

A#: 071846426 NAME: EL KHADER ,HANI DOB: [REDACTED] 1969

ACTION	LOC	ACTION-DATE	ST	REASON/ COURT#	MISC	ID NUMBER/ MISC-DATE	KEYED-DATE
RAP APPL HIST	ZCH	10/22/1991		AO			07/23/1992
RAP FINAL HIST	ZCH	01/05/1995	D	F1			02/01/1995

*** END OF HISTORY DISPLAY ***
CLEAR EXIT PF1 PAGE AHEAD PF2 PAGE BACK PF4 RETURN PF5 HELP PF6 MAIN MENU

EMPLOYMENT AUTHORIZATION DOCUMENT (EAD) DATA

A#: 071846426 NAME: EL KHADER ,HANI DOB: [REDACTED] 1969

FARES #: CHIA022550147 SSN #: [REDACTED] 4566 COB: KUWAI COA: UN
WORK STATION ID: A OPERATOR ID: CHIA OFFICER ID: CHI2277

SEQ#	-----TYPE-----	ACTION	DENY	START	EXPIRATION	PROVISION OF LAW
		--DATE--	CODE OFF	--DATE--	---DATE---	--8CFR 274A.12--
01	CORRECTION/SPOILED	06122002	CHI	06122001	06112002	(C) (09) ()
02	REPLACEMENT	08162001	CHI	07021999	02012000	(C) (09) ()
03	EXTENSION	06152001	CHI	06152001	06142002	(C) (09) ()
04	EXTENSION	02072000	NSC	07022000	07012001	(C) (09) ()
05	INITIAL ISSUANCE	07021998	CHI	07021998	07011999	(C) (09) ()
06	EXTENSION	12191994	NSC	12191994	12191995	(C) (08) ()
07	INITIAL ISSUANCE	10281991	CHI	10281991	10281992	(C) (08) ()

*** END OF EADS DISPLAY ***

CLEAR EXIT PF1 PAGE AHEAD PF2 PAGE BACK PF4 RETURN PF5 HELP PF6 MAIN MENU

A NUMBER: 071846426
BASE CITY: CHI HEARING LOC: CHI A-NUMBER: 071846426
CIS NAME: EL KHADER, HANI, H PRIN A-NUMBER: 071846426
EOIR NAME: EL-KHADER, HANI EOIR NATIONALITY: KU
DOB: CASE TYPE: DEP RELATION:
CHARGE DOC: 01/11/1995 ASYLUM TYPE: CUSTODY: CLK ELAPSE: 0
PROCEED REC: 02/02/1995 INIT HEARING: 06/09/1995 CLK UPDTD: 06/09/1995
LAST HEARING: 08/18/1995 TYPE: MSTR CLK ST:
INIT RECD:
ASYL RECD: IJ DECISN: IJ COMPLETE: 08/18/1995 APPLICATIONS
W/H DECISN: EOIR DECISN: TERMIN FILED DEC
OTHER COMPL: 212C:
MTR RECD: DECISN: DATE: 245ADJ:
APPEAL: DECISN: DATE: VOL DEP:
FINAL DISP: NOT R/O DATE: 08/18/1995 WTHDRWL:
SUSPENS:
CHARGES: (1) 241a01Ci (2) (3)
(4) (5) (6)

PF1 PAGE FWD PF5 HELP PF11 RETURN TO CIS CLEAR EXIT ENTER PROCESS A NUMBER
EOIR DATA DISPLAYED. MORE TO SEE - PRESS PF1.

CIMDAK
COMMAND:

A#: 071846426 NAME: EL KHADER

, HANI

DOB: [REDACTED] 1969

ALIAS LAST NAME(S)
EL KHADER
EL KHADER

ALIAS FIRST NAME(S)
HANI H
HANI

OVER-KEY A-NUMBER FOR A NEW PERSON - PRESS ENTER.
CLEAR EXIT PF4 DISPLAY MENU PF5 HELP PF6 CIS MAIN MENU

SEARCH CRITERIA: ANUM = 071-846-426

CIDN : NI15900190 ORI: (SC) NBINS000Z (LOC) ILINSCG00
A-NUMBER : 071-846-426 FORM#: I485
NAME (L/F/M): EL KHADER HANI HASAN

DATE OF BIRTH : [REDACTED] 1969 TCN:
FP REQUEST SENT: 12/15/1998 TCR:
PLACE OF BIRTH : KU

***** FBI RESPONSE INFORMATION *****

FBI RESPONSE DESC : [REDACTED] (b)(7)(e)
DATE PROCESSED BY FBI: 12/30/1998 CONTROL NO: EL4909N
RESP PROCESSED BY LAN: 01/08/1999 FBI NUMBER:
RESP PROCESSED BY M/F: 01/08/1999 PCN :
REJECT DESCRIPTION :

SUCCESSFUL FD258 DETAIL SCREEN DISPLAY

PF1 PF2 PF6 PF8
PG FWD PG BWD PRIOR SCREEN LOGOFF

SEARCH CRITERIA:

CIDN : A071846426 ORI: USINSC00Z
A-NUMBER : 071846426
NAME (L/F): ELKHADER HANI H

DATE OF BIRTH : [REDACTED] 1969
NC REQUEST SENT: 03/13/2009
PLACE OF BIRTH : KUW

***** FBI RESPONSE INFORMATION *****

FBI RESPONSE DESC : [REDACTED] (b)(7)(e)
DATE PROCESSED BY FBI: 03/27/2009
DATE/TIME LOADED AT INS: 03/31/2009 23:08:35

FBI NAME: ELKHADER, HANI H FBI DATE OF BIRTH: 11/14/1969

PF6 PF8
PRIOR SCREEN LOGOFF

SEARCH CRITERIA: ANUM = 071-846-426

CIDN : NI15900190 ORI: (SC) NBINS000Z (LOC) ILINSCG00
A-NUMBER : 071-846-426 FORM#: I485
NAME (L/F/M): EL KHADER HANI HASAN

DATE OF BIRTH : [REDACTED] 1969 TCN:
FP REQUEST SENT: 12/15/1998 TCR:
PLACE OF BIRTH : KU

***** FBI RESPONSE INFORMATION *****

(b)(7)(e)

FBI RESPONSE DESC : [REDACTED]
DATE PROCESSED BY FBI: 12/30/1998 CONTROL NO: EL4909N
RESP PROCESSED BY LAN: 01/08/1999 FBI NUMBER:
RESP PROCESSED BY M/F: 01/08/1999 PCN :
REJECT DESCRIPTION :

SUCCESSFUL FD258 DETAIL SCREEN DISPLAY

PF1 PF2 PF6 PF8
PG FWD PG BWD PRIOR SCREEN LOGOFF

*no current JP/S
or current
EAD'S*

FBI NAME CHECK RESPONSE

SEARCH CRITERIA:

CIDN : A071846426 ORI: USINSC00Z
A-NUMBER : 071846426
NAME (L/F): ELKHADER HANI H
DATE OF BIRTH : [REDACTED] 1969
NC REQUEST SENT: 03/13/2009
PLACE OF BIRTH : KUW

***** FBI RESPONSE INFORMATION *****

FBI RESPONSE DESC : [REDACTED] (b)(7)(e)
DATE PROCESSED BY FBI: 03/27/2009
DATE/TIME LOADED AT INS: 03/31/2009 23:08:35

FBI NAME: ELKHADER, HANI H FBI DATE OF BIRTH: 11/14/1969

PF6 PF8
PRIOR SCREEN LOGOFF

ID # (A/AA/AB/C/DA): A071846426 A#: 071846426 DOB: [REDACTED] 1969
(DL/FB/FP/I/PP/SS/TD)
LAST: EL KHADER
FIRST: HANI NATZ DATE:
MIDDLE: H COURT:
ALIASES: EL KHADER , HANI H LOCATION:
EL KHADER , HANI
SEX: M POE: CHI COB: KUWAI DOE: 01131990
FCO: NSC COA: UN COC: FTC: 11122008 FATHER:
PFCO: NBC SFCO: DFO: 10221991 BIN: MOTHER:

SSN: [REDACTED] 4566 CONSOLIDATED A-NOS --OTHER INFORMATION--
I-94 ADM #: 93078819206 < 071846426 [REDACTED] EADS-X
PASSPORT #: 075820315
FBI #: (b)(7)(e)
DRIVER LIC:
FINGER CD#:

OVER-KEY ID# TO DISPLAY NEW PERSON, PRESS ENTER. CLEAR EXIT PF1 NEXT CONS A#
PF2 PRIOR CONS A# PF3 REFRESH PF4 RETURN PF5 HELP PF6 MAIN MENU PF8 HISTORY
PF9 EAD PF11 EOIR

EMPLOYMENT AUTHORIZATION DOCUMENT (EAD) DATA

A#: 071846426 NAME: EL KHADER ,HANI DOB: [REDACTED] 1969

FARES #: CHIA022550147 SSN #: 275-90-4566 COB: KUWAI COA: UN
WORK STATION ID: A OPERATOR ID: CHIA OFFICER ID: CHI2277

SEQ#	-----TYPE-----	ACTION	DENY	START	EXPIRATION	PROVISION OF LAW
		--DATE--	CODE OFF	--DATE--	---DATE---	--8CFR 274A.12--
01	CORRECTION/SPOILED	06122002	CHI	06122001	06112002	(C) (09) ()
02	REPLACEMENT	08162001	CHI	07021999	02012000	(C) (09) ()
03	EXTENSION	06152001	CHI	06152001	06142002	(C) (09) ()
04	EXTENSION	02072000	NSC	07022000	07012001	(C) (09) ()
05	INITIAL ISSUANCE	07021998	CHI	07021998	07011999	(C) (09) ()
06	EXTENSION	12191994	NSC	12191994	12191995	(C) (08) ()
07	INITIAL ISSUANCE	10281991	CHI	10281991	10281992	(C) (08) ()

*** END OF EADS DISPLAY ***

CLEAR EXIT PF1 PAGE AHEAD PF2 PAGE BACK PF4 RETURN PF5 HELP PF6 MAIN MENU

ID # (A/AA/AB/C/DA): A75820315 A#: 075820315 DOB: [REDACTED] 1969
(DL/FB/FP/I/PP/SS/TD)
LAST: EL KHADER NATZ DATE:
FIRST: HANI COURT:
MIDDLE: HASAN LOCATION:
ALIASES:

SEX: M POE: NYC COB: KUWAI DOE: 01121996
FCO: NSC COA: H1B COC: FTC: 11122008 FATHER: HASAN
PFCO: NBC SFCO: DFO: 08191998 BIN: MOTHER: FAWZIEH

SSN: [REDACTED] 4566 CONSOLIDATED A-NOS --OTHER INFORMATION--
I-94 ADM #: 41953425305 071846426
PASSPORT #: 075820315
FBI #:
DRIVER LIC:
FINGER CD#:

OVER-KEY ID# TO DISPLAY NEW PERSON, PRESS ENTER. CLEAR EXIT PF1 NEXT CONS A#
PF2 PRIOR CONS A# PF3 REFRESH PF4 RETURN PF5 HELP PF6 MAIN MENU PF8 HISTORY
PF9 EAD PF11 EOIR

RECEIPT DATE: 03/24/1998

RECEIPT NUMBER: LIN-98-119-51839

ACTION CODE	ACTION DATE	USER ID
AFAC REJECT/INCORRECT OR NO FEE	03231998	LINDXB01
IC REJECTION NOTICE SENT	03231998	LINDXB01
AA RECEIVED	04011998	LINKAG01
IK REQUEST FOR ADDITIONAL EVIDENCE	07081998	LINVLN01
HA RESPONSE TO REQUEST NOTICE	07281998	LINLDS01
DA APPROVED	08181998	LINGRH01
IEA APPROVAL NOTICE SENT	08181998	LINBATCH
KE DATA CHANGE	08191998	LINPXB01

PRESS PF4 OR "ENTER" TO RETURN TO PREVIOUS SCREEN

PF1	PF2	PF4	PF6	PF7	PF8	PF11
PG FWD	PG BACK	RETURN	MAIN MENU	CODES	LOGOFF	AUDIT

RECEIPT NBR	LAST NAME	FI	FORM	FEE AMT	REC DATE
1. CHIA930270047	EL KHADER	H	I765		10/27/1992
2. LIN9824552028	EL KHADER	H	I485	155.00	09/17/1998
3. LIN9901150488	EL KHADER	H	I181		10/19/1998
4. CHIA022550147	EL KHADER	H	I765	100.00	06/12/2002
5. LIN9811951839	EL KHADER	H	I140	75.00	03/24/1998
6. LIN0222653318	EL KHADER	H	I129	2130.00	07/03/2002
7. CHIA982750031	EL KHADER	H	I765	70.00	07/02/1998
8. CHIA972800054	EL KHADER	H	I765	70.00	07/07/1997
9. LIN0008351442	EL KHADER	H	I765	100.00	01/28/2000
10. LIN0127556386	EL KHADER	H	I130	110.00	09/27/2001
11. CHIA013200017	EL KHADER	H	I765	100.00	08/16/2001
12. LIN9912052996	EL KHADER	H	I765	100.00	03/22/1999
13. LIN0113951565	EL KHADER	H	I765	100.00	03/30/2001
14. CHIA012580008	EL KHADER	H	I765	100.00	06/15/2001
15.					
16.					

