

THE UNITED STATES OF AMERICA

No. 22275664

DEPARTMENT OF



NATURALIZATION SERVICE

Personal description of holder
as of date of naturalization:

INS Registration No. A91 536 704

Date of birth: DECEMBER 05, 1965

I certify that the description given is true, and that the photograph affixed hereto is a likeness of me.

Sex: FEMALE

Height: 5 feet 07 inches

(Complete and true signature of holder)

Marital status: MARRIED

Be it known that, pursuant to an application filed with the Attorney General

Country of former nationality:

at: NEWARK, NJ

COLOMBIA

The Attorney General having found that:



MONICA MOSQUERA

then residing in the United States, intends to reside in the United States when so required by the Naturalization Laws of the United States, and had in all other respects complied with the applicable provisions of such naturalization laws and was entitled to be admitted to citizenship, such person having taken the oath of allegiance in a ceremony conducted by the

U.S. IMMIGRATION & NATURALIZATION SERVICE

at: NEWARK, NJ

on: JUNE 15TH, 1996


that such person is admitted as a citizen of the United States of America.

Rois Melissa

Commissioner of Immigration and Naturalization

IT IS PUNISHABLE BY U. S. LAW TO COPY, PRINT OR PHOTOGRAPH THIS CERTIFICATE, WITHOUT LAWFUL AUTHORITY.

DEPARTMENT OF JUSTICE

U.S. DEPARTMENT OF JUSTICE		Immigration and Naturalization Service		No. 4738071	
A	91536704	MOSQUERA, MONICA E		TEMPORARY RESIDENT	
		Name			
Signature		<i>Monica E Mosquera</i>			
10/04/88	12/05/65	691			
Issue Date	DOB	COB			
10/04/91					
EXPIRES					
BEARER ENTITLED TO RE-SIDE AND WORK IN U.S. UNTIL CARD EXPIRES. NOT ELIGIBLE FOR FEDERALLY FUNDED ASSISTANCE PROGRAMS EXCEPT AS PROVIDED BY P.L. 99-603-SEC.					
210					
FORM NO. I-688 5/87					



<p>Morica Mosquera</p>	<p>Morica Mosquera</p>
------------------------	------------------------

COLACOL OR 0712221E

U.S.I.N.S.
FEE RECEIPT
A CENTURY OF SERVICE

12/12/95 NEWARK

MOSQUERA, M. #
91536704*#

N-400	4 95.00
SUBTTL	95.00
TTLAMT	95.00
PER CK	95.00
CHANGE	0.00

1 #ITEMS

0141003 6 16:21

U.S. Department of Justice
Immigration and Naturalization Service

FTR

11/23/96

OMB #1115-0009
Application for Naturalization

START HERE - Please Type or Print

Part 1. Information about you.

Family Name MOSQUERA	Given Name Monica	Middle Initial
U.S. Mailing Address - Care of		
Street Number and Name 172 Route 46 East	Apt. #	
City Mine Hill	County	
State New Jersey	ZIP Code 07803	
Date of Birth (month/day/year) 12/5/65	Country of Birth Colombia	
Social Security # 256-67-7090	A # 091536704	

Part 2. Basis for Eligibility (check one).

- a. I have been a permanent resident for at least five (5) years.
- b. I have been a permanent resident for at least three (3) years and have been married to a United States Citizen for those three years.
- c. I am a permanent resident child of United States citizen parent(s).
- d. I am applying on the basis of qualifying military service in the Armed Forces of the U.S. and have attached completed Forms N-426 and G-325B
- e. Other. (Please specify section of law)

Part 3. Additional information about you.

Date you became a permanent resident (month/day/year) 12/1/90	Port admitted with an immigrant visa or INS Office where granted adjustment of status. Newark
Citizenship Colombia	
Name on alien registration card (if different than in Part 1)	
Other names used since you became a permanent resident (including maiden name) MOSQUERA-CAPURRO, Monica Esther	
Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Height 5'7 1/2
Mental Status: <input checked="" type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Can you speak, read and write English? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

Absences from the U.S.:

Have you been absent from the U.S. since becoming a permanent resident? No Yes.

