



Kari Ann Fonte, Esq.
kfonte@visadoctors.com
Board Certified Specialist
Immigration & Nationality Law
by the Florida Bar

October 11, 2018

US Department of Homeland Security
Citizenship and Immigration Services
FOIA/PA Appeals Office
150 Space Center Loop, Suite 500
Lee's Summit, MO 64064-2139

RE: FREEDOM OF INFORMATION ACT APPEAL
Request #: NRC2018049285
On behalf of: Dasa Dudova
A#: 203-217-048

Dear Sir or Madam:

Please accept this timely appeal of the FOIA results issued on August 29, 2018, and mailed on September 6, 2018, regarding Ms. Dasa Dudova, where 94 pages were withheld in full, and 62 pages withheld in part. Additionally, we specifically requested a copy of the video recording of the interview conducted with Ms. Dudova and her husband William McGuffey on February 27, 2018 at the Kendall Field Office of USCIS relating to Mr. McGuffey's I-130 petition and Ms. Dudova's I-485 application. That video recording was not released in response to our request, nor was any explanation given for not providing it.

In general we respectfully request that her file be reviewed again to release the withheld information, and to provide us with a copy of the video recording. If no such video exists, or if the video is not audible or visible, we ask that such explanation be provided. Further, we request that any notes from the officer relating to the interview be released, as well as any documentation relating to any decision made or to be made on the pending petition and application, as such information is not exempt from release.

REQUEST FOR TIMELY RESPONSE ON APPEAL

We ask that the response to this appeal be responded to timely, as this FOIA request was originally filed on March 22, 2018, over 6 months ago. **Pursuant to the statute at 5 USC Section 552(a)(6)(A)(i)(II), USCIS must respond to appeals within 20 days. If no response is received within that time frame, 5 USC Section 552(a)(6)(C)(i) provides that administrative remedies are deemed to have been exhausted, and the request may be reviewed in Federal District Court.**

We now address the withheld pages in part or in full by section of law used to withhold the information.

October 12, 2018

5 USC Section 552(b)(6): allows withholding of information where the disclosure of such information would constitute a clearly unwarranted invasion of personal privacy.

The pages and sections of pages that were withheld under this section should not be withheld as to Mr. William McGuffey, her husband and the petitioner in her present case. We provide along with this appeal a signed release from Mr. McGuffey authorizing release of his information to our office.

5 USC Section 552(b)(3): allows withholding of information if specifically exempted by statute.

The FOIA response cites to 8 USC 1202(f) as authority for withholding Ms. Dudova's records from her. However, a reading of that provision reveals that it relates to disclosing the individual's records to other entities, not to the individual themselves. Therefore, since it is Ms. Dudova herself who is requesting her own records, they should not be withheld pursuant to this provision.

5 USC Section 552(b)(7)(C), could reasonably be expected to constitute an unwarranted invasion of personal privacy:

This exemption is not applicable as it relates to information relating to Ms. Dudova, because it could not reasonably be expected to constitute an unwarranted invasion of personal privacy when Ms. Dudova herself is requesting these records. She signed Form G639 authorizing the release of information to our office which was filed with the original FOIA request, along with a signed form G28 authorizing the undersigned to represent her in this matter. An additional signed release is attached to this appeal.

(b)(7)(E): would disclose techniques and procedures for law enforcement investigations or prosecutions, or would disclose guidelines for law enforcement investigations or prosecutions if such disclosure could reasonably be expected to risk circumvention of the law.

This exemption is not applicable as the release of the documents could not reasonably be expected to risk circumvention of the law. Ms. Dudova has not been arrested or charged with any crime; therefore she has no desire or need to make any attempts to circumvent the law. These documents are requested solely to analyze Ms. Dudova's immigration case and the status thereof.

We respectfully request that the requested records be provided in their entirety, including the video recording of the interview which took place on February 27, 2018, as well as any notes from the officer relating to the interview, and any documentation relating to any decision made or to be made on the pending I-130 and I-485.

Fonte Immigration Firm, P.L.