TYPE IN SELECTION:

PF1	PF2	PF3	PF4	PF6	PF8
PG FWD	PG BACK	CANCEL	PRIOR MENU	MAIN MENU	LOGOFF

10

4/28/16

402 (323-2464)

RECEIPT DATE: 09/17/1998

RECEIPT NUMBER: LIN-98-245-52028

ACTION CODE	ACTION DATE	USER ID
AA RECEIVED	09171998	LINRAN01
IAA RECEIPT NOTICE SENT	09171998	LINBATCH
BA RELOCATED FOR PROCESSING	02032000	LINLMA01
IP TRANSFER NOTICE SENT	02032000	LINBATCH
BA RELOCATED FOR PROCESSING	02202009	FSCMSCT
CA FROM OTHER CIS CENTER OR OFFICE	02232009	LINAZM01

PRESS PF4 OR "ENTER" TO RETURN TO PREVIOUS SCREEN

PF1	PF2	PF4	PF6	PF7	PF8	PF11
PG FWD	PG BACK	RETURN	MAIN MENU	CODES	LOGOFF	AUDIT

FORM NBR: I485 RCPT NBR: LIN9824552028 REF NBR:
A-NBR: A0 71846426 APP TYPE: A RECEIVED DATE: 09/14/1998
NAME: EL KHADER HANI H
C/O:

STREET: PO BOX 1644 CITY: HIGHLAND PARK
STATE: IL PROVINCE: CNTRY: ZIP/POST: 60035
DOB: [REDACTED] 1969 COB: KUWAI SOC SEC NBR: [REDACTED] 4566 PRIORITY DT: 00000000
OCCUPATN: 050 MARITAL STATUS: M
CURR STAT: UN LAST ENTRY STATUS: LAST ENTRY PLACE:

CARD TYPE: 1 TRANSACT CODE: 1 REASON FOR APPL: SEX: M
MOTHER'S FIRST NAME: FAWZIEH FATHER'S FIRST NAME: HASAN
CLS GRNTD: CR EXPIRES: ADM/ADJ DATE:
POE: CHI AMC: I-89 EXEC LOC:
OTHR FNGPR: FNGPRNT WVR: N I-89 EXEC DATE:
SIG WAIVR: N PHOTO WVR: N VIEW SPONSORS: N

VIEW ADDITIONAL I-485 INFORMATION(Y/N): N

ACTION: CA FROM OTHER CIS CENTER OR OFFICE

DC998001 UPDATE NOT ALLOWED - RECEIPT OWNED BY CLAIMS LAN

PF1 PF2 PF3 PF4 PF6 PF7 PF8 PF9 PF10 PF11
CARD INFO CIS CANCEL BACK MAIN MENU CODES LOGOFF REMIT ATTY STAT HIS

RECEIPT DATE: 09/27/2001

RECEIPT NUMBER: LIN-01-275-56386

ACTION CODE	ACTION DATE	USER ID
AA RECEIVED	09272001	LINNZH01
IAA RECEIPT NOTICE SENT	09272001	LINBATCH
KE DATA CHANGE	10092003	LINKZH01
BA RELOCATED FOR PROCESSING	02232006	FSCLMSC
BB NEW JURISDICTION	02242006	LINDIR01
CA FROM OTHER CIS CENTER OR OFFICE	04032006	WACRA002
KE DATA CHANGE	07282006	WACTBL01
DA APPROVED	08032006	WACDIR01
IEA APPROVAL NOTICE SENT	08032006	WACBATCH
KEA ADDRESS CHANGE	12282007	WACNXN01

PRESS PF4 OR "ENTER" TO RETURN TO PREVIOUS SCREEN

PF1	PF2	PF4	PF6	PF7	PF8	PF11
PG FWD	PG BACK	RETURN	MAIN MENU	CODES	LOGOFF	AUDIT

MODE: L
FORM: I130 RECEIPT NBR: LIN0127556386 OWNED BY: WAC
PART 2: F PART 3: RECEIVED DATE: 09/24/2001
REF NBR: APPEALED FORM: ASSOC RCPT NBR:
PETITNER: AL KHADER RAED H
ATTN: PRE CERT?
STREET: 1625 ELMWOOD DR (b)(6) CITY: HIGHLAND PARK
STATE: IL PROVINCE: CENTRY: ZIP/POSTAL: 60035

EMPLOYER: AL KHADER TAX ID:
CONSLAT: POE: CLASS: PREFERENCE:
NBR BENF: 0 COA:
STATUS/ACTION: KEA ADDRESS CHANGE

PRIORITY DATE: 09242001 DATE VALID FROM: 00000000 TO:

DC998002 UPDATES NOT ALLOWED - CASE RELOCATED TO WAC

PF1	PF2	PF3	PF4	PF5	PF6	PF7	PF8	PF9	PF10	PF11			
BENF	CI	INQ	CANCEL	PRV	MEN	EAD	MAIN	MEN	CODES	LOGOFF	REMIT	REPR	HIST

RECEIPT DATE: 03/24/1998

RECEIPT NUMBER: LIN-98-119-51839

ACTION CODE	ACTION DATE	USER ID
AFAC REJECT/INCORRECT OR NO FEE	03231998	LINDXB01
IC REJECTION NOTICE SENT	03231998	LINDXB01
AA RECEIVED	04011998	LINKAG01
IK REQUEST FOR ADDITIONAL EVIDENCE	07081998	LINVLN01
HA RESPONSE TO REQUEST NOTICE	07281998	LINLDS01
DA APPROVED	08181998	LINGRH01
IEA APPROVAL NOTICE SENT	08181998	LINBATCH
KE DATA CHANGE	08191998	LINPXB01

PRESS PF4 OR "ENTER" TO RETURN TO PREVIOUS SCREEN

PF1	PF2	PF4	PF6	PF7	PF8	PF11
PG FWD	PG BACK	RETURN	MAIN MENU	CODES	LOGOFF	AUDIT

MODE: L
FORM: I140 RECEIPT NBR: LIN9811951839 OWNED BY: LIN
PART 2: E PART 3: RECEIVED DATE: 03/31/1998
REF NBR: APPEALED FORM: ASSOC RCPT NBR:
PETITNER: AMERITRUST MORTGAGE CORPORATIO
ATTN: MS SANDY HEUER PRE CERT?
STREET: 284 VIRGINIA ST CITY: CRYSTAL LAKE
STATE: IL PROVINCE: CNTRY: ZIP/POSTAL: 60014
DOB: COB: SOC SEC NBR: A-NBR:
EMPLOYER: AMERITRUST MORTGAGE CORPORATION TAX ID: 363390401
CONSLAT: POE: CLASS: PREFERENCE: E31
NBR BENF: 0 COA:
STATUS/ACTION: KE DATA CHANGE

PRIORITY DATE: 11231994 DATE VALID FROM: 00000000 TO:

DC998001 UPDATE NOT ALLOWED - RECEIPT OWNED BY CLAIMS LAN
PF1 PF2 PF3 PF4 PF5 PF6 PF7 PF8 PF9 PF10 PF11
BENF CI INQ CANCEL PRV MEN EAD MAIN MEN CODES LOGOFF REMIT REPR HIST

(b)(7)(e)

FBI NAME CHECK RESPONSE

12:38:25

SEARCH CRITERIA:

CIDN : A071846426
A-NUMBER : 071846426
NAME (L/F): ELKHADER

ORI: USINSC00Z

HANI H

DATE OF BIRTH : [REDACTED]/1969
NC REQUEST SENT: 03/13/2009
PLACE OF BIRTH : KUW

***** FBI RESPONSE INFORMATION *****

FBI RESPONSE DESC



(b)(7)(e)

DATE PROCESSED BY FBI: 03/27/2009

DATE/TIME LOADED AT INS: 03/31/2009 23:08:35

FBI NAME: ELKHADER, HANI H

FBI DATE OF BIRTH: 11/14/1969

PF6
PRIOR SCREEN

PF8
LOGOFF

FOR OFFICIAL USE ONLY

BCU Automated Screen Print System Report - Interim

Unique ID #: 521810703020

Result



Process Date:

2/25/2009



(b)(7)(e)

1485

Submitted As:

Last Name

First Name

DOB

EL KHADER,

HANI

69



Rafac Information as of 2/25/2009 6:04:46 AM

A071846426



Receipt Number(s)

LIN9824552028



1485

History (Actions) - DATA RETRIEVED BY AUTOMATION - By Receipt Anumber

LIN9824552028 2/25/2009 6:07:22 A



(b)(7)(c)

(b)(7)(e)

CIS : 9103 Report - DATA RETRIEVED BY AUTOMATION

CIMEXS PAGE 0001 DEPARTMENT OF HOMELAND SECURITY - USCIS 02/25/09

COMMAND: CENTRAL INDEX SYSTEM - MULTIPLE FINDS FROM 06:42:49

EXACT NAME SEARCH

TOTAL RECORDS READ = 0000003

LEENN ACV

SRCH DATA: LN: EL KHADER

DOB: 969 AAAAA PAI

FN: HANI

PRDCI PRO

NAME	A-NUMBER	DOB	COB	POE	FCO	SMSSL	LDL
EL KHADER	,HANI	075820315	1969	KUWAI	NYC	NSC	
EL KHADER	,HANI	109637911	1969	KUWAI	CHI	X	<i>- possible match</i>
EL KHADER	,HANI	071846426	1969	KUWAI	CHI	NSC	XX

*** END OF SEARCH DISPLAY ***

IBIS : ALL TECS ID(s) Report - DATA RETRIEVED BY AUTOMATION

521810703020

P9B27081100CMK



2/25/2009

INSN02

CLAIMS Report - DATA RETRIEVED BY AUTOMATION

Live Claims 3 Application (Ben) Information as of 2/25/2009 8:19:54 AM

1485

A071846426

A71846426

LIN9824552028



Last Name

First Name

Middle Name

EL KHADER

HANI

H

DOB: 69

Gender: M

SSN: 4566

In Care Of:

Address: PO BOX 1644

City: HIGHLAND PARK

State: IL

Zip: 60035

Country:

Telephone

FOR OFFICIAL USE ONLY

FOR OFFICIAL USE ONLY

FOR OFFICIAL USE ONLY

COB: KUWAI Last Arrival: 980517 Eligibility:
 Country Citizen: UN Manner Past Entry: Valid From:
 Current Status: UN Place Last Entry: Valid To:
 Class Expires: 990517 ben_natz_cert_num: #Beneficiaries: 0
 POE: CHI

ben_NIIS_ number: 93078819206



CIS : 9101 Report - DATA RETRIEVED BY AUTOMATION

CIMIDN DEPARTMENT OF HOMELAND SECURITY - USCIS 02/25/09
 COMMAND: CENTRAL INDEX SYSTEM - ID # SEARCH/DISPLAY 06:42:48
 ID # (A/AA/AB/C/DA): A071846426 A#: 071846426 DOB: [REDACTED] 1969
 (DL/FB/FP/PP/SS/TD)
 LAST: EL KHADER
 FIRST: HANI NATZ DATE:
 MIDDLE: H COURT:
 ALIASES: EL KHADER ,HANI H LOCATION:
 EL KHADER ,HANI
 SEX: M POE: CHI COB: KUWAI DOE: 01131990
 FCO: NSC COA: UN COC: FTC: 11122008 FATHER:
 PFCO: NBC SFCO: DFO: 10221991 BIN: MOTHER:
 SSN: [REDACTED] 4566 CONSOLIDATED A-NOS: OTHER INFORMATION--
 I-94 ADM #: 93078819206 071846426 [REDACTED] LEADS-X
 PASSPORT #: 075820315
 FBI #: (b)(7)(e)
 DRIVER LIC:
 FINGER CD#:

CIS : 9202 Report - DATA RETRIEVED BY AUTOMATION

CIMDAK DEPARTMENT OF HOMELAND SECURITY - USCIS 02/25/09
 COMMAND: CENTRAL INDEX SYSTEM - ALIAS (AKA) NAME DISPLAY 06:42:48
 A#: 071846426 NAME: EL KHADER ,HANI DOB: [REDACTED] 1969
 ALIAS LAST NAME(S) ALIAS FIRST NAME(S)
 EL KHADER HANI H
 EL KHADER HANI

CIS : 9221 Report - DATA RETRIEVED BY AUTOMATION

CIMDHI PAGE: 0001 DEPARTMENT OF HOMELAND SECURITY - USCIS 02/25/09
 COMMAND: CENTRAL INDEX SYSTEM - STATUS/HISTORY DATA 06:42:48
 A#: 071846426 NAME: EL KHADER ,HANI DOB: [REDACTED] 969
 REASON/ ID NUMBER/
 ACTION LOC ACTION-DATE ST COURT# MISC MISC-DATE KEYED-DATE
 RAP APPL HIST ZCH 10/22/1991 AO 07/23/1992
 RAP FINAL HIST ZCH 01/05/1995 D F1 02/01/1995
 *** END OF HISTORY DISPLAY ***

CIS : 9222 Report - DATA RETRIEVED BY AUTOMATION

A#: 071846426 NAME: EL KHADER ,HANI DOB: [REDACTED] 969
 NO ARR/BCC CARD INFORMATION ON FILE FOR THIS PERSON.

CIS : EOIR Report - DATA RETRIEVED BY AUTOMATION

FD258: FBI Fingerprint Report - DATA RETRIEVED BY AUTOMATION

FOR OFFICIAL USE ONLY

FOR OFFICIAL USE ONLY

ADDRESS: P.O. BOX 76
843 CRANE DR APT. 801

US-VISIT:

DEKALB IL 60115-0000 ENCINTR DT:

EVENT DT: TYPE:

WORK AUTH REQ: GRANT? ORIG: ADDED:

DATE:

COMMAND: CSTA A-NUMBER: 071846426

PLEASE PRESS <ENTER> TO RETURN TO PAGE 1

PF7 PF11

CODES NAMES (7F)

DACS : LCAS Report - DATA RETRIEVED BY AUTOMATION

DACS : CRIM Report - DATA RETRIEVED BY AUTOMATION

DACS : CASS Report - DATA RETRIEVED BY AUTOMATION

DACS : BIOS Report - DATA RETRIEVED BY AUTOMATION

History (Memo) - Data Retrieved by Automation - by Receipt Number

TASS Report Printed By **as of 2/25/2009 8:19:54 AM**

(b)(7)(c) * * * * **End of TASS Report for A071846426 / LIN9824552028 / 521810703020**

FOR OFFICIAL USE ONLY

A NUMBER: 071846426

BASE CITY: CHI HEARING LOC: CHI A-NUMBER: 071846426
 CIS NAME: EL KHADER, HANI, H PRIN A-NUMBER: 071846426
 EOIR NAME: EL-KHADER, HANI EOIR NATIONALITY: KU
 DOB: CASE TYPE: DEP RELATION:
 CHARGE DOC: 01/11/1995 ASYLUM TYPE: CUSTODY: CLK ELAPSE: 0
 PROCEED REC: 02/02/1995 INIT HEARING: 06/09/1995 CLK UPDTD: 06/09/1995
 LAST HEARING: 08/18/1995 TYPE: MSTR CLK ST:

INIT RECD:
 ASYL RECD: IJ DECISN: IJ COMPLETE: 08/18/1995 APPLICATIONS
 W/H DECISN: EOIR DECISN: TERMIN FILED DEC
 OTHER COMPL: 212C:
 MTR RECD: DECISN: DATE: 245ADJ:
 APPEAL: DECISN: DATE: VOL DEP:
 FINAL DISP: NOT R/O DATE: 08/18/1995 WTHDRWL:
 SUSPENS:

CHARGES: (1) 241a01Ci (2) (3)
 (4) (5) (6)

PF1 PAGE FWD PF5 HELP PF11 RETURN TO CIS CLEAR EXIT ENTER PROCESS A NUMBER
EOIR DATA DISPLAYED. MORE TO SEE - PRESS PF1.