If you answered "Yes", complete the following. Begin with your most recent absence. If you need more room to explain the reason for an absence or to list more trips, continue on separate paper.

Date left U.S.	Date returned	Did absence last 6 months or more?	Destination	Reason for trip
12/16/91	1/15/92	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Colombia	visiting
11/24/94	1/10/95	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Colombia	visiting
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

FOR INS USE ONLY

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

RECEIVED
U.S. IMM. & NAT'L SERVICE
95 NOV 28 PM 2:07
NEWARK, NJ 07102
MAIL ROOM

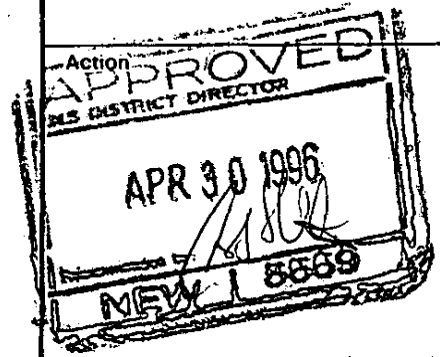
At interview

request naturalization ceremony at court

Remarks

010

31W



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 # 12/12/93 PER LR 95.00

Part 4. Information about your residences and employment.

A. List your addresses during the last five (5) years or since you became a permanent resident, whichever is less. Begin with your current address. If you need more space, continue on separate paper:

Street Number and Name, City, State, Country, and Zip Code	Dates (month/day/year)	
	From	To
172 Route 46 East, Mine Hill, New Jersey 07803	Aug/95	present
35 Elizabeth Street, Dover, New Jersey 07801	Jul/93	Aug/95
.71 Bellevue Terrace, Morristown, New Jersey 07960	May/85	Jul/93

B. List your employers during the last five (5) years. List your present or most recent employer first. If none, write "None". If you need more space, continue on separate paper.

Employer's Name	Employer's Address Street Name and Number - City, State and ZIP Code	Dates Employed (month/day/year)		Occupation/position
		From	To	
Marriott Corp.	175 Tabor Rd., Morris Plain, NJ 07950	1987	present	Food Service Manager

Part 5. Information about your marital history.

A. Total number of times you have been married 1. If you are now married, complete the following regarding your husband or wife.

Family name HOYOS	Given name Hector	Middle initial W.
Address 172 Route 46 East, Mine Hill, New Jersey 07803		
Date of birth (month/day/year) 12/4/64	Country of birth Colombia	Citizenship Colombia
Social Security# 088-80-5315	A# (if applicable) none	Immigration status (if not a U.S. citizen) none
Naturalization (if applicable) (month/day/year) n/a	Place (City, State)	

If you have ever previously been married or if your current spouse has been previously married, please provide the following on separate paper: Name of prior spouse, date of marriage, date marriage ended, how marriage ended and immigration status of prior spouse.

Part 6. Information about your children.

B. Total Number of Children 1. Complete the following information for each of your children. If the child lives with you, state "with me" in the address column; otherwise give city/state/country of child's current residence. If deceased, write "deceased" in the address column. If you need more space, continue on separate paper.

Full name of child	Date of birth	Country of birth	Citizenship	A - Number	Address
Ivon Catherine Mosquera	10/16/79	Colombia	Colombia	n/a	02 Cali, Colombia

Part 7. Additional eligibility factors.

Please answer each of the following questions. If your answer is "Yes", explain on a separate paper.