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October 12, 2018

Attached to this appeal are the following Exhibits:

- A. Cover letter from USCIS in response to FOIA request, dated August 29, 2018
- B. Original FOIA request, including signed Forms G28 and Form G639
- C. Signed release from Dasa Dudova
- D. Signed release from William McGuffey

Thank you for your prompt and kind attention to this matter.

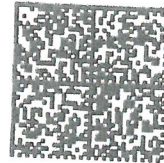
Sincerely,



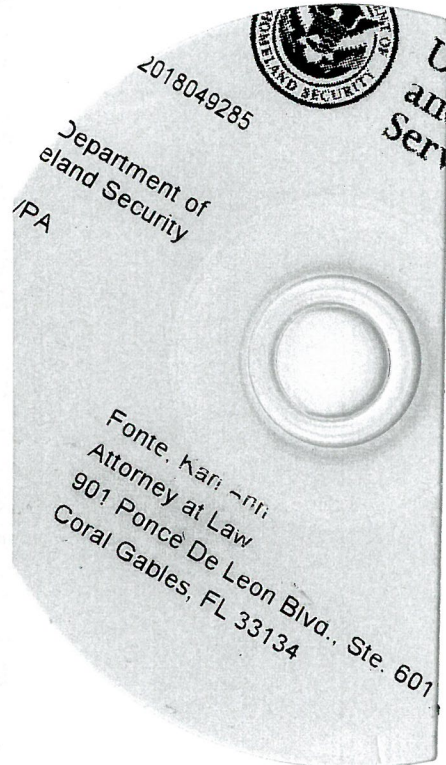
Kari Ann Fonte, Esq.



Department of Homeland Security
P.O. Box 648010
Lee's Summit, MO 64064-8010
U.S. Citizenship
and Immigration
Services



UNITED STATES POSTAGE
U.S. OFFICIAL MAIL
PENALTY FOR
PRIVATE USE \$300
PRIMEV BOWES
\$00.680
SEP 06 2018
02 1R
0000012700
MAILED FROM ZIP CODE 64064



RECEIVED
SEP 11 2018
BY: _____

RECEIVED
SEP 10 2018
BY: _____

U.S. Department of Homeland Security
National Records Center
P.O. Box 648010
Lee's Summit, MO 64064-8010



U.S. Citizenship
and Immigration
Services

August 29, 2018

NRC2018049285

Kari Ann Fonte
Attorney at Law
901 Ponce De Leon Blvd., Ste. 601
Coral Gables, FL 33134

Dear Kari Ann Fonte:

This is in response to your Freedom of Information Act/Privacy Act (FOIA/PA) request received in this office April 04, 2018 regarding Dasa Dudova.

We have completed the review of all documents and have identified 627 pages that are responsive to your request. Enclosed are 457 pages released in their entirety and 62 pages released in part. We are withholding 94 pages in full. In our review of these pages, we have determined that they contain no reasonably segregable portion(s) of non-exempt information. We have reviewed and have determined to release all information except those portions that are exempt pursuant to 5 U.S.C. § 552 (b)(3), (b)(6), (b)(7)(C) and (b)(7)(E) of the FOIA.

During our review, USCIS located 14 pages of potentially responsive documents that may have originated from U.S. Immigration and Customs Enforcement (ICE). USCIS has sent the document(s) and a copy of your FOIA request to the ICE FOIA Office for consideration and direct response to you. Should you wish to contact ICE concerning the status of the processing of the document(s), please contact the ICE FOIA Office via phone at (866) 633-1182 or via e-mail at ICE-FOIA@dhs.gov. The ICE FOIA Office mailing address is 500 12th Street, S.W., MS 5009, Washington, D.C. 20536-5009.

Exemption (b)(3) provides protection for information specifically exempted from disclosure by statute, provided that such statute establishes particular criteria for withholding or refers to particular types of matter to be withheld. The statute which allows us to withhold this information pursuant to (b)(3) is 8 U.S.C. 1202(f) of the Immigration and Nationality Act.