ID # (A/AA/AB/C/DA): A75820315 A#: 075820315 DOB: [REDACTED] 1969
(DL/FB/FP/I/PP/SS/TD)
LAST: EL KHADER
FIRST: HANI NATZ DATE: /
MIDDLE: HASAN COURT:
ALIASES: LOCATION:

SEX: M POE: NYC COB: KUWAI DOE: 01121996
FCO: NSC COA: H1B COC: FTC: 11122008 FATHER: HASAN
PFCO: NBC SFCO: DFO: 08191998 BIN: MOTHER: FAWZIEH

SSN: [REDACTED] 4566 CONSOLIDATED A-NOS --OTHER INFORMATION--
I-94 ADM #: 41953425305 071846426
PASSPORT #: 075820315
FBI #: /
DRIVER LIC:
FINGER CD#:

OVER-KEY ID# TO DISPLAY NEW PERSON, PRESS ENTER. CLEAR EXIT PF1 NEXT CONS A#
PF2 PRIOR CONS A# PF3 REFRESH PF4 RETURN PF5 HELP PF6 MAIN MENU PF8 HISTORY
PF9 EAD PF11 EOIR

ENTER INFORMATION

A-NUMBER: 075820315

OR

CIDN NUMBER:

OR

TCN NUMBER:

OR

FBI NUMBER:

OR

LAST NAME:

FIRST NAME:

LOCAL ORI CODE:

DATE OF BIRTH: 00 / 00 / 0000

OR

LOCAL ORI CODE:

SEND DATE RANGE: 00 / 00 / 0000 TO 02 / 26 / 2009


(b)(7)(e)

OR

LOCAL ORI CODE:

RECEIVED DATE RANGE: 00 / 00 / 0000 TO 02 / 26 / 2009

FOR THE A-NBR ENTERED


PRIOR MENU

PF8
LOGOFF

COMMAND: CENTRAL INDEX SYSTEM - ID # SEARCH/DISPLAY 08:36:35

ID # (A/AA/AB/C/DA): A109637911 A#: 109637911 DOB: [REDACTED] 1969
(DL/FB/FP/I/PP/SS/TD)
LAST: EL KHADER
FIRST: HANI NATZ DATE:
MIDDLE: H COURT:
ALIASES: LOCATION:

SEX: POE: COB: KUWAI DOE: 00000000
FCO: CHI COA: (H1B) COC: FATHER:
PFCO: SFCO: DFO: 07281997 BIN: MOTHER:

SSN: CONSOLIDATED A-NOS --OTHER INFORMATION--
I-94 ADM #: EADS-X
PASSPORT #:
FBI #:
DRIVER LIC:
FINGER CD#:

OVER-KEY ID# TO DISPLAY NEW PERSON, PRESS ENTER. CLEAR EXIT PF1 NEXT CONS A#
PF2 PRIOR CONS A# PF3 REFRESH PF4 RETURN PF5 HELP PF6 MAIN MENU PF8 HISTORY
PF9 EAD PF11 EOIR

ENTER INFORMATION

A-NUMBER: 109637911

OR

CIDN NUMBER:

OR

TCN NUMBER:

OR

FBI NUMBER:

OR

LAST NAME:

FIRST NAME:

LOCAL ORI CODE:

DATE OF BIRTH: 00 / 00 / 0000

OR

LOCAL ORI CODE:

SEND DATE RANGE: 00 / 00 / 0000 TO 02 / 26 / 2009

(b)(7)(e)

OR

LOCAL ORI CODE:

RECEIVED DATE RANGE: 00 / 00 / 0000 TO 02 / 26 / 2009

FOR THE A-NBR ENTERED

PF6
PRIOR MENU

PF8
LOGOFF

FOR OFFICIAL USE ONLY

FOR OFFICIAL USE ONLY

TASS: IBIS DOES NOT RELATE

Processed:

2/25/2009 3:39:19 AM

IBIS : TECS ID(s) Report - DATA RETRIEVED BY AUTOMATION

TECs ID(s)

(b)(7)(c)



Does Not Relate (DNR) According to:

First Name	Middle Name	Last Name
Date of Birth	Gender	
Anumber		Social Security Number
Address	Place of Birth	Country of Birth
Height	Weight	Status
Race	Ethnicity	Geographical Location
Photo Compare		Parents Name
FBI Number	Finger Print Compare	

Other: _____

NCIC/ TECs ID Record(s) listed above viewed by: _____

**** End of TASS: DNR Report for A071846426 / LIN9824552028 / 521810703020*

FOR OFFICIAL USE ONLY

(b)(7)(c)

(b)(7)(e)

DEPARTMENT OF HOMELAND SECURITY JISCIS 11/12/08
CENTRAL INDEX SYSTEM - ID # SEARCH/PLAY 11:32:52

ID # (A/AA/AB/C/DA) : A75820315 A#: 075820315 DOB: [REDACTED] 1969
(DL/FB/FP/I/PP/SS/TD)
LAST: EL KHADER
FIRST: HANI NATZ DATE:
MIDDLE: HASAN COURT:
ALIASES: LOCATION:

SEX: M POE: NYC COB: KUWAI DOE: 01121996
FCO: NBC COA: H1B COC: FTC: 11062008 FATHER: HASAN
PFCO: NRC SFCO: DFO: 08191998 BIN: MOTHER: FAWZIEH

SSN: [REDACTED] CONSOLIDATED A-NOS --OTHER INFORMATION--
I-94 ADM #: 41953425305 071846426
PASSPORT #: 075820315
FBI #:
DRIVER LIC:
FINGER CD#:

OVER-KEY ID# TO DISPLAY NEW PERSON, PRESS ENTER. CLEAR EXIT PF1 NEXT CONS A#
PF2 PRIOR CONS A# PF3 REFRESH PF4 RETURN PF5 HELP PF6 MAIN MENU PF8 HISTORY
PF9 EAD PF11 EOIR

COM

unable to update
129 NBC/51 3-27-08

(R)

**ACTION COMPLETED
APPROVED FOR FILING**

**ACTION COMPLETED
APPROVED FOR FILING**
DEC 27 2007
INITIALS:
FOC: CSC 6237

REC'D CSC 12/27/07 9:14
6237

U.S. Citizenship & Immigration Services
California Service Center
P.O. Box 30111
Laguna Niguel, CA 92607-0111
USA

18/12/2007

71846426

REF: LIN-01-275-56386 ✓
CASE TYPE: I130 Immigrant Petition for Relative
Petitioner: A071 847 176 (Al Khader, Raed H.)
Beneficiary: (El Khader, Hani H.)

To Whom It May Concern:

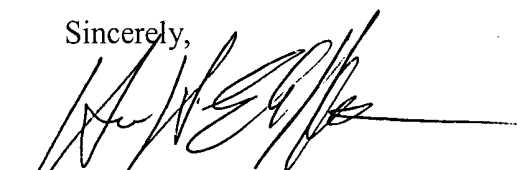
Kindly note that I permanently reside at the Canadian address listed below, please update your records accordingly:

HANI H. EL-KHADER ✓
2370 PROUDFOOT TRAIL
OAKVILLE, ONTARIO L6M 3Y1
CANADA

COA updated
12/28/07
6237

HOME PHONE 905-825-4870
MOBILE PHONE 416-897-5005

Sincerely,


Hani H. El-Khader

RECEIVED
USCIS
CHICAGO, ILLINOIS
2008 APR 16 P 1:52

NRC

000276 APR 22 08

RECEIVED

MAY - 1 2008

APR 30 2008

10/1/16

234988

RECD CSC07DEC31 8:47

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

I-797, Notice of Action



RECEIPT NUMBER LIN-01-275-56386		CASE TYPE I130 IMMIGRANT PETITION FOR RELATIVE, FIANCE (E), OR ORPHAN	
RECEIPT DATE September 27, 2001	PRIORITY DATE September 24, 2001	PETITIONER AL KHADER, RAED H.	(b)(6)
NOTICE DATE August 3, 2006	PAGE 1 of 1	BENEFICIARY EL KHADER, HANI H.	
RAED H. AL KHADER AL KHADER 1625 ELMWOOD DR HIGHLAND PARK IL 60035		Notice Type: Approval Notice Section: Sister or brother of U.S. Citizen; 203(a)(4) INA	

The above petition has been approved. The petition indicates that the person for whom you are petitioning is in the United States and will apply for adjustment of status. The information submitted with the petition shows that the person for whom you are petitioning is not eligible to file an adjustment of status application at this time.

Additional information about eligibility for adjustment of status may be obtained from the local INS office serving the area where the person for whom you are petitioning lives.

Until the person for whom you are petitioning files an adjustment application, or applies for an immigrant visa, this approved petition will be stored in this office. If the person for whom you are petitioning becomes eligible to adjust status based on this petition, he or she should submit a copy of this notice with Form I-485, Application for Permanent Residence. Form I-485 may be obtained at the local INS office.

If the person for whom you are petitioning decides to apply for an immigrant visa outside the United States based on this petition, the petitioner should file Form I-824, Application for Action on an Approved Application or Petition, with this office to request that we send the petition to the Department of State National Visa Center (NVC).


The NVC processes all approved immigrant visa petitions that require consular action. The NVC also determines which consular post is the appropriate consulate to complete visa processing. It will then forward the approved petition to that consulate.

The approval of this visa petition does not in itself grant any immigration status and does not guarantee that the alien beneficiary will subsequently be found to be eligible for a visa, for admission to the United States, or for an extension, change, or adjustment of status.

THIS FORM IS NOT A VISA NOR MAY IT BE USED IN PLACE OF A VISA.

Please see the additional information on the back. You will be notified separately about any other cases you filed.

U.S. CITIZENSHIP & IMMIGRATION SVC
CALIFORNIA SERVICE CENTER
P. O. BOX 30111
LAGUNA NIGUEL, CA 92607-0111
Customer Service Telephone: (800) 375-5283



- Please save this notice for your records. Please enclose a copy if you have to write us or a U. S. Consulate about this case, or if you file another application based on this decision.
- You will be notified separately about any other applications or petitions you have filed.

Additional Information

GENERAL.

The filing of an application or petition does not in itself allow a person to enter the United States and does not confer any other right or benefit.

INQUIRIES.

You should contact the office listed on the reverse side of this notice if you have questions about the notice, or questions about the status of your application or petition. *We recommend you call.* However, if you write us, please enclose a copy of this notice with your letter.

APPROVAL OF NONIMMIGRANT PETITION.

Approval of a nonimmigrant petition means that the person for whom it was filed has been found eligible for the requested classification. If this notice indicated we are notifying a U.S. Consulate about the approval for the purpose of visa issuance, and you or the person you filed for have questions about visa issuance, please contact the appropriate U.S. Consulate directly.

APPROVAL OF AN IMMIGRANT PETITION.

Approval of an immigrant petition does not convey any right or status. The approved petition simply establishes a basis upon which the person you filed for can apply for an immigrant or fiance(e) visa or for adjustment of status.

A person is not guaranteed issuance of a visa or a grant of adjustment simply because this petition is approved. Those processes look at additional criteria.

If this notice indicates we have approved the immigrant petition you filed, and have forwarded it to the Department of State Immigrant Visa Processing Center, that office will contact the person you filed the petition for directly with information about visa issuance.

In addition to the information on the reverse of this notice, the instructions for the petition you filed provide additional information about processing after approval of the petition.

For more information about whether a person who is already in the U.S. can apply for adjustment of status, please see Form I-485, *Application to Register Permanent Residence or Adjust Status*.

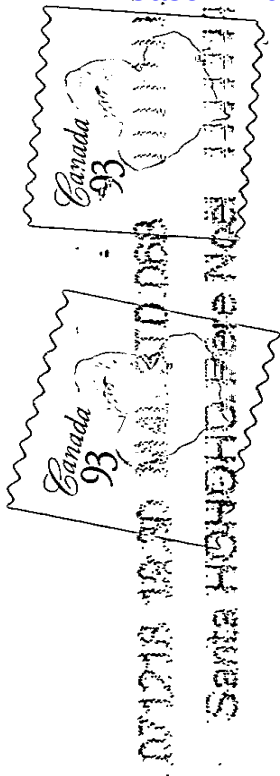
RECEIVED
USCIS
CHICAGO, ILLINOIS

2008 APR 16 P 1:52

Hani EL-Khader
2370 Prowfoot Trail
Oakville, Ontario L6M 3Y1
Canada

COVY
NO \$
234962

DEC 26 2007 AM



U.S. Citizenship & Immigration Service
California Service Center
P.O. Box 30111
Laguna Niguel, CA 92607-0111
U.S.A

9260730111 2500

ID # (A/AA/AB/C/DA): A071846426 A#: 071846426 DOB: [REDACTED] 1969
(DL/FB/FP/I/PP/SS/TD)
LAST: EL KHADER
FIRST: HANI NATZ DATE:
MIDDLE: H COURT:
ALIASES: EL KHADER , HANI H LOCATION:
EL KHADER , HANI
SEX: M POE: CHI COB: KUWAI DOE: 01131990
FCO: NBC COA: UN COC: FTC: 10102007 FATHER:
PFCO: NRC SFCO: DFO: 10221991 BIN: MOTHER:

SSN: [REDACTED] 4566 CONSOLIDATED A-NOS
I-94 ADM #: 93078819206 071846426 [REDACTED] INFORMATION--
PASSPORT #: 075820315 EADS-X
FBI #: (b)(7)(e)
DRIVER LIC:
FINGER CD#:

OVER-KEY ID# TO DISPLAY NEW PERSON, PRESS ENTER. CLEAR EXIT PF1 NEXT CONS A#
PF2 PRIOR CONS A# PF3 REFRESH PF4 RETURN PF5 HELP PF6 MAIN MENU PF8 HISTORY
PF9 EAD PF11 EOIR

*invalid
no parents
listed*

* LAST NAME: EL KHADER (40-CHARS MAX)
* FIRST NAME: HANI (25-CHARS MAX)
MIDDLE NAME: H (25-CHARS MAX)

EXACT DOB: (MMDDYYYY)
DOB RANGE: 19691 (DATE RANGE = YYYYR; YYYY=YEAR, R=0-9)

COB: (5-CHARACTER COUNTRY CODE)
COC: (5-CHARACTER COUNTRY CODE)
POE: (3-CHARACTER PORT OF ENTRY CODE)
DOE: (MMDDYYYY)
COA: (3-CHARACTER CLASS OF ADMISSION CODE)
FCO: (3-CHARACTER FILES CONTROL OFFICE CODE)
SEX: (M/F)

* LAST NAME AND FIRST NAME ARE REQUIRED FIELDS. OTHERS ARE OPTIONAL.
SPECIFY THE SEARCH CRITERIA, THEN PRESS ENTER TO INITIATE THE SEARCH.