- 1. Are you now, or have you ever been a member of, or in any way connected or associated with the Communist Party...
2. During the period March 23, 1933 to May 8, 1945, did you serve in, or were you in any way affiliated with...
3. Have you at any time, anywhere, ever ordered, incited, assisted, or otherwise participated in the persecution of any person...
4. Have you ever left the United States to avoid being drafted into the U.S. Armed Forces?
5. Have you ever failed to comply with Selective Service laws?
6. Did you ever apply for exemption from military service because of alienage, conscientious objections or other reasons?
7. Have you ever deserted from the military, air or naval forces of the United States?
8. Since becoming a permanent resident, have you ever failed to file a federal income tax return?
9. Since becoming a permanent resident, have you filed a federal income tax return as a nonresident or failed to file a federal return...
10. Are deportation proceedings pending against you, or have you ever been deported, or ordered deported, or have you ever applied...
11. Have you ever claimed in writing, or in any way, to be a United States citizen?
12. Have you ever:
a. been a habitual drunkard?
b. advocated or practiced polygamy?
c. been a prostitute or procured anyone for prostitution?
d. knowingly and for gain helped any alien to enter the U.S. illegally?
e. been an illicit trafficker in narcotic drugs or marijuana?
f. received income from illegal gambling?
g. given false testimony for the purpose of obtaining any immigration benefit?
13. Have you ever been declared legally incompetent or have you ever been confined as a patient in a mental institution?
14. Were you born with, or have you acquired in same way, any title or order of nobility in any foreign State?
15. Have you ever:
a. knowingly committed any crime for which you have not been arrested?
b. been arrested, cited, charged, indicted, convicted, fined or imprisoned for breaking or violating any law or ordinance...

(If you answer yes to 15, in your explanation give the following information for each incident or occurrence the city, state, and country, where the offense took place, the date and nature of the offense, and the outcome or disposition of the case).

Part 8. Allegiance to the U.S.

If your answer to any of the following questions is "NO", attach a full explanation:

- 1. Do you believe in the Constitution and form of government of the U.S.?
2. Are you willing to take the full Oath of Allegiance to the U.S.? (see instructions)
3. If the law requires it, are you willing to bear arms on behalf of the U.S.?
4. If the law requires it, are you willing to perform noncombatant services in the Armed Forces of the U.S.?
5. If the law requires it, are you willing to perform work of national importance under civilian direction?

Part 9. Memberships and organizations.

A. List your present and past membership in or affiliation with every organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other place. Include any military service in this part. If none, write "none". Include the name of organization, location, dates of membership and the nature of the organization. If additional space is needed, use separate paper.

none

Part 10. Complete only if you checked block " C " in Part 2.

How many of your parents are U.S. citizens? One Both (Give the following about one U.S. citizen parent:)

Family Name	Given Name	Middle Name
Address		

Basis for citizenship: <input type="checkbox"/> Birth <input type="checkbox"/> Naturalization Cert. No.	Relationship to you (check one):	<input type="checkbox"/> natural parent	<input type="checkbox"/> adoptive parent
		<input type="checkbox"/> parent of child legitimated after birth	

If adopted or legitimated after birth, give date of adoption or, legitimation: (month/day/year) _____

Does this parent have legal custody of you? Yes No

(Attach a copy of relating evidence to establish that you are the child of this U.S. citizen and evidence of this parent's citizenship.)

Part 11. Signature. (Read the information on penalties in the instructions before completing this section).

I certify or, if outside the United States, I swear or affirm, 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 x. <i>Morales Morquez</i>	Date 10-28-95
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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 naturalization and this application may be denied.

Part 12. 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
-----------	-----------------	------

Firm Name and Address

DO NOT COMPLETE THE FOLLOWING UNTIL INSTRUCTED TO DO SO AT THE INTERVIEW

I swear that I know the contents of this application, and supplemental pages 1 through _____, that the corrections, numbered 1 through _____, were made at my request, and that this amended application, is true to the best of my knowledge and belief.

Subscribed and sworn to before me by the applicant.

(Complete and true signature of applicant)

(Examiner's Signature) Date

✓
Attachment to Form N-400; Part 5

My current spouse has been previously married.

His ex-wife's name is Sylvia Moreno, U. S. citizen.