Exemption (b)(6) permits the government to withhold all information about individuals in personnel, medical and similar files where the disclosure of such information would constitute a clearly unwarranted invasion of personal privacy. The types of documents and/or information we have withheld may consist of birth certificates, naturalization certificates, driver's licenses, social security numbers, home addresses, dates of birth, or various other documents and/or information belonging to a third party that are considered personal.

NRC2018049285

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Exemption (b)(7)(C) provides protection for personal information in law enforcement records, which could reasonably be expected to constitute an unwarranted invasion of personal privacy. We have withheld information relating to third-party individuals. The types of documents and/or information we have withheld could consist of names, addresses, identification numbers, telephone numbers, fax numbers, or various other documents that are considered personal.

Exemption (b)(7)(E) provides protection for records or information for law enforcement purposes which would disclose techniques and procedures for law enforcement investigations or prosecutions, or would disclose guidelines for law enforcement investigations or prosecutions if such disclosure could reasonably be expected to risk circumvention of the law. The types of documents and/or information we have withheld could consist of law enforcement systems checks, manuals, checkpoint locations, surveillance techniques, and various other documents.

As a result of discussion between agency personnel and a member of our staff, as a matter of administrative discretion, we are releasing computer codes found on system screen prints previously withheld under exemption b(2). There may be additional documents that contain discretionary releases of exempt information. We will identify discretionary releases within the record. These discretionary releases do not waive our ability to invoke applicable FOIA exemptions for similar or related information in the future.

The enclosed record consists of the best reproducible copies available. Certain pages may contain marks that appear to be blacked-out information. Such black marks would have been present prior to our receipt of the file and are not information we have withheld under the provisions of the FOIA or PA.

You have the right to file an administrative appeal within 90 days of the date of this letter. By filing an appeal, you preserve your rights under FOIA and give the agency a chance to review and reconsider your request and the agency's decision. You may file an administrative FOIA appeal to USCIS at: USCIS FOIA/PA Appeals Office, 150 Space Center Loop, Suite 500, Lee's Summit, MO 64064-2139. Both the letter and the envelope should be clearly marked "Freedom of Information Act Appeal."

If you would like to discuss our response before filing an appeal to attempt to resolve your dispute without going through the appeals process, you may contact our FOIA Public Liaison, Jill Eggleston, for assistance at:

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

Telephone: 1-800-375-5283

E-Mail: FOIAPAQuestions@uscis.dhs.gov

If you are unable to resolve your FOIA dispute through our FOIA Public Liaison, the Office of Government Information Services (OGIS), the Federal FOIA Ombudsman's office, offers mediation services to help resolve disputes between FOIA requesters and Federal Agencies. The OGIS does not have the authority to handle requests made under the Privacy Act of 1974. The contact information for OGIS is:

NRC2018049285

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Office of Government Information Services
National Archives and Records Administration
8601 Adelphi Road – OGIS
College Park, MD 20740-6001

Telephone: 202-741-5770

877-684-6448

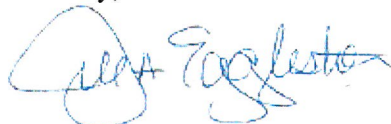
Email: OGIS@NARA.GOV

Website: OGIS.ARCHIVES.GOV

The National Records Center does not process petitions, applications or any other type of benefit under the Immigration and Nationality Act. If you have questions or wish to submit documentation relating to a matter pending with the bureau, you must address these issues with your nearest District Office.

All FOIA/PA related requests, including address changes, must be submitted in writing and be signed by the requester. Please include the control number listed above on all correspondence with this office. Requests may be mailed to the FOIA/PA Officer at the PO Box listed at the top of the letterhead, emailed to USCIS.FOIA@uscis.dhs.gov, or sent by fax to (816) 350-5785. You may also submit FOIA/PA related questions to our email address at FOIAPAQuestions@uscis.dhs.gov.

