 1.b.  Privacy Act (PA)
- 1.c.  Amendment of Record (PA only)

**Part 2. Requestor Information**

- 1. Are you the Subject of Record for this request?  
 Yes  No

If you answered "No" to Item Number 1., provide the information requested in Part 2. If you answered "Yes" to Item Number 1., skip to Part 3.

**Requestor's Full Name**

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

**Requestor's Mailing Address**

- 3.a. In Care Of Name (if any)
- 3.b. Street Number and Name
- 3.c.  Apt.  Ste.  Flr.
- 3.d. City or Town
- 3.e. State  3.f. ZIP Code
- 3.g. Province
- 3.h. Postal Code
- 3.i. Country

**Requestor's Contact Information**

- 4. Requestor's Daytime Telephone Number
- 5. Requestor's Mobile Telephone Number (if any)
- 6. Requestor's Email Address (if any)

**Requestor's Certification**

By my signature, I consent to pay all costs incurred for search, duplication, and review of documents up to \$25. (See Form G-639 Instructions for more information.)

- 7.a. Requestor's Signature
- 7.b. Date of Signature (mm/dd/yyyy)

**Part 3. Description of Records Requested**

NOTE: While you are not required to respond to every item in Part 3., failure to provide complete and specific information may delay processing of your request or create an inability for U.S. Citizenship and Immigration Services (USCIS) to locate the records or information requested.

- 1. **Purpose (Optional:** You are not required to state the purpose of your request. However, providing this information may assist USCIS in locating the records needed to respond to your request.)

Complete Alien File

**Full Name of the Subject of Record**

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



**Part 3. Description of Records Requested**  
(continued)

*Other Names Used by the Subject of Record (include nicknames, aliases, and maiden name, if applicable)*

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

*Full Name of the Subject of Record at Time of Entry into the United States*

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

*Other Information About the Subject of Record*

- 5. Form I-94 Number Arrival-Departure Record  
▶
- 6. Alien Registration Number (A-Number) (if any)  
▶ A-
- 7. Application, Petition, or Request Receipt Number  
▶

*Information About Family Members that May Appear on Requested Records*

For example, provide the requested information about a spouse or children. If you need extra space to complete this section, use the space provided in Part 5. Additional Information.

**Family Member 1**

- 8.a. Family Name (Last Name)
- 8.b. Given Name (First Name)
- 8.c. Middle Name
- 9. Relationship

**Family Member 2**

- 10.a. Family Name (Last Name)
- 10.b. Given Name (First Name)
- 10.c. Middle Name
- 11. Relationship

*Parents' Names for the Subject of Record*

**Father**

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

**Mother**

- 13.a. Family Name (Last Name)
- 13.b. Given Name (First Name)
- 13.c. Middle Name
- 13.d. Maiden Name (if applicable)

**Part 4. Verification of Identity and Subject of Record Consent**

**NOTE:** The information requested in Part 4. is **REQUIRED**. Complete all applicable Item Numbers. In addition, the Subject of Record **MUST** sign Part 4. of this request.

*Full Name of the Subject of Record*

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

**Part 4. Verification of Identity and Subject of Record Consent (continued)**

**Mailing Address for the Subject of Record**

2.a. In Care Of Name (if any)  
 Maria Baldini-Potermin

2.b. Street Number and Name  
 1 N. LaSalle

2.c.  Apt.  Ste.  Flr. 2150

2.d. City or Town  
 Chicago

2.e. State IL 2.f. ZIP Code 60602

2.g. Province

2.h. Postal Code

2.i. Country  
 United States

**Other Information for the Subject of Record**

3. Date of Birth (mm/dd/yyyy) [redacted] 1969

4. Country of Birth  
 Kuwait

**Contact Information for the Subject of Record**

Providing this information is optional.

5. Daytime Telephone Number

6. Mobile Telephone Number (if any)  
 6479336927

7. Email Address (if any)  
 hanikhader@hotmail.com

**Signature and Notarized Affidavit or Declaration of the Subject of Record**

Select only one box.

**NOTE:** The Subject of Record **MUST** provide a signature in Item Number 8.a. Notarized Affidavit of Identity **OR** Item Number 8.b. Sworn Declaration Under Penalty of Perjury. If the Subject of Record is deceased, read Item Number 8.c. and attach proof of death.

8.a.  **Notarized Affidavit of Identity** (Do **NOT** sign and date below until the notary public provides instructions to you.)

By my signature, I consent to USCIS releasing the requested records to the requestor (if applicable) named in Part 2. I also consent to pay all costs incurred for search, duplication, and review of documents up to \$25 (if filing this request for myself).

\_\_\_\_\_  
 Signature of Subject of Record

\_\_\_\_\_  
 Date of Signature (mm/dd/yyyy)

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ .  
 Daytime Telephone Number \_\_\_\_\_

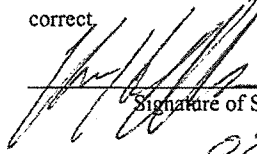
\_\_\_\_\_  
 Signature of Notary

My Commission Expires on \_\_\_\_\_

8.b.  **Declaration Under Penalty of Perjury**

By my signature, I consent to USCIS releasing the requested records to the requestor (if applicable) named in Part 2. I also consent to pay all costs incurred for search, duplication, and review of documents up to \$25 (if filing this request for myself).

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.

  
 \_\_\_\_\_  
 Signature of Subject of Record  
 08/02/2015  
 \_\_\_\_\_  
 Date of Signature (mm/dd/yyyy)

8.c. **Deceased Subject of Record** (NOTE: You **MUST** attach an obituary, death certificate, or other proof of death.)

**Part 5. Additional Information**

If you need extra space to provide any additional information within this request, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with your request or attach a separate sheet of paper. Type or print the name of the Subject of Record and his or her A-Number (if any) at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which the information refers; and sign and date each sheet.

1.a. Family Name (Last Name)   
1.b. Given Name (First Name)   
1.c. Middle Name   
2. Alien Registration Number (A-Number) (if any)  
▶ A-

3.a. Page Number  3.b. Part Number  3.c. Item Number

3.d. Other names used:

El Khader, Hani Hasan Ahmad  
El-Khader, Hani Hasan  
El-Khader, Hani  
Khader, Hani

5.a. Page Number  5.b. Part Number  5.c. Item Number

5.d.

6.a. Page Number  6.b. Part Number  6.c. Item Number

6.d.

4.a. Page Number  4.b. Part Number  4.c. Item Number

4.d.

7.a. Requestor's Signature (or Subject of Record's Signature if you are filing this request for yourself)



7.b. Date of Signature (mm/dd/yyyy)