They got married on 2/10/87 and divorced in 1992.



Important Document Information

The Immigration and Naturalization Service has changed the policy requiring submission of original documents or certified copies of documents with applications and petitions.

You may now submit ordinary legible photocopies of the original documents required, including Naturalization Certificates and Alien Registration Cards. Please submit copies of both sides of documents. You may be required to present the original documents during any subsequent contacts with the Service.

The following statement must be signed and dated by either the applicant, the petitioner, or the attorney, ***and submitted with each petition and/or application.***

"Copies of documents submitted are exact photocopies of unaltered original documents and I understand that I may be required to submit original documents to an Immigration or Consular official at a later date."

Signature: *Monica Mosquera*

Typed or Printed Name: Monica Mosquera

Date: 10/28/95

ER-750 EFC
06/95 3230

Please turn over

NOTICE OF ENTRY OF APPEARANCE AS ATTORNEY OR REPRESENTATIVE

In re: MOSQUERA, Monica	DATE FILE No.
--------------------------------	----------------------

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

NAME Monica Mosquera	<input type="checkbox"/> Petitioner <input type="checkbox"/> Beneficiary	<input checked="" type="checkbox"/> Applicant <input type="checkbox"/>
ADDRESS (Apt. No.) (Number & Street) (City) (State) (ZIP Code) 172 Route. 46 East, Mine Hill, New Jersey 07803		
NAME	<input type="checkbox"/> Petitioner <input type="checkbox"/> Beneficiary	<input type="checkbox"/> Applicant <input type="checkbox"/>
ADDRESS (Apt. No.) (Number & Street) (City) (State) (ZIP Code)		

Check Applicable Item(s) below:

<input checked="" type="checkbox"/>	I am an attorney and a member in good standing at 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 _____ and am not under a (Name of Court) court or administrative agency order suspending, enjoining, restraining, disbaring, or otherwise restricting me in practicing law.
<input type="checkbox"/>	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"/>	I am associated with _____, the attorney of record who 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"/>	Others (Explain fully.)

SIGNATURE 	COMPLETE ADDRESS Law Office of Margaret Harlow 575 Madison Avenue, Suite 1006 New York, New York 10022
NAME (Type or Print) Margaret Harlow	TELEPHONE NUMBER 212-605-0314

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: Margaret Harlow
(Name of Attorney or Representative)

THE ABOVE CONSENT TO DISCLOSE IS IN CONNECTION WITH THE FOLLOWING MATTER:
Application for Naturalization.

NAME OF PERSON CONSENTING Monica Mosquera	SIGNATURE OF PERSON CONSENTING 	DATE 10/28/95
--	------------------------------------	------------------

(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.)

APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LEAVE BLANK

LAST NAME NAM FIRST NAME MONICA MIDDLE NAME E.

Monica Monica E.

SIGNATURE OF PERSON FINGERPRINTED

Monica Mon

ALIASES AKA

O
R
I

NJINSNKO
USINS
NEWARK, NJ

DATE OF BIRTH DOB
Month 12 Day 05 Year 65

RESIDENCE OF PERSON FINGERPRINTED

172 Route. 46 east Mine Hill
N.J 07803

CITIZENSHIP CTZ

Colombia

SEX F RACE H HGT. 5'5" WGT. 140 EYES Brow HAIR Brow PLACE OF BIRTH POB Colombia

DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

11/8/95 PHL D. D. Mine Hill P.D.