Sincerely,



Jill A. Eggleston
Director, FOIA Operations

Enclosure(s)

Kari Ann Fonte

From: Janelys F. Lopez
Sent: Thursday, October 11, 2018 2:53 PM
To: Kari Ann Fonte
Subject: FW: To Request a USCIS FOIA for: Dasa Dudova
Attachments: CIS FOIA.pdf

From: Janelys F. Lopez
Sent: Thursday, March 22, 2018 12:12 PM
To: 'uscis.foia@uscis.dhs.gov' <uscis.foia@uscis.dhs.gov>
Cc: Kari Ann Fonte <KFonte@visadoctors.com>
Subject: To Request a USCIS FOIA for: Dasa Dudova

National Records Center
FOIA/PA Office
P.O. Box 648010
Lee's Summit, MO 64064-8010

Re: Freedom of Information Act Request

Applicant Name: DASA DUDOVA
Alien Number 1: 203-217-048
Date of Birth: 08/16/1971
Place of Birth: SLOVAKIA

Dear Sir or Madam:

Please be advised that our office is representing the above-mentioned individual in connection to her immigration matters.

Pursuant to the Freedom of Information Act, we are hereby requesting a copy of the complete file, any and all documents including all petitions, all applications, visa information, and including the video recording and notes from the adjustment interview which occurred on February 27, 2018, at U.S.C.I.S. Kendall Field Office.

As we understand this proof that our request may incur some expenses, we agree to pay up to \$25.00 in copy costs if necessary.

Enclosed please find the following documentation for your review:

1. Form G-28, Notice of Entry as Appearance as Attorney or Representative;
2. Form G-639, Freedom of information Act Request;
3. Birth Certificate with Translation;
4. Biographic Page of Slovakian Passport;

Thank you in advance for your assistance with this matter.

Sincerely,

Kari Ann Fonte, Esq.

Board Certified by the Florida Bar as a Specialist in Immigration & Nationality Law
Chair, Florida Bar Immigration and Nationality Law Certification Committee
Past President of the South Florida Chapter of the American Immigration Lawyers Association

I'm Speaking!



2018 AILA Spring Conference:
Immigration and the New Administration
Friday, April 13, 2018, Washington, DC

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Fonte Immigration Firm

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Coral Gables, FL 33134
Tel: (305) 446-1151
Fax: (305) 441-8148

www.visadoctors.com

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

Department of Homeland Security

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

Part 1. Information About Attorney or Accredited Representative

1. USCIS ELIS Account Number (if any)
▶

Name and Address of Attorney or Accredited Representative

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

Part 2. Notice of Appearance as Attorney or Accredited Representative

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

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

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

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

Information About Applicant, Petitioner, Requestor, or Respondent

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



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

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

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

Mailing Address of Applicant, Petitioner, Requestor, or Respondent

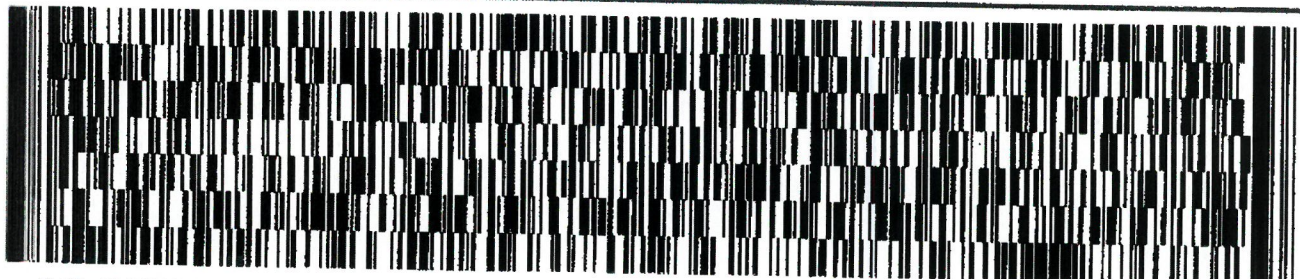
NOTE: Provide the mailing address of the applicant, petitioner, requestor, or respondent. If the applicant, petitioner, requestor, or respondent has used a safe mailing address on the application, petition, or request being filed with this Form G-28, provide it in these spaces.