CLEAR EXIT PF3 REFRESH
PF4 MENU PF5 HELP PF6 MAIN MENU PF9 SOUNDS-LIKE SEARCH

NO MATCH

A#: 109637911 NAME: EL KHADER ,HANI DOB: [REDACTED] 1969

LAST: EL KHADER
FIRST: HANI
MIDDLE: H
ALIASES:

NATZ DATE:
COURT:
LOCATION:

SEX: POE: COB: KUWAI DOE: 00000000
FCO: CHI COA: H1B COC:
PFCO: SFCO: DFO: 07281997 BIN:

FATHER:
MOTHER:

SSN: CONSOLIDATED A-NOS --OTHER INFORMATION--
I-94 ADM #: EADS-X
PASSPORT #:
FBI #:
DRIVER LIC:
FINGER CD#:

CLEAR EXIT PF1 NEXT CONS A# PF2 PRIOR CONS A# PF4 RETURN PF5 HELP
PF6 CIS MAIN MENU PF7 NEXT SEARCH PF8 VIEW HISTORY PF9 VIEW EAD PF11 EOIR

*invalid
no parents listed*

WITH DATE OF BIRTH (DOB) SEARCH

* LAST NAME: EL KHADER (40-CHARS MAX)
* FIRST NAME: HADI (25-CHARS MAX)

EXACT DOB: [REDACTED] 1969 (MMDDYYYY; YYYY=YEAR; MM=MONTH; DD=DAY)
DOB YEAR RANGE: (YYYYR; R=0-9)
DOB MONTH RANGE: (YYYYMMRR; RR=0-12)
DOB DAY RANGE: (YYYYMMDDRR; RR=0-31)

LAST NAME MATCH: (NUMBER OF EXACT CHARACTERS TO MATCH (0-9))
FIRST NAME MATCH: (NUMBER OF EXACT CHARACTERS TO MATCH (0-9))

COB: (COUNTRY CODE) COA: (CLASS OF ADMISSION CODE)
COC: (COUNTRY OF CITIZENSHIP) FCO: (FILES CONTROL OFFICE CODE)
POE: (PORT OF ENTRY CODE) SEX: (M/F)
DOE: (MMDDYYYY)

* LAST NAME, FIRST NAME AND ONE OF THE DOBS ARE REQUIRED. REMAINING FIELDS ARE
OPTIONAL. SPECIFY SEARCH CRITERIA, THEN PRESS ENTER TO INITIATE THE SEARCH.
CLEAR EXIT PF3 REFRESH PF4 MENU PF5 HELP PF6 MAIN MENU

WITH DATE OF BIRTH (DOB) SEARCH

* LAST NAME: EL KHADER (40-CHARS MAX)
* FIRST NAME: HADI (25-CHARS MAX)

EXACT DOB: █████ 1969 (MMDDYYYY; YYYY=YEAR; MM=MONTH; DD=DAY)
DOB YEAR RANGE: █████ (YYYYR; R=0-9)
DOB MONTH RANGE: (YYYYMMRR; RR=0-12)
DOB DAY RANGE: (YYYYMMDDRR; RR=0-31)

LAST NAME MATCH: 0 (NUMBER OF EXACT CHARACTERS TO MATCH (0-9))
FIRST NAME MATCH: 0 (NUMBER OF EXACT CHARACTERS TO MATCH (0-9))

COB: (COUNTRY CODE) COA: (CLASS OF ADMISSION CODE)
COC: (COUNTRY OF CITIZENSHIP) FCO: (FILES CONTROL OFFICE CODE)
POE: (PORT OF ENTRY CODE) SEX: (M/F)
DOE: (MMDDYYYY)

* LAST NAME, FIRST NAME AND ONE OF THE DOBS ARE REQUIRED. REMAINING FIELDS ARE
OPTIONAL. SPECIFY SEARCH CRITERIA, THEN PRESS ENTER TO INITIATE THE SEARCH.
CLEAR EXIT PF3 REFRESH PF4 MENU PF5 HELP PF6 MAIN MENU
DISPLAYED NAME/DOB NOT FOUND. PLEASE TRY ANOTHER NAME OR/AND DOB.

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

Cover Sheet

Record of Proceeding

NOTE: This is a permanent record of the U. S. Citizenship and Immigration Services. Any part of this record that is removed **must be returned** after it has served its purpose.

Instructions

1. Place a separate cover sheet on the top of each Record of Proceeding.
2. Each Record of Proceeding must be fastened on the inner left side of the file jacket in chronological order.
3. Any person temporarily removing any part of this record must make, date and sign a notation to this effect that must be retained in this record, below the cover sheet. The signer is responsible for replacing the removed material as soon as it has served its purpose.
4. See AM 2710 for detailed instructions

(b)(7)(c)

(b)(7)(e)

ID # (A/AA/AB/C/DA): A71846426 A#: 071846426 DOB: [REDACTED] 1969
(DL/FB/FP/I/PP/SS/TD)
LAST: EL KHADER
FIRST: HANI NATZ DATE:
MIDDLE: H COURT:
ALIASES: EL KHADER , HANI H LOCATION:
EL KHADER , HANI
SEX: M POE: CHI COB: KUWAI DOE: 01131990
FCO: NRC COA: UN COC: FTC: 04212005 FATHER:
PFCO: CHI SFCO: DFO: 10221991 BIN: MOTHER:

SSN: [REDACTED] 4566 CONSOLIDATED A-NOS OTHER INFORMATION--
I-94 ADM #: 93078819206 071846426 [REDACTED] EADS-X
PASSPORT #: 075820315
FBI #:
DRIVER LIC:
FINGER CD#:

(b)(7)(e)

OVER-KEY ID# TO DISPLAY NEW PERSON, PRESS ENTER. CLEAR EXIT PF1 NEXT CONS A#
PF2 PRIOR CONS A# PF3 REFRESH PF4 RETURN PF5 HELP PF6 MAIN MENU PF8 HISTORY
PF9 EAD PF11 EOIR

CIMEOIRI

IMMIGRATION AND NATURALIZATION SERVICE
CENTRAL INDEX SYSTEM - EOIR DATA DISPLAY

07/18/06
20:09:50

A NUMBER: 071846426

BASE CITY: CHI HEARING LOC: CHI A-NUMBER: 71846426

CIS NAME: EL KHADER, HANI, H PRIN A-NUMBER: 71846426

EOIR NAME: EL-KHADER, HANI EOIR NATIONALITY: KU

DOB: CASE TYPE: DEP RELATION:

CHARGE DOC: 01/11/1995 ASYLUM TYPE: CUSTODY: CLK ELAPSE: 0

PROCEED REC: 02/02/1995 INIT HEARING: 06/09/1995 CLK UPDTD: 06/09/1995

LAST HEARING: 08/18/1995 TYPE: MSTR CLK ST:

INIT RECD:

ASYL RECD: IJ DECISN: IJ COMPLETE: 08/18/1995 APPLICATIONS

W/H DECISN: EOIR DECISN: TERMIN FILED DEC

OTHER COMPL: 212C:

MTR RECD: DECISN: DATE: 245ADJ:

APPEAL: DECISN: DATE: VOL DEP:

FINAL DISP: NOT R/O DATE: 08/18/1995 WTHDRWL:

SUSPENS:

CHARGES: (1) 241a01ci (2) (3)
(4) (5) (6)

PF1 PAGE FWD PF5 HELP PF11 RETURN TO CIS CLEAR EXIT ENTER PROCESS A NUMBER
EOIR DATA DISPLAYED. MORE TO SEE - PRESS PF1.

A#: 071846426 NAME: EL KHADER , HANI DOB: [REDACTED] 1969

ACTION	LOC	ACTION-DATE	ST	REASON/ COURT#	MISC	ID NUMBER/ MISC-DATE	KEYED-DATE
RAP APPL HIST	ZCH	10/22/1991		AO			07/23/1992
RAP FINAL HIST	ZCH	01/05/1995	D	F1			02/01/1995

*** END OF HISTORY DISPLAY ***

CLEAR EXIT PF1 PAGE AHEAD PF2 PAGE BACK PF4 RETURN PF5 HELP PF6 MAIN MENU

(b)(6)

(b)(6)

UNITED STATES DEPARTMENT OF JUSTICE

IMMIGRATION AND NATURALIZATION SERVICE

COVER SHEET

RECORD OF PROCEEDING

This is a permanent record of the Immigration and Naturalization Service. Any part of this record that is removed **MUST BE RETURNED** after it has served its purpose.

INSTRUCTIONS

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2. Each Record of Proceeding is to be fastened on the inner left side of the file jacket in chronological order.
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4. See AM 2710 for detailed instructions.

COMMAND: CENTRAL INDEX SYSTEM - DETAILED SEARCH DISPLAY 11:25:44

A#: 071846426 NAME: EL KHADER , HANI DOB: [REDACTED] 1969

LAST: EL KHADER NATZ DATE:
FIRST: HANI COURT:
MIDDLE: H LOCATION:
ALIASES: EL KHADER , HANI H
EL KHADER , HANI
SEX: M POE: CHI COB: KUWAI DOE: 01131990
FCO: CHI COA: UN COC: FTC: 06102002 FATHER:
PFCO: MIL SFCO: DFO: 10221991 BIN: MOTHER:

SSN: [REDACTED] CONSOLIDATED A-NOS OTHER INFORMATION--
I-94 ADM #: 93078819206 071846426 [REDACTED] LEADS-X
PASSPORT #: 075820315
FBI #: (b)(7)(e)
DRIVER LIC:
FINGER CD#:

CLEAR EXIT PF4 RETURN PF5 HELP PF6 CIS MAIN MENU
PF7 NEXT SEARCH PF8 VIEW HISTORY PF9 VIEW EAD PF10 NAILS PF11 EOIR
PF10 REQUIRES A SPECIAL SECURITY CLASS.

71846426
Ai 3462
SR

FEB 03 2003

RCPT NBR: LIN0222653318
PETITNER: FISERV INC

NAME: EL KHADER HANI H
C/O:
STREET: CITY:
STATE: PROVINCE: CNTRY: ZIP/POSTAL:
DOB: █████ 1969 COB: KUWAI SOC SEC NBR: █████ 4566 A-NBR: A7 14846426
DOA: I-94 #: EXPIRES:
CONSLAT: AMMAN POE: CLASS: 1B1 JOB CODE: 188

EDUCATION CODE: G COMPENSATION:\$ 85,000.00 ILLEGIBLE/NOT PROVIDED? N
FIELD OF STUDY: FINANCE NAICS CODE: 523110

J-1 WAIVER? N H-1B ELIGIBLE 6 YRS? Y PREVIOUS EMPLOYER EXEMPT? N

DECISION: A DECISION DATE: VALID FROM: 07162002 TO: 07012005

BENEFICIARY DISPLAYED.
PF2 PF4
CI INQ RETURN

14 32
TID= 7000
NAME- LAST EL KHADER
INCLUDE NICKNAME SOUNDEX
DATE OF BIRTH- (START) [REDACTED] 1969 - (STOP) STC
NCIC QUERY Y
PASSPORT NBR (?) CNTRY SSN
DRIVER'S LIC (?) STATE CNTRY AFN
PILOT'S LIC (?) CNTRY ATF PROFILE
CASE NBR (?) MISC NBR (?)
PHONE INTL PREFX FINANCIAL ACCOUNT (?)
CRIMINAL AFFILIATION (?)
LIMIT RESULTS BY RACE SEX CTZN OTTS TYPE ADDRESS- STATE CNTRY

ALSO QUERY (ENTER 'X' TO SELECT AND STATE ID AS INDICATED)
N NLETS-STATE(S) N PROPERTY OWNED-STATE
CROSSINGS SCNDRY INSP INCIDENT LOGS
FINANCIALS- CTR FBA CSN CMIR QUERY RCN

LIMIT TO AGENCY/SUB-AGENCY (ASA) TECS RECORD ID

(F1/F2=HELP) (F3=MAIN MENU) (F4=PREV MENU) (F9=ADDRESS QUERY) (F11=QUERY REASON)



U.S. Department of Justice
Immigration and Naturalization Service

*Nebraska Service Center
P.O. Box 82521
Lincoln, NE 68501-2521*

Refer To File No.
LIN-02-226-53318

JOSE A OLIVIERI
MICHAEL BEST & FRIEDRICH LLP
100 E WISCONSIN AVE STE 3300
MILWAUKEE WI 53202-4108

Dear Sir or Madam:

RE: Hani H. El-Khader

This refers to the Petition for a Nonimmigrant Worker which you filed with the Service and which was subsequently approved by the Service.

The Service has received correspondence which indicates the beneficiary is no longer employed by the petitioner.

In accordance with the authority contained in Title 8, Code of Federal Regulations, Part 214.2(h)(11)(ii), the approval of the petition is automatically revoked, as of the date of this notice.

Sincerely,

A handwritten signature in cursive script that reads "Terry E. Way".

Terry E. Way
Director
NSC/MXS284

Revocation

OR

Correction

TO BARB AHLUM
SUPERVISOR

HO MM EX043 DATE 12/3 LIN# 02-226-53318
Initials & RAFAC

Case Type 129 Class HIB A# _____
(129,140, 765) (HIB, L, TN) (If Applicable)

File in Harrisonburg Or _____

[if file at NSC request file and connect correspondence]

CLAIMS updated to show this correspondence received? Yes No

If "No," why not?

HIB REVOCATION

CAO MXS284 DATE 12-3-02 SCAO B. Ahlum
Initials & RAFAC

Revocation—Print letter, 2 copies
Correction---Update CLAIMS and place on HOLD

Action to be taken by clerical : Process revocation
 Process revocation and FAX _____
[only if BENE has not entered U.S.]
 Print amended notice/CLAIMS updated

To be completed by Clerical Staff

Action completed
ACTION COMPLETED
APPROVED FOR
FILING
Initials: _____ Date: _____
NSC/Unit: _____

Revocation
 IBIS 1-3-03 dg 238
 Update CLAIMS
 Mail letter
 Stamp Action box

Correction
 IBIS
 Print Amended notice
 Mail notice
 Update CLAIMS
 Stamp action box

Route to FMU when completed

FMU:PLEASE ROUTE TO HARRISONBURG AS INTER-FILING.