EMPLOYER AND ADDRESS

Mariotti Corporation
175 Tabor Rd. Morris Plains NJ

YOUR NO. OCA

FBI NO. FBI

ARMED FORCES NO. MNU

SOCIAL SECURITY NO. SOC

256677090

MISCELLANEOUS NO. MNU

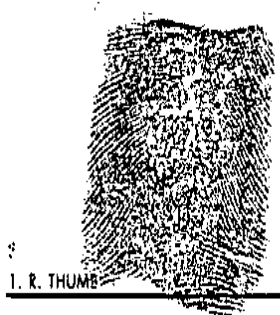
REASON FINGERPRINTED

Citizenship

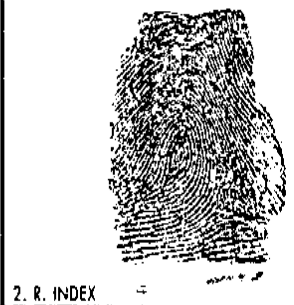
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CLASS _____

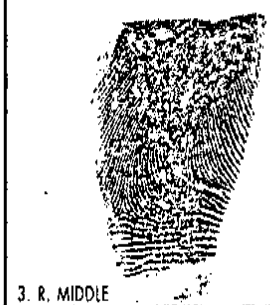
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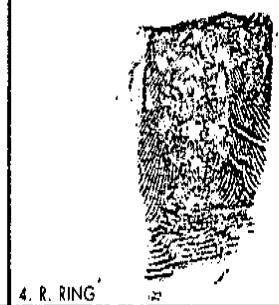
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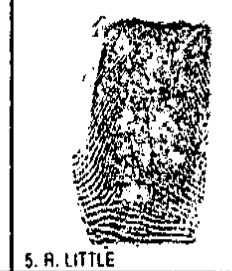
2. R. INDEX



3. R. MIDDLE



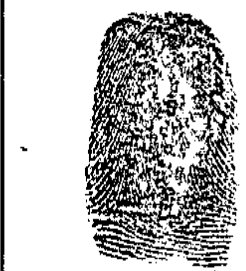
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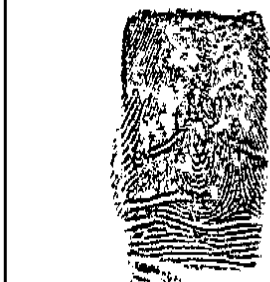
5. R. LITTLE



6. L. THUMB



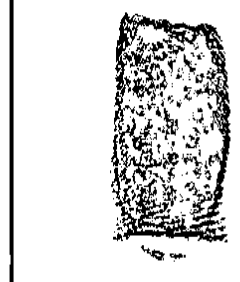
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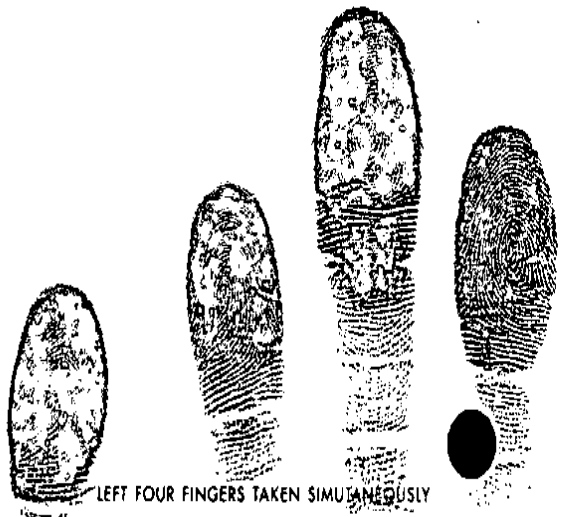
8. L. MIDDLE