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

Part 3. Eligibility Information for Attorney or Accredited Representative

Select all applicable items.

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



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

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

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

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

4.b. Name of Law Student or Law Graduate

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

Consent to Representation and Release of Information

1. I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and DHS policy, I also consent to the disclosure to the named attorney or accredited representative of any record pertaining to me that appears in any system of records of USCIS, ICE or CBP.

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

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

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

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

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

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

3.b. Date of Signature (mm/dd/yyyy) ▶ 06/16/2016

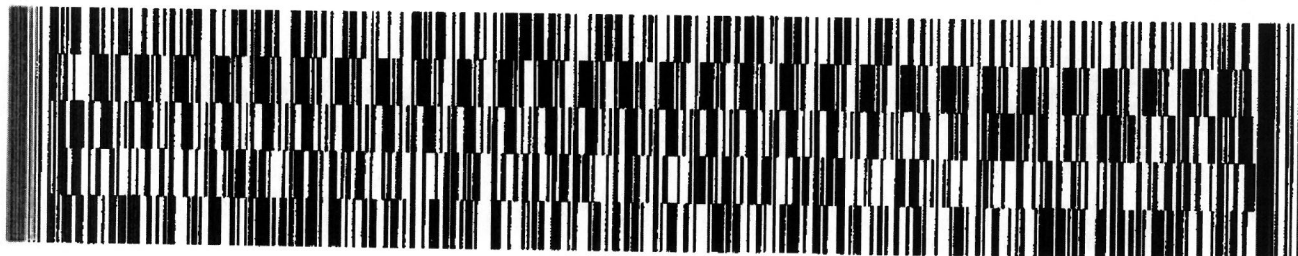
Part 5. Signature of Attorney or Accredited Representative

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

1. Signature of Attorney or Accredited Representative

2. Signature of Law Student or Law Graduate

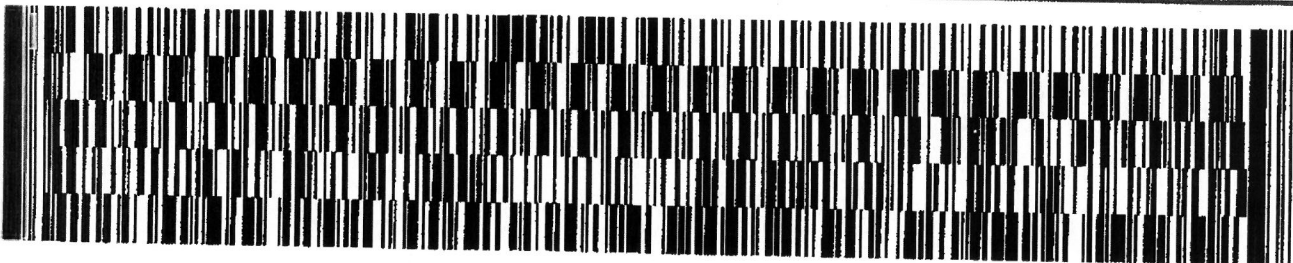
3. Date of Signature (mm/dd/yyyy) ▶ 4/21/14



Part 6. Additional Information

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

Lined area for providing additional information.





Freedom of Information/Privacy Act Request

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

USCIS
Form G-639
OMB No. 1615-0102
Expires 03/31/2017

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

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

Part 1. Type of Request

Select only one box.

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

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

Part 2. Requestor Information

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

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

Requestor's Full Name

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

Requestor's Mailing Address

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

Requestor's Contact Information

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

Requestor's Certification

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

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

Part 3. Description of Records Requested

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

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

To request any and all records under the subject of record.