**MICHAEL BEST
& FRIEDRICH** LLP
Attorneys at Law

www.mbf-law.com

100 East Wisconsin Avenue
Suite 3300
Milwaukee, Wisconsin 53202-4108
FAX (414) 277-0656
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Offices in:
Madison, Wisconsin
Manitowoc, Wisconsin
Waukesha, Wisconsin
Lehigh Valley, Pennsylvania
Chicago, Illinois
(Michael Best & Friedrich LLC)

Author: José A. Olivieri
Writer's Direct Line: (414) 225-4967
Email: jaolivieri@mbf-law.com

Member: Lex Mundi,
A Global Network of more than
150 Independent Firms

October 10, 2002

**VIA EXPRESS MAIL
RETURN RECEIPT REQUESTED**

Immigration and Naturalization Service
Nebraska Service Center
P.O. Box 87129
Lincoln, NE 68501-7129

Re: Approved I-129H Petition for a Nonimmigrant Worker
Fiserv, Inc., Petitioner
Hani H. El-Khader, Beneficiary (LIN-02-226-53318)

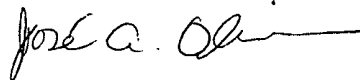
Dear Sir or Madam:

We submit this letter on behalf of our client, Fiserv, Inc. ("Fiserv") informing the Service that Mr. Hani H. El-Khader is no longer employed by the Fiserv and as such Fiserv would like to withdraw the petition approved on Mr. El-Khader's behalf. For reference purposes we have enclosed a copy of the email received from the Premium Processing Unit noting the approval of Mr. El-Khader's H-1B status.

Thank you for your attention to this matter.

Very truly yours,

MICHAEL BEST & FRIEDRICH LLP



José A. Olivieri

JAO:hjs

Enclosure

cc: Ms. Heidi Swartz

T:\CLIENTA\034083\0139\A0452043.1

OCT 11 2002 -10 50 AM 3250

U.S. Department of Justice
Immigration and Naturalization Service

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

Appearances - An appearance shall be filed on this form by the attorney or representative appearing in each case. Thereafter, substitution may be permitted upon the written withdrawal of the attorney or representative of record or upon notification of the new attorney or representative. When an appearance is made by a person acting in a representative capacity, his personal appearance or signature shall constitute a representation that under the provisions of this chapter he is authorized and qualified to represent. Further proof of authority to act in a representative capacity may be required. **Availability of Records** - During the time a case is pending, and except as otherwise provided in 8 CFR 103.2(b), a party to a proceeding or his attorney or representative shall be permitted to examine the record of proceeding in a Service office. He may, in conformity with 8 CFR 103.10, obtain copies of Service records or information therefrom and copies of documents or transcripts of evidence furnished by him. Upon request, he/she may, in addition, be loaned a copy of the testimony and exhibits contained in the record of proceeding upon giving his/her receipt for such copies and pledging that it will be surrendered upon final disposition of the case or upon demand. If extra copies of exhibits do not exist, they shall not be furnished free on loan; however, they shall be made available for copying or purchase of copies as provided in 8 CFR 103.10.

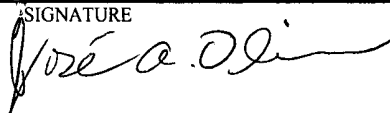
In re: I-129H Petition for a Nonimmigrant Worker	Date: October 10, 2002 File No. LIN-02-226-53318
---	---

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

Name: Fiserv, Inc. c/o José A. Olivieri	<input checked="" type="checkbox"/> Petitioner <input type="checkbox"/> Beneficiary	<input type="checkbox"/> Applicant		
Address: (Apt. No.) Suite 3300	(Number & Street) 100 E. Wisconsin Avenue	(City) Milwaukee	(State) WI	(Zip Code) 53202-4108
Name:	<input type="checkbox"/> Petitioner <input type="checkbox"/> Beneficiary	<input type="checkbox"/> Applicant		
Address: (Apt. No.)	(Number & Street)	(City)	(State)	(Zip Code)

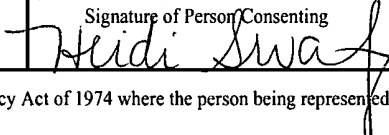
Check Applicable Item(s) below:

<input checked="" type="checkbox"/> 1. I am an attorney and a member in good standing of the bar of the Supreme Court of the United States or of the highest court of the following State, territory, insular possession, or District of Columbia <u>State of Wisconsin</u> <u>Supreme Court</u> and am not under a court or administrative agency order suspending, enjoining, restraining, disbaring, or otherwise restricting me in practicing law. <small>Name of Court</small>
<input type="checkbox"/> 2. I am an accredited representative of the following named religious, charitable, social service, or similar organization established in the United States and which is so recognized by the Board:
<input type="checkbox"/> 3. I am associated with _____ the attorney of record previously filed a notice of appearance in this case and my appearance is at his request. (If you check this item, also check item 1 or 2 whichever is appropriate.)
<input type="checkbox"/> 4. Others (Explain Fully.)

SIGNATURE 	COMPLETE ADDRESS 100 East Wisconsin Avenue, Suite 3300 Milwaukee, WI 53202-4108
NAME (Type or Print) José A. Olivieri, Michael Best & Friedrich	TELEPHONE NUMBER (414) 271-6560

PURSUANT TO THE PRIVACY ACT OF 1974, I HEREBY CONSENT TO THE DISCLOSURE TO THE FOLLOWING NAMED ATTORNEY OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY IMMIGRATION AND NATURALIZATION SERVICE SYSTEM OF RECORDS:
José A. Olivieri, Michael Best & Friedrich LLP
(Name of Attorney or Representative)

THE ABOVE CONSENT TO DISCLOSURE IS IN CONNECTION WITH THE FOLLOWING MATTER:
I-129H Petition for a Nonimmigrant Worker
Fiserv, Inc., Petitioner
Hani El-Khader, Beneficiary

Name of Person Consenting Heidi Swartz, Human Resources Mgr.	Signature of Person Consenting 	Date 10/10/02
(NOTE: Execution of this box is required under the Privacy Act of 1974 where the person being represented is a citizen of the United States or an alien lawfully admitted for permanent residence.)		

This form may not be used to request records under the Freedom of Information Act or the Privacy Act. The manner of requesting such records is contained in 8CFR 103.10 and 103.20 Et.SEQ.

----- Original Message -----

From: <Nebraska.Premium.Processing@usdoj.gov>
To: <david@rubmanlaw.com>
Sent: Tuesday, July 16, 2002 4:00 PM
Subject: LIN0222653318Premium Processing Case Update

- > The Nebraska Service Center has approved the following
- > I129 Petition for Nonimmigrant Worker
- > that had been filed under the Premium Processing Program.
- >
- >
- > Receipt Number: LIN0222653318
- > Petitioner: FISERV INC
- >
- > Beneficiary: HANI H EL KHADER
- > DOB: [REDACTED]/69
- > Classification: H1B
- > Starting Validity Date: 07/16/02
- > Ending Validity Date: 07/01/05
- > Consulate notified (if applicable): AMMAN
- > I-94 # (if applicable):
- >
- >
- > The Form I797 Approval Notice will follow in the mail.
- >
- > Please note this email is being sent as a
- > courtesy and cannot be used as evidence of nonimmigrant
- > status. Nor can this message be used as evidence to procure
- > a nonimmigrant visa.
- >
- > Please do not reply directly to this message. The e-mail
- > account used to send this message is used by the Service
- > Center only to send messages notifying filers of premium
- > processing case information.
- >
- > If any of the above information is incorrect, please contact
- > a Nebraska Service Center Premium Processing Unit customer
- > representative by forwarding this message with your comments
- > to nsc.premium.processing@usdoj.gov or by calling
- > (402)474-5012. Please note that the e-mail address and
- > phone number listed above are designated for premium
- > processing issues only.
- >
- > Thank you for using the INS Premium Processing Program.



EV-222580829 US

Mailing Label

Label 11-F June 2002



UNITED STATES POSTAL SERVICE®

Post Office To Addressee

ORIGIN (POSTAL USE ONLY)				DELIVERY (POSTAL USE ONLY)		
PO ZIP Code <i>53207</i>	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>		Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Date Mo. <i>10</i> Day <i>10</i> Year <i>07</i>	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage <i>\$13.45</i>		Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Time <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee <i>1.75</i>		Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Weight lbs. <i>B</i> ozs.	Int'l Alpha Country Code	COD Fee	Insurance Fee	<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.		
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials <i>[Signature]</i>	Total Postage & Fees <i>\$15.40</i>		NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Customer Signature	

CUSTOMER USE ONLY

METHOD OF PAYMENT: Express Mail Corporate Acct. No. **X532939** Federal Agency Acct. No. or Postal Service Acct. No.

<p>FROM: (PLEASE PRINT) PHONE ()</p> <p>Jose Olivieri MICHAEL BEST & FRIEDRICH 100 E WISCONSIN AVE FL 29 MILWAUKEE WI 53202-4107</p> <p>034083-0139</p>	<p>TO: (PLEASE PRINT) PHONE ()</p> <p>Immigration & Naturalization Service Nebraska Service Center P.O. Box 87129 Lincoln, NE 68501-7129</p>
--	---

PRESS HARD. You are making 3 copies. FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com



CLAIMS LAN 6.5.7 153 Tuesday December 3, 2002 12:36 pm
 Form: I129 Receipt: LIN-02-226-53318 OWERBY, MARK

Part 1. Information about employer filing this petition.

Name:
 Firm: FISERV INC
 C/O:
 Street: 255 FISERV DRIVE
 City: BROOKFIELD State: WI ZIP: 53045-
 Province: Postal Code: Country: IRS #:
 391-50-6125

Part 2. Information about this petition.

1. Nonimmigrant Class: 1B1 I-129W Attached? Y
 2. Basis for Class:
 A New employment
 3. Prior petition: Premium Processing? Y
 4. Requested Action: A General petition - no COS or EOS requested
 5. Total number of Workers in petition: 1
 6. Total number of Dependents in petition: 0

G-28 attached? Y Fee Info: A Signature? Y Concurrent With? N

CLAIMS LAN 6.5.7 153 Tuesday December 3, 2002 12:36 pm
 Form: I129 Receipt: LIN-02-226-53318 OWERBY, MARK

Part

Approval Data

Paragraph: Send to selected consulate

Pr Class: 1B1 Valid from: 07/16/2002 to 07/01/2005

Part Consulate: AMMAN

1.
 2. POE/PFI: Job Code: 188 Send to Clerical? (Y/N) N
 3.
 4.
 5. Image Capture Status: Photo: Signature: Fingerprint:
 6. Esc=Exit

G-28 h? N



U.S. Department of Justice
Immigration and Naturalization Service

Nebraska Service Center
P.O. Box 82521
Lincoln, NE 68501-2521

Refer To File No.
LIN-02-226-53318

JOSE A OLIVIERI
MICHAEL BEST & FRIEDRICH LLP
100 E WISCONSIN AVE STE 3300
MILWAUKEE WI 53202-4108

Dear Sir or Madam:

RE: Hani H. El-Khader

This refers to the Petition for a Nonimmigrant Worker which you filed with the Service and which was subsequently approved by the Service.

The Service has received correspondence which indicates the beneficiary is no longer employed by the petitioner.

In accordance with the authority contained in Title 8, Code of Federal Regulations, Part 214.2(h)(11)(ii), the approval of the petition is automatically revoked, as of the date of this notice.

Sincerely,

A handwritten signature in cursive script that reads "Terry E. Way".

Terry E. Way
Director
NSC/MXS284

Department of Justice
Immigration and Naturalization Service
WEST JACKSON BOUVELARD CHICAGO, IL 60604

INTO UNITED STATES

Name of Alien (First) (Middle) (Last) Hani H. EL-KHADER			Date 01/30/2001
Date of Birth (Month) (Day) (Year) 69			File Number A 71 846 426
Place of Birth (City or town) (State or province) (Country) KUWAIT			
U.S. Address (Apt. number and/ or in care of) (Number and street) (City or town) (State) (ZIP Code) 1625 ELMWOOD DRIVE HIGHLAND PARK, IL 60035			

Presentation of the attached duplicate of this document will authorize a transportation line to accept the named bearer on board for travel to the United States without liability under section 273 of the Immigration and Nationality Act for bringing an alien who does not have a visa.

Presentation of the original of this document prior to January 30, 2002 will authorize an Immigration officer at a port of entry in the United States to permit the named bearer, whose photograph appears hereon, to enter the United States:

- as an alien paroled pursuant to section 212(d)(5) of the Immigration and Nationality Act.
-

Remarks: MULTIPLE ENTRIES - VALID UNTIL January 30, 2002.
"SEE ATTACHMENT"

Shirley J. Roberts
SHIRLEY J. ROBERTS, ADDE
(Signature of Immigration Officer)

CHICAGO, IL
(Authorizing Office)



PAROLED PURSUANT TO SEC. 212 (d) (5) OF THE I&N ACT.
PAROLED until: AUG 14 2002

Purpose: AOS

ARRIVAL STAMP SEC. 212 (d) (5) OF THE I&N ACT.
PAROLED until: 3/9/02

Purpose: AOS

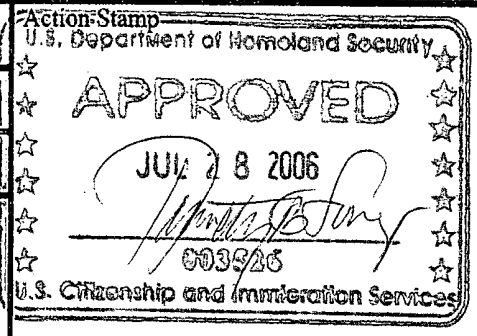
CHI-735 MAR 09 2002
(Date) (Office)

CHI-1097 AUG 15 2001

71 846 426
NF 7-29-02

DO NOT WRITE IN THIS BLOCK - FOR EXAMINING OFFICE ONLY

Case ID#
A#
G-28 or Volag #
Section of Law:
 201 (b) spouse
 201 (b) child
 201 (b) parent
AM CON: _____



Fe
09/27/2001 LIN-01-275-56386 LINNZH01
Petition was filed on: 9-24-01 (priority date)
 Personal Interview
 Pet. Ben. "A" File Reviewed
 Field Investigations
 204 (a)(2)(A) Resolved
 Previously Forwarded
 Stateside Criteria
 I-485 Simultaneously
 204 (h) Resolved

Remarks: APPROVAL'S based on docs. provided in file.