Full Name of the Subject of Record

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

Part 3. Description of Records Requested
(continued)

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

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

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

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

Other Information About the Subject of Record

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

Information About Family Members that May Appear on Requested Records

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

Family Member 1

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

Family Member 2

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

Parents' Names for the Subject of Record

Father

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

Mother

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

Part 4. Verification of Identity and Subject of Record Consent

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

Full Name of the Subject of Record

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

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

Mailing Address for the Subject of Record

2.a. In Care Of Name (if any)
 FONTE IMMIGRATION FIRM PL

2.b. Street Number and Name
 901 PONCE DE LEON BLVD

2.c. Apt. Ste. Flr. 601

2.d. City or Town
 CORAL GABLES

2.e. State FLORIDA 2.f. ZIP Code 33134

2.g. Province

2.h. Postal Code

2.i. Country
 U.S.A.

Other Information for the Subject of Record

3. Date of Birth (mm/dd/yyyy) 08/16/1971

4. Country of Birth
 SLOVAKIA

Contact Information for the Subject of Record

Providing this information is optional.

5. Daytime Telephone Number

6. Mobile Telephone Number (if any)
 (305) 481-2340

7. Email Address (if any)
 DASENKAD@HOTMAIL.COM

Signature and Notarized Affidavit or Declaration of the Subject of Record

Select only one box.

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

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

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

 Signature of Subject of Record

 Date of Signature (mm/dd/yyyy)

Subscribed and sworn to before me on this _____ day of _____ in the year _____

Daytime Telephone Number _____

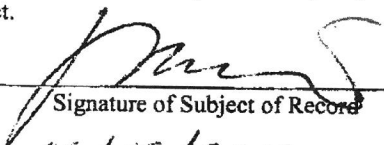
 Signature of Notary

My Commission Expires on _____

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

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

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


 Signature of Subject of Record

06/16/2016
 Date of Signature (mm/dd/yyyy)

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

Part 5. Additional Information

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

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

2. Alien Registration Number (A-Number) (if any)
▶ A-

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

3.d.

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

5.d.

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

6.d.

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

4.d.

when visaed by the consular officer, shall become the immigrant visa. The application for a nonimmigrant visa or other documentation as a nonimmigrant shall be disposed of as may be by regulations prescribed. The issuance of a nonimmigrant visa shall, except as may be otherwise by regulations prescribed, be evidenced by a stamp, or other¹ placed in the alien's passport.

(f) Confidential nature of records

The records of the Department of State and of diplomatic and consular offices of the United States pertaining to the issuance or refusal of visas or permits to enter the United States shall be considered confidential and shall be used only for the formulation, amendment, administration, or enforcement of the immigration, nationality, and other laws of the United States, except that—

(1) in the discretion of the Secretary of State certified copies of such records may be made available to a court which certifies that the information contained in such records is needed by the court in the interest of the ends of justice in a case pending before the court;²

(2) the Secretary of State, in the Secretary's discretion and on the basis of reciprocity, may provide to a foreign government information in the Department of State's computerized visa lookout database and, when necessary and appropriate, other records covered by this section related to information in the database—

(A) with regard to individual aliens, at any time on a case-by-case basis for the purpose of preventing, investigating, or punishing acts that would constitute a crime in the United States, including, but not limited to, terrorism or trafficking in controlled substances, persons, or illicit weapons; or

(B) with regard to any or all aliens in the database, pursuant to such conditions as the Secretary of State shall establish in an agreement with the foreign government in which that government agrees to use such information and records for the purposes described in subparagraph (A) or to deny visas to persons who would be inadmissible to the United States.

(g) Nonimmigrant visa void at conclusion of authorized period of stay

(1) In the case of an alien who has been admitted on the basis of a nonimmigrant visa and remained in the United States beyond the period of stay authorized by the Attorney General, such visa shall be void beginning after the conclusion of such period of stay.

(2) An alien described in paragraph (1) shall be ineligible to be readmitted to the United States as a nonimmigrant, except—

(A) on the basis of a visa (other than the visa described in paragraph (1)) issued in a consular office located in the country of the alien's nationality (or, if there is no office in such country, in such other consular office as the Secretary of State shall specify); or

(B) where extraordinary circumstances are found by the Secretary of State to exist.

(h) In person interview with consular officer

Notwithstanding any other provision of this chapter, the Secretary of State shall require every alien applying for a nonimmigrant visa—

(1) who is at least 14 years of age and not more than 79 years of age to submit to an in person interview with a consular officer unless the requirement for such interview is waived—

(A) by a consular official and such alien is—

(i) within that class of nonimmigrants enumerated in subparagraph (A) or (G) of section 1101(a)(15) of this title;

(ii) within the NATO visa category;

(iii) within that class of nonimmigrants enumerated in section 1101(a)(15)(C)(iii)³ of this title (referred to as the "C-3 visa" category); or

(iv) granted a diplomatic or official visa on a diplomatic or official passport or on the equivalent thereof;

(B) by a consular official and such alien is applying for a visa—

(i) not more than 12 months after the date on which such alien's prior visa expired;

(ii) for the visa classification for which such prior visa was issued;

(iii) from the consular post located in the country of such alien's usual residence, unless otherwise prescribed in regulations that require an applicant to apply for a visa in the country of which such applicant is a national; and

(iv) the consular officer has no indication that such alien has not complied with the immigration laws and regulations of the United States; or

(C) by the Secretary of State if the Secretary determines that such waiver is—

(i) in the national interest of the United States; or

(ii) necessary as a result of unusual or emergent circumstances; and

(2) notwithstanding paragraph (1), to submit to an in person interview with a consular officer if such alien—

(A) is not a national or resident of the country in which such alien is applying for a visa;

(B) was previously refused a visa, unless such refusal was overcome or a waiver of ineligibility has been obtained;

(C) is listed in the Consular Lookout and Support System (or successor system at the Department of State);

(D) is a national of a country officially designated by the Secretary of State as a state sponsor of terrorism, except such nationals who possess nationalities of countries that are not designated as state sponsors of terrorism;

(E) requires a security advisory opinion or other Department of State clearance, unless such alien is—

(i) within that class of nonimmigrants enumerated in subparagraph (A) or (G) of section 1101(a)(15) of this title;

¹ So in original.

² So in original. The period probably should be "; and".

³ So in original. Subpar. (C) of section 1101(a)(15) does not contain clauses.

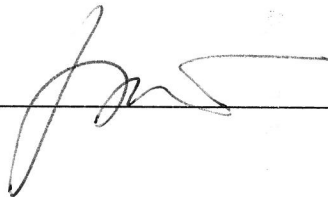
SWORN DECLARATION TO AUTHORIZE FOR RELEASE OF INFORMATION

I, **Dasa Dudova**, swear under penalty of perjury that the foregoing is true and correct and that I am the person signing this document. I authorize the U.S. Citizenship and Immigration Services, to release any information under my name and records to:

Individual/Agency : Kari Ann Fonte, Esq. /
Alexandra P. Friz, Esq.
Fonte Immigration Firm, P.L.
Address: 901 Ponce De Leon Blvd,
Suite 601,
Coral Gables, Florida 33134

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 522a(i)(3) by a fine of not more than \$5,000.

Signature: _____



Date: _____

09/25/2018



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

Department of Homeland Security

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

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)
▶

Name of Attorney or Accredited Representative

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

Address of Attorney or Accredited Representative

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

Contact Information of Attorney or Accredited Representative

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

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all** applicable items.

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

Licensing Authority

1.b. Bar Number (if applicable)

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

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

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

2.b. Name of Recognized Organization

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

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

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

4.b. Name of Law Student or Law Graduate

Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

1.a. U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

ALL IMMIGRATION MATTERS

2.a. U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

3.a. U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

4. Receipt Number (if any)

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

- Applicant Petitioner Requestor
 Beneficiary/Derivative Respondent (ICE, CBP)

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

6.a. Family Name (Last Name) DUDOVA

6.b. Given Name (First Name) DASA

6.c. Middle Name

7.a. Name of Entity (if applicable)

7.b. Title of Authorized Signatory for Entity (if applicable)

8. Client's USCIS Online Account Number (if any)

9. Client's Alien Registration Number (A-Number) (if any)
 ▶ A- 2 0 3 2 1 7 0 4 8

Client's Contact Information

10. Daytime Telephone Number

11. Mobile Telephone Number (if any)
 3059229911

12. Email Address (if any)
 DASENKAD@HOTMAIL.COM

Mailing Address of Client

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

13.a. Street Number and Name 411 AVENUE C

13.b. Apt. Ste. Flr.