A. Relationship

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

B. Information about you

1. Name (Family name in CAPS) (First) (Middle)
AL-KHADER RAED H
2. Address (Number and Street) (Apartment Number)
1625 Elmwood Drive
(Town or City) (State/Country) (ZIP/Postal Code)
Highland Park, IL 60035 (b)(6)

C. Information about your alien relative

1. Name (Family name in CAPS) (First) (Middle)
EL-KHADER HANI H
2. Address (Number and Street) (Apartment Number)
1625 Elmwood Drive
(Town or City) (State/Country) (ZIP/Postal Code)
Highland Park, IL 60035
3. Place of Birth (Town or City) (State/Country)
Kuwait City Kuwait
4. Date of Birth (Mo/Day/Yr) 06/09/69
5. Sex Male Female
6. Marital Status Married Single Widowed Divorced
7. Other Names Used (including maiden name)
8. Date and Place of Present Marriage (if married)
8/18/2000 Amman, Jordan
9. Social Security Number [REDACTED] 4566
10. Alien Registration Number (if any)
A 71 846 4210
11. Names of Prior Husbands/Wives
Nadia Muna
12. Date(s) Marriage(s) Ended
1998
13. Has your relative ever been in the U.S.?
 Yes No
14. If your relative is currently in the U.S., complete the following: He or she last arrived as a (visitor, student, stowaway, without inspection, etc.)
I-485 Pending Adjustment Applicant
Arrival/Departure Record (1-94) Number [REDACTED] Date arrived (Month/Day/Year)
Date authorized stay expired, or will expire, as shown on Form I-94 or I-95
15. Name and address of present employer (if any)
Fiserv, Inc. 255 Fiserv Drive, Brookfield, WI 53045
Date this employment began (Month/Day/Year)
6/01/98
16. Has your relative ever been under immigration proceedings?
 Yes No Where _____ When _____
 Exclusion Deportation Recission Judicial Proceedings

187070001 111 10824 1998

SEP 24 2001 -5 30 AM 3 1 0 4

RESUBMITTED	RELOCATED		COMPLETED		
	Rec'd	Sent	Approved	Denied	Returned

brother/sister
I-130

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)	(b)(6)
Tahani Helal	Wife of Hani	

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

(Number and Street)	(Town or City)	(State)
1625 Elmwood Drive	Highland Park	ILLINOIS

18. Your relative's address abroad

(Number and Street)	(Town or City)	(Province)	(Country)	(Phone Number)
ShmeSami St.	Amman	Amman	Jordan	568-3337

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

(Name)	(Number and Street)	Town or City	(Province)	(Country)
تسليم				

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

(Name)	(Number and Street)	(Town or City)	(Province)	(Country)	From (Month) (Year)	To (Month) (Year)

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

Your relative will apply for a visa abroad at the American Consulate in _____ (City) _____ (Country)

Your relative is in the United States and will apply for adjustment of status to that of a lawful permanent resident in the office of the Immigration and Naturalization Service at Chicago ILLINOIS (City) (State). If your relative is not eligible for adjustment of status, he or she will apply for a visa abroad at the American Consulate in Amman Jordan (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. (b)(6)

2. Have you ever filed a petition for this or any other relative? If "Yes," give name, place and date of filing, and relationship.

(b)(6)

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.

X Signature [Signature] Date 9/14/01 Phone Number _____

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. (b)(6)

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

G-28 ID Number _____

Volag Number _____

RAED H. AL KHADER
1625 ELMWOOD DR
HIGHLAND PARK IL 60035-

RAED H. AL KHADER
1625 ELMWOOD DR
HIGHLAND PARK IL 60035-

Raed Althader
1625 Elmwood Drive
Highland Park, IL 60035

IN.
Pg
1

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE
CERTIFIED MAIL



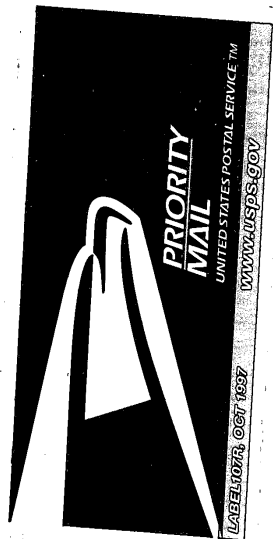
7000 0520 0014 2437 7337

RETURN RECEIPT
REQUESTED

U.S. POSTAGE
PAID
BROOKFIELD, IL 60015
SEP 20 14 01
AMOUNT
\$7.10
00018809-12



0000



U.S. Dept. of Justice
Immigration & Naturalization Service
Nebraska Service Center
P.O. BOX 87130
Lincoln, NE 68501-7130

UNITED STATES DEPARTMENT OF JUSTICE

IMMIGRATION AND NATURALIZATION SERVICE

COVER SHEET

RECORD OF PROCEEDING

This is a permanent record of the Immigration and Naturalization Service. Any part of this record that is removed **MUST BE RETURNED** after it has served its purpose.

INSTRUCTIONS

1. Place a separate cover sheet on the top of each Record of Proceeding.
2. Each Record of Proceeding is to be fastened on the inner left side of the file jacket in chronological order.
3. Any person temporarily removing any part of this record must make, date, and sign a notation to this effect which is to be retained in this record, below the cover sheet. The signer is responsible for replacing the removed material as soon as it has served its purpose.
4. See AM 2710 for detailed instructions.



U.S. Department of Justice
Immigration and Naturalization Service

A71 846 426

10 West Jackson Blvd.
Chicago, Illinois 60604

OCT 31 2002

*Sheela Entenman
personally
served via JF
on 11/1/02
to atty.*

Hani H. El-Khader
POB 1644
Highland Park, IL 60035

CC: Attorney David Rubman
332 S. Michigan Ave, Ste #860
Chicago, IL 60604

DECISION TO DENY APPLICATION FOR ADJUSTMENT OF STATUS

Dear Mr. El-Khader,

Upon due consideration, it is the decision of the Service to deny your adjustment of status application. On September 17, 1998, you filed for adjustment of status based upon an approved Petition for Immigrant Worker filed on your behalf by Ameritrust Mortgage Corporation seeking classification as a skilled worker.

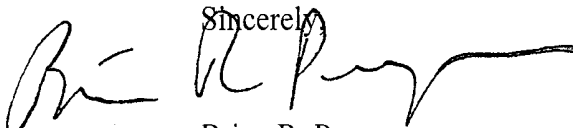
On December 5, 2001, the Service notified your petitioner of its intent to revoke your approved petition. You responded to the Service's notice of intent to revoke. However, the Service has revoked your approved Petition for Immigrant Worker.

In accordance with part 205 of this chapter, the petition filed on April 1, 1998, by Ameritrust Mortgage Company, on behalf of Hani El-Khader has been revoked, pursuant to 8 CFR 205.2. As the petition filed on your behalf has now been revoked, the basis for your adjustment application no longer exists. Therefore, your application for adjustment of status must be and is hereby denied.

Furthermore, 8 CFRa.12(c)(9) allows an alien who has filed an application to adjust status to lawful permanent resident pursuant to section 245 to obtain employment authorization

Mr. El-Khader
Page 2

during the period the application is pending. However, now you are no longer eligible for employment authorization as of the date of this decision because your application for permanent residence is no longer pending

Sincerely,

Brian R. Perryman
District Director

INS:DIDR:EXAMS:LZamora:10/29/02

START HERE - Please Type or Print

Part 1. Information about you.

Family Name EL-KHADER	Given Name HANI	Middle Initial H
Address - C/O 544 Michigan Ave (PO Box 1644)		
Street Number and Name		Apt. #
City Highland Park, Illinois		
State Illinois		Zip Code 60035
Date of Birth (month/day/year) [redacted] 69	Country of Birth Kuwait	
Social Security # [redacted] 4566	A # (if any) 71846426	
Date of Last Arrival (month/day/year) 5-17-98	I-94 # 930-788-19206	
Current INS Status Paroled-212(d)(5)	Expires on (month/day/year) 5-17-99	

Part 2. Application Type. (check one)


I am applying for adjustment to permanent resident status because:

- a. an immigrant petition giving me an immediately available immigrant visa number has been approved (attach a copy of the approval notice), or a relative, special immigrant juvenile, or special immigrant military visa petition filed with this application will give me an immediately available visa number if approved. **I-140**
- b. My spouse or parent applied for adjustment of status or was granted lawful permanent residence in an immigrant visa category which allows derivative status for spouses and children.
- c. I entered as a K-1 fiance(e) of a U.S. citizen whom I married within 90 days of entry, or I am the K-2 child of such a fiance(e) (attach a copy of the fiance(e) petition approval notice and the marriage certificate).
- d. I was granted asylum or derivative asylum status as the spouse or child of a person granted asylum and am eligible for adjustment.
- e. I am a native or citizen of Cuba admitted or paroled into the U.S. after January 1, 1959, and thereafter have been physically present in the U.S. for at least 1 year.
- f. I am the husband, wife, or minor unmarried child of a Cuban described in (e) and am residing with that person, and was admitted or paroled into the U.S. after January 1, 1959, and thereafter have been physically present in the U.S. for at least 1 year.
- g. I have continuously resided in the U.S. since before January 1, 1972.
- h. Other-explain **Approved I-140**

I am already a permanent resident and am applying to have the date I was granted permanent residence adjusted to the date I originally arrived in the U.S. as a nonimmigrant or parolee, or as of May 2, 1964, whichever is later, and: (Check one)

- i. I am a native or citizen of Cuba and meet the description in (e), above.
- j. I am the husband, wife or minor unmarried child of a Cuban, and meet the description in (f), above.

FOR INS USE ONLY

Returned	Receipt
Resubmitted	
Reloc Sent	
Reloc Rec'd	
<input type="checkbox"/> Applicant Interviewed	

Section of Law

- Sec. 209(b), INA
- Sec. 13, Act of 9/11/57
- Sec. 245, INA
- Sec. 249, INA
- Sec. 1 Act of 11/2/66
- Sec. 2 Act of 11/2/66
- Other _____

Country Chargeable

Eligibility Under Sec. 245

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

Preference

Action Block

DENIED
10-31-02
@ CHI

To Be Completed by Attorney or Representative, if any

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

VOLAG#

ATTY State License #

SEP 14 98-6 29 AM M 1

I485

Part 3. Processing Information. (Continued)

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

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

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

Signature	Print Your Name	Date	Daytime Phone Number
<i>Hani El-Khader</i>	Hani El-Khader	8/25/98	847-266-7419

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

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

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

Signature	Print Your Name	Date	Day time Phone Number

Firm Name and Address

(Family name) EL-Khader	(First name) Hani	(Middle name) Hasan	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.) [REDACTED]-69	NATIONALITY Jordanian	FILE NUMBER A-71846426
ALL OTHER NAMES USED (Including names by previous marriages)			CITY AND COUNTRY OF BIRTH Kuwait City, Kuwait		SOCIAL SECURITY NO. (If any) [REDACTED] 4566	
FATHER FAMILY NAME: EL-Khader FIRST NAME: Hasan DATE, CITY AND COUNTRY OF BIRTH (if known): [REDACTED] 29 Maithaloon, Israel CITY AND COUNTRY OF RESIDENCE: - Jordan			MOTHER (Maiden name) Fawizah Ahmad CITY AND COUNTRY OF BIRTH: Maithaloon, Israel CITY AND COUNTRY OF RESIDENCE: - Jordan			
HUSBAND (If none, so state) OR WIFE Nadia Muna	FAMILY NAME (For wife, give maiden name) Nadia	FIRST NAME Nadia	BIRTHDATE [REDACTED]	CITY & COUNTRY OF BIRTH Milwaukee, Wisconsin	DATE OF MARRIAGE 5/9/97	PLACE OF MARRIAGE Milwaukee Wisconsin
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.				FROM		TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
544 Michigan Ave	Highland Park	Illinois	USA	12	97	PRESENT TIME	
5229 Linden Rd # 7313	Rockford	ILLINOIS	USA	2	94	12	97
843 Crane Drive # 809	DeKalb	ILLINOIS	USA	6	91	5	93
1307 Lincolnshire West Apt # 3133	DeKalb	ILLINOIS	USA	6	89	5	90

APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR				FROM		TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
Al-Muthana St Apt # 4	Hawalli	Hawalli	Kuwait	11	69	12	88

APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST				FROM		TO	
FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION (SPECIFY)	MONTH	YEAR	MONTH	YEAR		
JMC Global, Inc.	Analyst	12	97	PRESENT TIME			
Amcore Financial, Inc.	Analyst	7	93	12	97		

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

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR: <input type="checkbox"/> NATURALIZATION <input type="checkbox"/> OTHER (SPECIFY)	<input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT	SIGNATURE OF APPLICANT Hani Elkhader	DATE 8/25/98
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 حاني حسن الخادر		

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)

Kuwait

(Family name) EL-Khodar	(First name) Hani	(Middle name) Hasan	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.) [REDACTED] 69	NATIONALITY Jordanian	FILE NUMBER A71846426
ALL OTHER NAMES USED (Including names by previous marriages)			CITY AND COUNTRY OF BIRTH Kuwait City, Kuwait		SOCIAL SECURITY NO. (If any) [REDACTED] 4566	
FATHER	FAMILY NAME EL-Khodar	FIRST NAME Hasan	DATE, CITY AND COUNTRY OF BIRTH (If known) [REDACTED] 29 Mattholon, Israel	CITY AND COUNTRY OF RESIDENCE - Jordan		
MOTHER (Maiden name)	Fawziah	Ahmed	Mattholon, Israel	- Jordan		
HUSBAND (If none, so state) OR WIFE	FAMILY NAME (For wife, give maiden name) Nadia Muna	FIRST NAME Nadia	BIRTHDATE [REDACTED] 10	CITY & COUNTRY OF BIRTH Milwaukee, Wisconsin	DATE OF MARRIAGE 5/9/97	PLACE OF MARRIAGE Milwaukee Wisconsin
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
544 Michigan Ave	Ashland Park	ILLINOIS	USA	12	97	PRESENT TIME	
5229 Linden Blvd Apt # 7313	Rokford	ILLINOIS	USA	2	94	12	93
843 Crane Drive # 801	De Kalb	ILLINOIS	USA	6	91	5	93
1307 Lincolnshire West Apt # 3133	De Kalb	ILLINOIS	USA	6	89	5	90

APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR
Al-Muhamad St Apt # 4	Hawalli	Hawalli	Kuwait	11	64	12	88

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
JMC Global, Inc.	Analyst	12	97	PRESENT TIME	
Ancure Financial, Inc.	Analyst	7	93	12	97

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

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR: <input type="checkbox"/> NATURALIZATION <input type="checkbox"/> OTHER (SPECIFY)	<input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT	SIGNATURE OF APPLICANT 	DATE 8/25/98
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 هاني حسان خردار		

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)			
(OTHER AGENCY USE)		INS USE (Office of Origin) OFFICE CODE: TYPE OF CASE: DATE:	

(Family name) EL-Khadar	(First name) Hani	(Middle name) Hasan	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.) 6/1	NATIONALITY Jordanian	FILE NUMBER A-71346426
ALL OTHER NAMES USED (Including names by previous marriages)			CITY AND COUNTRY OF BIRTH Kuwait City, Kuwait		SOCIAL SECURITY NO. (If any) [REDACTED]-4566	
FATHER EL-Khadar Hasan			DATE, CITY AND COUNTRY OF BIRTH (If known) [REDACTED] 12/9 Matruh, Israel		CITY AND COUNTRY OF RESIDENCE Jordan	
MOTHER (Maiden name) Fawizah Ahmad			DATE, CITY AND COUNTRY OF BIRTH (If known) [REDACTED] Matruh, Israel		CITY AND COUNTRY OF RESIDENCE Jordan	
HUSBAND (If none, so state) OR WIFE Nadia Mana	FAMILY NAME (For wife, give maiden name) Nadia	FIRST NAME Mana	BIRTHDATE [REDACTED]	CITY & COUNTRY OF BIRTH Milwaukee, Wisconsin	DATE OF MARRIAGE 5/9/97	PLACE OF MARRIAGE Milwaukee Wisconsin
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.				FROM		TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
544 Michigan Ave	Rockford	Illinois	USA	12	97	PRESENT TIME	
5229 Lincoln Rd #407313	Rockford	Illinois	USA	2	94	12	97
843 Crane Drive #801	DeKalb	Illinois	USA	6	91	5	93
1307 Lincoln Hwy West Apt # 3133	DeKalb	Illinois	USA	6	89	5	90

APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR				FROM		TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
Al-Murad St #4	Hawalli	Hawalli	Kuwait	11	64	12	88

APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST		FROM		TO	
FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION (SPECIFY)	MONTH	YEAR	MONTH	YEAR
TMC Global, Inc.	Analyst	12	97	PRESENT TIME	
Amway Financial, Inc.	Analyst	7	95	12	97

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

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR: <input type="checkbox"/> NATURALIZATION <input type="checkbox"/> OTHER (SPECIFY):	<input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT	SIGNATURE OF APPLICANT Hani El-Khadar	DATE 8/25/98
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 هاني علي خدار	

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)			
(OTHER AGENCY USE)		INS USE (Office of Origin) OFFICE CODE: TYPE OF CASE: DATE:	
Form G-325 A (Rev. 10-1-82) (4) Consul			

SUPPLEMENTAL FORM TO I-693
Adjustment of Status Applicant's Documentation of Immunization
To be completed by civil surgeon only

1. Applicant Identifying Information

EL-KHADEE Date of Birth / 69
(Family) (Personal) (Middle) (Month, Day, Year)
 Male Female Passport # _____ Country Kuwait

2. Immunization Record

Vaccine History Transferred from a Written Record					Vaccine Given	Completed series or Fully immune (Check if YES or write date of lab test if immune)	Waiver(s) to be Requested from INS			
							Blanket			
					Not Medically Appropriate					
Vaccine	Date Rec'd Mo/Day/Yr	Date Rec'd Mo/Day/Yr	Date Rec'd Mo/Day/Yr	Date Rec'd Mo/Day/Yr	Date given by Civil Surgeon Mo/Da/Yr	Not appropriate age	Contra-indication	Insufficient time interval	Not fall (flu) season	
DT/DTP									////////	
Td	7/15/91	3/26/92	11/24/92						////////	
Polio (OPV/IPV)									////////	
Measles (or MR or MMR)	7/15/91	3/26/92							////////	
Mumps (or MMR)									////////	
Rubella (or MR or MMR)									////////	
Hib									////////	
Hepatitis B									////////	
Varicella									////////	
Pneumococcal									////////	
Influenza									////////	

3. Results

- Applicant may be eligible for blanket waiver(s) as indicated above.
- Applicant will request an individual waiver based on religious or moral convictions.
- Vaccine history complete for each vaccine, all requirements met.
- Applicant does not meet immunization requirements.

4. Civil Surgeon's Identifying Information

Civil Surgeon's Name Vivick Kantayya MD Date 3-16-98
(print or type)
Civil Surgeon's Signature Vivick Kantayya MD (S/M)

U.S. Department of Justice
Immigration and Naturalization Service

OMB #1115-0134

Medical Examination of Aliens Seeking Adjustment of Status

(Please type or print clearly)

I certify that on the date shown I examined:

1. Name (Last in CAPS)
EL-KHADER

(First) **Hani** (Middle Initial) **H.**

2. Address (Street number and name) (Apt. number)
5229 Linden Rd. or Box 1644

(City) **Highland Park** (State) **IL** (ZIP Code) **60035**

3. File number (A number)

4. Sex
 Male Female

5. Date of birth (Month/Day/Year)
[Redacted] **69**

6. Country of birth
Kuwait

7. Date of examination (Month/Day/Year)
06-11-97

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

No apparent defect, disease, or disability.

The conditions listed below were found (check all boxes that apply).

Class A Conditions

- Chancroid
- Chronic alcoholism
- Gonorrhea
- Granuloma inguinale
- Hansen's disease, infectious
- HIV infection
- Insanity
- Lymphogranuloma venereum

- Mental defect
- Mental retardation
- Narcotic drug addiction
- Previous occurrence of one or more attacks of insanity
- Psychopathic personality
- Sexual deviation
- Syphilis, infectious
- Tuberculosis, active

Class B Conditions

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

Other physical defect, disease or disability (specify below).

Examination for Tuberculosis - Tuberculin Skin Test

Reaction **14** mm No reaction Not done

Doctor's name (please print) **Dr. Vivek Kantayya** Date read **6-6-97**

Examination for Tuberculosis - Chest X-Ray Report

Abnormal Normal Not done

Doctor's name (please print) **Dr. Vivek Kantayya** Date read

Serologic Test for Syphilis

Reactive Titer (confirmatory test performed) Nonreactive

Test Type **RPR**

Doctor's name (please print) **Vivek Kantayya MD** Date read **6-11-97**

Serologic Test for HIV Antibody

Positive (confirmed by Western blot) Negative

Test Type **ELISA**

Doctor's name (please print) **Vivek Kantayya MD** Date read **6-11-97**

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

Applicant is current for recommended age-specific immunizations.

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

REMARKS:

Civil Surgeon Referral for Follow-up of Medical Condition

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

Follow-up Information:

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

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

Doctor's signature

Date

Applicant Certification:

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

Signature **[Handwritten Signature]**

Date **3/16/98**

Civil Surgeon Certification:

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

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

Doctor's signature

Date

Vivek Kantayya MD 120 Taylor St. Rockford IL 61104 Vivek Kantayya 3-16-98

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

99-1

**Medical Clearance Requirements
for Aliens Seeking Adjustment of Status**

Medical Condition	Estimated Time For Clearance	Action Required
<i>*Suspected Mental Conditions</i>	5 - 30 Days	The applicant must provide to a civil surgeon a psychological or psychiatric evaluation from a specialist or medical facility for final classification and clearance.
<i>Tuberculin Skin Test Reaction and Normal Chest X-Ray</i>	Immediate	The applicant should be encouraged to seek further medical evaluation for possible preventive treatment.
<i>Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Inactive/Class B)</i>	10 - 30 Days	The applicant should be referred to a physician or local health department for further evaluation. Medical clearance may not be granted until the applicant returns to the civil surgeon with documentation of medical evaluation for tuberculosis.
<i>Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Active or Suspected Active/Class A)</i>	10 - 300 Days	The applicant should obtain an appointment with physician or local health department. If treatment for active disease is started, it must be completed (usually 9 months) before a medical clearance may be granted. At the completion of treatment, the applicant must present to the civil surgeon documentation of completion. If treatment is not started, the applicant must present to the civil surgeon documentation of medical evaluation for tuberculosis.
<i>Hansen's Disease</i>	30 - 210 Days	Obtain an evaluation from a specialist or Hansen's disease clinic. If the disease is indeterminate or Tuberculoid, the applicant must present to the civil surgeon documentation of medical evaluation. If disease is Lepromatous or Borderline (dimorphous) and treatment is started; the applicant must complete at least 6 months and present documentation to the civil surgeon showing adequate supervision, treatment, and clinical response before a medical clearance is granted.
<i>**Venereal Diseases</i>	1 - 30 Days	Obtain an appointment with a physician or local public health department. An applicant with a reactive serologic test for syphilis must provide to the civil surgeon documentation of evaluation for treatment. If any of the venereal diseases are infectious, the applicant must present to the civil surgeon documentation of completion of treatment.
<i>Immunizations Incomplete</i>	Immediate	Immunizations are not required, but the applicant should be encouraged to go to physician or local health department for appropriate immunizations.
<i>HIV Infection</i>	Immediate	Post-test counseling is not required, but the applicant should be encouraged to seek appropriate post-test counseling.
* Mental retardation; insanity; previous attack of insanity; psychopathic personality, sexual deviation or mental defect; narcotic drug addition; and chronic alcoholism.		
** Chancroid; gonorrhea; granuloma inguinale; lymphogranuloma venereum; and syphilis.		

U.S. Department of Justice
Immigration and Naturalization Service

OMB #1115-0134

Medical Examination of Aliens Seeking Adjustment of Status

(Please type or print clearly)

I certify that on the date shown I examined:

1. Name (Last in CAPS)

(First) (Middle Initial)

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

(City) (State) (ZIP Code)

3. File number (A number)

4. Sex

Male Female

5. Date of birth (Month/Day/Year)

6. Country of birth

7. Date of examination (Month/Day/Year)

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

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

Class A Conditions

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

Class B Conditions

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

Examination for Tuberculosis - Tuberculin Skin Test

Reaction 4 mm No reaction Not done

Doctor's name (please print) Date read

Examination for Tuberculosis - Chest X-Ray Report

Abnormal Normal Not done

Doctor's name (please print) Date read

Serologic Test for Syphilis

Reactive Titer (confirmatory test performed) Nonreactive

Test Type

Doctor's name (please print) Date read

Serologic Test for HIV Antibody

Positive (confirmed by Western blot) Negative

Test Type

Doctor's name (please print) Date read

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

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

REMARKS:

Civil Surgeon Referral for Follow-up of Medical Condition

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

Follow-up Information:

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

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

Doctor's signature Date

Applicant Certification:

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

Signature [Signature]

Date 3/16/18

Civil Surgeon Certification:

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

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

Doctor's signature Date

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

603-1

**Medical Clearance Requirements
for Aliens Seeking Adjustment of Status**

Medical Condition	Estimated Time For Clearance	Action Required
<i>*Suspected Mental Conditions</i>	5 - 30 Days	The applicant must provide to a civil surgeon a psychological or psychiatric evaluation from a specialist or medical facility for final classification and clearance.
<i>Tuberculin Skin Test Reaction and Normal Chest X-Ray</i>	Immediate	The applicant should be encouraged to seek further medical evaluation for possible preventive treatment.
<i>Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Inactive/Class B)</i>	10 - 30 Days	The applicant should be referred to a physician or local health department for further evaluation. Medical clearance may not be granted until the applicant returns to the civil surgeon with documentation of medical evaluation for tuberculosis.
<i>Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Active or Suspected Active/Class A)</i>	10 - 300 Days	The applicant should obtain an appointment with physician or local health department. If treatment for active disease is started, it must be completed (usually 9 months) before a medical clearance may be granted. At the completion of treatment, the applicant must present to the civil surgeon documentation of completion. If treatment is not started, the applicant must present to the civil surgeon documentation of medical evaluation for tuberculosis.
<i>Hansen's Disease</i>	30 - 210 Days	Obtain an evaluation from a specialist or Hansen's disease clinic. If the disease is indeterminate or Tuberculoid, the applicant must present to the civil surgeon documentation of medical evaluation. If disease is Lepromotous or Borderline (dimorphous) and treatment is started, the applicant must complete at least 6 months and present documentation to the civil surgeon showing adequate supervision, treatment, and clinical response before a medical clearance is granted.
<i>**Venereal Diseases</i>	1 - 30 Days	Obtain an appointment with a physician or local public health department. An applicant with a reactive serologic test for syphilis must provide to the civil surgeon documentation of evaluation for treatment. If any of the venereal diseases are infectious, the applicant must present to the civil surgeon documentation of completion of treatment.
<i>Immunizations Incomplete</i>	Immediate	Immunizations are not required, but the applicant should be encouraged to go to physician or local health department for appropriate immunizations.
<i>HIV Infection</i>	Immediate	Post-test counseling is not required, but the applicant should be encouraged to seek appropriate post-test counseling.
* Mental retardation; insanity; previous attack of insanity; psychopathic personality, sexual deviation or mental defect; narcotic drug addition; and chronic alcoholism.		
** Chancroid; gonorrhea; granuloma inguinale; lymphogranuloma venereum; and syphilis.		

I, N. S.

NO LO ABRES
DO NOT OPEN

Form 9003 (October 1994)	Department of the Treasury — Internal Revenue Service	OMB Clearance No. 1545-1065
Additional Questions to be Completed by All Applicants for Permanent Residence in the United States		

This form must accompany your application for permanent residence in the United States
Privacy Act Notice: Your responses to the following questions will be provided to the Internal Revenue Service pursuant to Section 6039E of the Internal Revenue Code of 1986. Use of this information is limited to that needed for tax administration purposes. Failure to provide this information may result in a \$500 penalty unless failure is due to reasonable cause.
 On the date of issuance of the Alien Registration Receipt Card, the Immigration and Naturalization Service will send the following information to the Internal Revenue Service: your name, social security number, address, date of birth, alien identification number, occupation, class of admission, and answers to IRS Form 9003.

Name (Last—Surname—Family) (First—Given) (Middle Initial)
 EL-KHADER Hani Hasan

Taxpayer Identification Number [REDACTED] 4566
 Enter your Social Security Number (SSN) if you have one. If you do not have an SSN but have used a Taxpayer Identification Number issued to you by the Internal Revenue Service, enter that number. Otherwise, write "NONE" in the space provided; i.e., "|||||NONE".