13.c. City or Town KEY WEST

13.d. State FLORIDA 13.e. ZIP Code 33040

13.f. Province

13.g. Postal Code

13.h. Country
 U.S.A.

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

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

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

Options Regarding Receipt of USCIS Notices and Documents

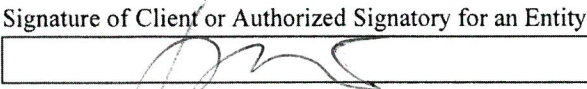
USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

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

- 1.a. I request that USCIS send original notices on an application or petition to the U.S. business address of my attorney or accredited representative as listed in this form.
- 1.b. I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

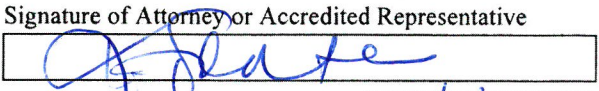
NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**
- 1.c. I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

- 2.a. Signature of Client or Authorized Signatory for an Entity

- 2.b. Date of Signature (mm/dd/yyyy)

Part 5. Signature of Attorney or Accredited Representative

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

- 1. a. Signature of Attorney or Accredited Representative

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

Part 6. Additional Information

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

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2.a. Page Number 2.b. Part Number 2.c. Item Number

2.d.

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

4.d.

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

5.d.

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

3.d.

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

6.d.

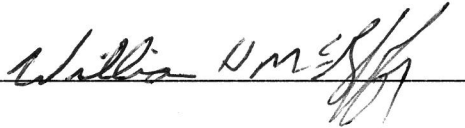
SWORN DECLARATION TO AUTHORIZE FOR RELEASE OF INFORMATION

I, **William Harris McGuffey**, swear under penalty of perjury that the foregoing is true and correct and that I am the person signing this document. I authorize the U.S. Citizenship and Immigration Services, to release any information under my name and records to:

Individual/Agency : Kari Ann Fonte, Esq. /
Alexandra P. Friz, Esq.
Fonte Immigration Firm, P.L.
Address: 901 Ponce De Leon Blvd,
Suite 601,
Coral Gables, Florida 33134

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 522a(i)(3) by a fine of not more than \$5,000.

Signature: _____



Date: _____

09-25-18



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

Department of Homeland Security

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

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)
▶

Name of Attorney or Accredited Representative

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

Address of Attorney or Accredited Representative

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

Contact Information of Attorney or Accredited Representative

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

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

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

Licensing Authority

1.b. Bar Number (if applicable)

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

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

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

2.b. Name of Recognized Organization

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

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

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

4.b. Name of Law Student or Law Graduate

Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

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

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

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

Client's Contact Information

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

Mailing Address of Client

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

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

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

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

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

Options Regarding Receipt of USCIS Notices and Documents

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

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

1.a. I request that USCIS send original notices on an application or petition to the U.S. business address of my attorney or accredited representative as listed in this form.

1.b. I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).


NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

1.c. I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity

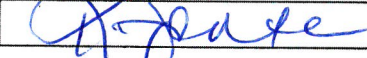
➔ 


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

Part 5. Signature of Attorney or Accredited Representative

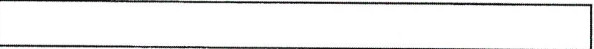
I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

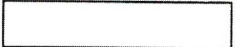
1. a. Signature of Attorney or Accredited Representative



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

2.a. Signature of Law Student or Law Graduate



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

Part 6. Additional Information

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

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

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

2.d.

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

4.d.

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

5.d.

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

3.d.

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

6.d.