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

If you answered yes to question 4, for which tax year was the last return filed? 19 97

Paperwork Reduction Act Notice—We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.
 The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is 5 minutes. If you have comments concerning the accuracy of this time estimate or suggestions for making this form more simple, we would be happy to hear from you. You can write to both the **Internal Revenue Service**, Attention: Reports Clearance Officer, PC:FP, Washington, DC 20224, and the **Office of Management and Budget**, Paperwork Reduction Project (1545-1065), Washington, DC 20503. **DO NOT send this form to either of these offices. Instead, return it to the appropriate office of the Department of State or the Immigration and Naturalization Service.**

Remarks *I have always paid my taxes since 1990*

Department of the Treasury — Internal Revenue Service

OMB Clearance No. 1545-1065

Form 9003
(October 1994)

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

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

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

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

Name (Last—Surname—Family) (First—Given) (Middle Initial)
 EL-KHADER Hani Hasan

Taxpayer Identification Number [REDACTED] 66
 Enter your Social Security Number (SSN) if you have one. If you do not have an SSN but have used a Taxpayer Identification Number issued to you by the Internal Revenue Service, enter that number. Otherwise, write "NONE" in the space provided; i.e., "□□□□□ IN□□□□□".

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

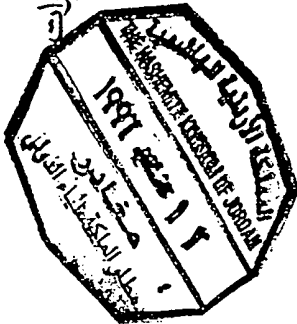

If you answered yes to question 4, for which tax year was the last return filed? 19 97

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

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Remarks
 I have always paid my taxes since 1990

التأشيرات
١٢

12 VISAS

Departure Number
667238478 05

Immigration and Naturalization Service
I-94
Departure Record

PAROLED PURSUANT TO SEC. 212 (d) (5) OF THE I&N ACT.
PAROLED until: **Aug 27, 1998**
Purpose: **AJOSU 245.3**
(A) (2)

14. Family Name SI KHAD	[ID]	[Date]	[Officer]	
15. First (Given) Name HANI	6201	Aug 27 1998		
17. Country of Citizenship Jordanian				169

See Other Side STAPLE HERE

UNITED STATES OF AMERICA

RECEIPT NUMBER LIN-98-119-51839		CASE TYPE 1140 IMMIGRANT PETITION FOR ALIEN WORKER
RECEIPT DATE April 1, 1998	PRIORITY DATE November 23, 1994	PETITIONER AMERITRUST MORTGAGE CORPORATION
NOTICE DATE August 18, 1998	PAGE 1 of 1	BENEFICIARY EL KHADER, HANI H.
AMERITRUST MORTGAGE CORPORATION C/O MS SANDY HEUER 284 VIRGINIA ST CRYSTAL LAKE IL 60014		Notice Type: Approval Notice Section: Skilled Worker or Professional, Sec.203(b)(3)(A)(i) or (ii)

The above petition has been approved. The petition indicates that the person for whom you are petitioning in the United States and will apply for adjustment of status. He or she should contact the local IMS office to obtain Form I-195, Application for Permanent Residence. A copy of this notice should be submitted with the application.


If the person for whom you are petitioning decides to apply for a visa outside the United States based on this petition, the petitioner should file Form I-824, Application for Action on an Approved Application or Petition, with this office to request that we send the petition to the Department of State National Visa Center (NVC).

The NVC processes all approved immigrant visa petitions that require consular action. The NVC also determines which consular post is the appropriate consulate to complete visa processing. It will then forward the approved petition to that consulate.

THIS FORM IS NOT A VISA NOR MAY IT BE USED IN PLACE OF A VISA.

Please see the additional information on the back. You will be notified separately about any other cases you filed.

NEBRASKA SERVICE CENTER
U. S. IMMIG. & NATZ. SERVICE
P.O. BOX 82521
LINCOLN NE 68501-2521
Customer Service Telephone: 402-437-5218



Attachment to form I-485
Hani El-Khader

Part 3:

Have you ever applied for permanent resident status in the U.S.?

Yes. On July 1, 1997, I filed an application for adjustment of status at the Chicago INS office on the basis of my marriage to a United States citizen, Nadia Muna. That application is now pending and I am awaiting an interview. However, I am in the process of obtaining a legal divorce from my wife and I believe the previous application I filed may not be approved. I am therefore filing this new adjustment of status application on the basis of an approved I-140 petition.

Immigration History in the United States

I first came to the United States on December 27, 1988 as an F-1 student to attend Cayahoga Community College. I transferred to Kishwaukee College in December 1989, and to Northern Illinois University in June 1989. I remained in lawful F-1 status until after the Iraqi invasion into Kuwait (where I resided my whole life prior to coming to the United States), when I applied for political asylum in the United States (I believe I applied for asylum in September 1989). I received permits to be employed in the United States, and I never worked without INS permission. The asylum application was administratively denied, and on January 11, 1995 I was placed into deportation proceedings under file number A71 846 426. Those proceedings were terminated on August 18, 1995 after I departed the United States, obtained an H-1B visa at the US Consulate in Ciudad Juraez, Mexico, and re-entered the country in H-1B status on July 31, 1995, valid until June 1, 1998. The H-1B visa application was filed by my employer, Amcore Financial, Inc., where I was employed as a cost analyst from 1993 (under my work permit issued due to my asylum application) until December 1997.

I filed an adjustment of status application on July 1, 1997 and obtained a work permit. On the basis of that work permit, I changed employers in December 1997, starting at IMC Global, Inc, also as a cost analyst.

I have departed the United States twice and returned on advance paroles since July 1, 1997. The last parole was granted on May 18, 1998, valid until May 17, 1999.

٢
JORDAN

المملكة الأردنية الهاشمية

جواز سفر

باسم صاحب الجلالة الملك
الجميع من لهم علاقة بهذا
جواز سفر

يرجى من موظفي حكومة المملكة
الأردنية الهاشمية ومن مثيلها
في الخارج ومن جميع من لهم
علاقة بهذا الشأن أن يمتثلوا
لما هو هذا الجواز بوجوب المرور
من غير تأخير أو عاقبة وأن
يبدلوا له كل مساعدة أو حماية
قد يحتاج اليهما .

THE HASHEMITE KINGDOM
OF JORDAN

PASSPORT

BY HIS MAJESTY THE KING
TO ALL WHOM IT MAY
CONCERN GREETING :

GOVERNMENT OFFICIALS OF
THE HASHEMITE KINGDOM OF
JORDAN, REPRESENTATIVES
ABROAD AND ALL THOSE
WHOM IT MAY CONCERN ARE
REQUIRED AND REQUESTED TO
ALLOW BEARER TO PASS
FREELY WITHOUT LET OR
HINDRANCE AND TO AFFORD
EVERY ASSISTANCE
AND PROTECTION OF WHICH
MAY STAND IN NEED.

Issued at AMMAN عمان

Date 10/8/1992 ١٩٩٢/٨/١٠

MINISTER OF INTERIOR/PASSPORTS
وزير الداخلية / الجوازات

DIRECTOR GENERAL CIVIL REGISTRATION
AND PASSPORT DEPARTMENT
مدير عام الأحوال المدنية
و الجوازات

٦٧

٣
JORDAN

صورة حامل الجواز
Photograph of bearer



اسم حامله هاني حسن احمد محمد الخضر

Name of bearer HANI H.A.M. EL-KHADER

مكان الولادة الكويت KUWAIT

تاريخ الولادة ١٩٦٩/١١/١٤ 1969

اسم الوالدة فوزية FAUZIEH

Name of mother FAUZIEH

٦٠٩٣٧٣٠

New Passport

17

التاشيرات

ADM# 3103237801

NO Q01617

THE UNITED STATES OF AMERICA
NONIMMIGRANT VISA
ISSUED AT
KUWAIT

F-1 14 DEC 1988

CLASSIFICATION DATE ISSUED

VALID FOR MULTIPLE

APPLICANT'S PERIOD OF ENTRY UNTIL

13 JUN 1991

ISSUED TO Hani HASAN

EL-Khader

William A. O'Connell

CONSULAR OFFICER

Cuyahoga Community College
Metropolitan Campus
Cleveland, Ohio 44115

16

VISAS

17

Departure Number

~~819888351101~~

31013237801

Immigration and Naturalization Service

I-94
Departure Record

Immigration & Naturalization Service
CHICAGO, ILLINOIS-481
ADMITTED

JAN 13 1990

14. Family Name
EL-Khader

15. First (Given) Name
Hani

16. Birth Date (Day/Mo/Yr)
[REDACTED] 69

17. Country of Citizenship
Jordan

CLASS TO

Kishwaukee College
Multa, Ill.

See Other Side

STAPLE HERE

OK
PASSPORT

PM 323

N M R

COPY

UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

DAVID RUBMAN, ESQ.
28 E JACKSON #1905
CHICAGO IL 60604

FILE NO: A71 846 426
DATE: 1/1
12/20/00

Your assistance in furnishing additional identifying information is requested so that we may act upon or reply to your communication. Please fill in the necessary information and return this letter and any attached material to this office.

Type of Application (Form number if known) I-485
Date Application was filed 9/17/98 in Lincoln - transferred to Chicago 2/3/2000 Address of Service office where
application or correspondence was filed _____

Name of applicant or petitioner HANI H. EL-KHADER
Complete present address PO Box 1644 Highland Park IL 60035
Address as shown on application Same

Other names, if any _____
Date of birth 69 Place of birth Kuwait

Alien number (if known) A# A71 846 426
Date and place of naturalization _____

Type of entry (Temporary Visitor, Student, Permanent Residence Visa, Reentry Permit, etc.) _____
Destination in U.S. as shown on entry document _____

IF IMMIGRANT VISA PETITION ALSO COMPLETE THE FOLLOWING:

Name of person you desire to bring to the U.S. _____
Other names, if any _____
His/her date of birth _____ His/her place of birth _____

Alien number (if known) A# _____
Is prospective immigrant already in U.S.? _____ If yes, date of admission into U.S. _____

RECEIVED
2000 DEC 20 P 12:51
ADJUDICATION BRANCH
CHICAGO, ILLINOIS

U.S. Department of Justice
Immigration and Naturalization Service

Notice of Action



RECEIPT NUMBER LIN-98-245-52028		CASE TYPE 1485 APPLICATION TO ADJUST TO PERMANENT RESIDENT STATUS
RECEIPT DATE September 17, 1998	PRIORITY DATE	APPLICANT A71 846 426 EL KHADER, HANI H.
NOTICE DATE February 3, 2000	PAGE 1 of 1	
HANI H. EL KHADER PO BOX 1644 HIGHLAND PARK IL 60035		Notice Type: Transfer Notice

This is to advise you that in order to speed processing we have transferred the above case to the following INS office for processing:

Room 333, 10 West Jackson Blvd., Chicago, IL 60604

Telephone: (312) 353-7334

That office will notify you of the decision made on the application or petition. Any further inquiries should be made to that office.

*new
phone*

800-375-5283

Please see the additional information on the back. You will be notified separately about any other cases you filed.

NEBRASKA SERVICE CENTER
U. S. IMMIG. & NATZ. SERVICE
P.O. BOX 82521
LINCOLN NE 68501-2521
Customer Service Telephone: 402-323-7830



07/03/97

Hani El-Khader
5229 Linden Rd. #7313
Rockford, IL 61109

Dear Applicant:

We have received your application for lawful permanent residence in the United States. Your receipt date is 07/01/97. We currently have approximately a one year wait for interviews. We expect this wait to be reduced over the next six months.

You will receive a notice for your appointment two months before the interview date. The appointment letter will also advise you if any additional items should be brought to the interview. **If you apply as a family, please bring all family members with you on the interview date.**

If you have filed a request for employment authorization you must appear in person at our office on any Monday through Friday between the hours of 7:30 a.m. and 12:00 p.m. together with this letter, your receipt of payment and personal identification. **Please report to Booth 15 on the 2nd floor.**

If an emergency arises that makes it necessary for you to leave the United States you may apply for **Advance Parole**. Bring this letter, receipt of payment and your passport or personal identification to our office to apply.

If you are not the spouse of a United States Citizen or a Permanent Resident, and will **turn 21 years of age** before your scheduled interview, it is your responsibility to notify the Service one month prior to your birthdate. Please send a copy of this letter with information relating to your birthdate to **Section 245 Clerical Processing Unit at 10 West Jackson Blvd. Rm. 323 Chicago, IL. 60604.**

Please do not inquire about the status of your application prior to twelve months of receipt, it will only further delay the processing time. Any address changes should be mailed with a copy of this letter to the following address: **U.S. Immigration & Naturalization Service, P.O. Box A3462, Chicago, Illinois 60690-3462.**

Sincerely,

Brian R. Perryman
District Director

INS Use Only
I-765 submitted? Yes
To Index: 07/03/97
Reschedule Date:

I N S
CHICAGO, ILL.

07/01/97

0002

EL-KHADER HANI H

I-485 130.00

I-765 70.00

I-130 80.00

SUBRTL 280.00

CHECK 280.00

3 ITEMS

7081 001 001 13:27
THANK YOU



U.S. Department of Justice
Immigration and Naturalization Service

A71 846 426

10 West Jackson Blvd.
Chicago, Illinois 60604

OCT 31 2002

*Personally served
on atty via [unclear]
by US. Atty's office
on 11/1/02*

Ameritrust Mortgage Corporation
C/O: Ms. Sandy Heuer
284 Virginia Street
Crystal Lake, IL 60014

CC: Attorney David Rubman
332 S. Michigan Avenue, Ste #860
Chicago, IL 60604

**NOTICE OF DECISION TO REVOKE APPROVED PETITION FOR SKILLED
WORKER OR PROFESSIONAL**

Dear Ms. Heuer,

Upon due consideration, it is the decision of the Service to revoke the approved Petition for Skilled Worker or Professional filed on behalf of Hani El-Khader. On April 1, 1998, your company, Ameritrust Mortgage Corporation, filed an Immigrant Petition for Alien Worker on behalf of Hani H. El-Khader, seeking classification pursuant to Section 203(b)(3)(A)(i) or (ii) of the Immigration and Nationality Act. This petition was approved on August 18, 1998. On December 5, 2001, the Service notified you of its intent to revoke the approved petition.

8 Code of Federal Regulations, Section 205.2 states:

(a) General. Any Service officer authorized to approve a petition under section 204 of the Act may revoke the approval of that petition upon notice to the petitioner on any ground other than those specified in Section 205.1 when the necessity for the revocation comes to the attention of the Service.