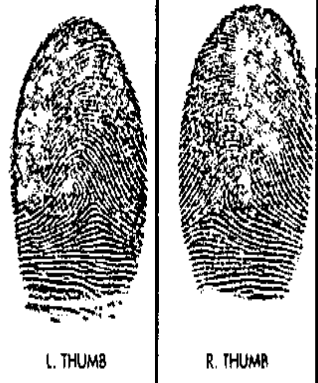
9. L. RING



10. L. LITTLE



LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY



L. THUMB

R. THUMB



RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

ARCHES HAVE NO DELTAS



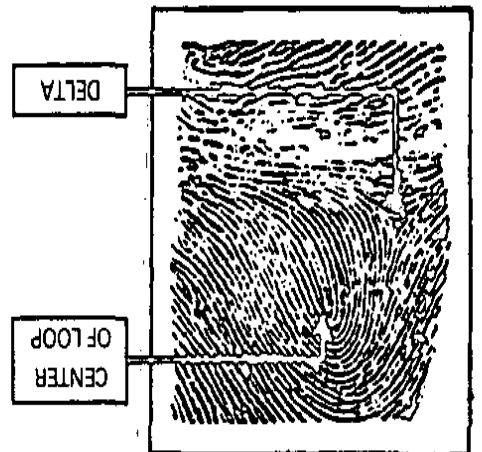
3. ARCH

THESE LINES RUNNING BETWEEN DELTAS MUST BE CLEAR



2. WHORL

THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW



1. LOOP

1. PRINTS MUST FIRST BE CHECKED THROUGH THE PRIVATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
 2. PRIVACY ACT OF 1974 (P.L. 93-579) REQUIRES THAT FEDERAL, STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH DISCLOSURE, AND USES WHICH WILL BE MADE OF IT.
 3. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE EMPLOYER AND ADDRESS. THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI.
 4. FBI NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.
- MISCELLANEOUS NO. RECORD: OTHER ARMED FORCES NO., PASSPORT NO. (PP), ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS), VETERANS ADMINISTRATION CLAIM NO. (VA).

INSTRUCTIONS:

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES, LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.
4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

THIS CARD FOR USE BY:

LEAVE THIS SPACE BLANK

1. USE BLACK PRINTER'S INK.
2. DISTRIBUTE INK EVENLY ON INKING SLAB.
3. WASH AND DRY FINGERS THOROUGHLY.
4. ROLL FINGERS FROM NAIL TO NAIL, AND AVOID ALLOWING FINGERS TO SLIP.
5. BE SURE IMPRESSIONS ARE RECORDED IN CORRECT ORDER.
6. IF AN AMPUTATION OR DEFORMITY MAKES IT IMPOSSIBLE TO PRINT A FINGER, MAKE A NOTATION TO THAT EFFECT IN THE INDIVIDUAL FINGER BLOCK.
7. IF SOME PHYSICAL CONDITION MAKES IT IMPOSSIBLE TO OBTAIN PERFECT IMPRESSIONS, SUBMIT THE BEST THAT CAN BE OBTAINED WITH A MEMO STAPLED TO THE CARD EXPLAINING THE CIRCUMSTANCES.
8. EXAMINE THE COMPLETED PRINTS TO SEE IF THEY CAN BE CLASSIFIED, BEARING IN MIND THAT MOST FINGERPRINTS FALL INTO THE PATTERNS SHOWN ON THIS CARD (OTHER PATTERNS OCCUR INFREQUENTLY AND ARE NOT SHOWN HERE).

TO OBTAIN CLASSIFIABLE FINGERPRINTS:

APPLICANT

WASHINGTON, D.C. 20537

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

APPLICANT

Mosquera Monica E

SIGNATURE OF PERSON FINGERPRINTED
Monica Mosquera

ALIASES AKA
OR I

NJINSNKO
USINS
NEWARK, NJ

DATE OF BIRTH DOB
Month Day Year
12 05 65

RESIDENCE OF PERSON FINGERPRINTED
07803
172 Route 46 east Mine Hill NJ

CITIZENSHIP CTZ
Colombia

SEX F RACE H HGT. 5'5" WGT. 140# EYES Bru HAIR Brown

PLACE OF BIRTH POB
Colombia

DATE 11/8/85 SIGNATURE OF OFFICIAL TAKING FINGERPRINTS
Mine Hill P.D.

YOUR NO. OCA

LEAVE BLANK
CLASS _____
REF. _____

EMPLOYER AND ADDRESS
Mamott Corporation
175 Tabor Rd Morris Plains NJ

FBI NO. FBI

ARMED FORCES NO. MNU

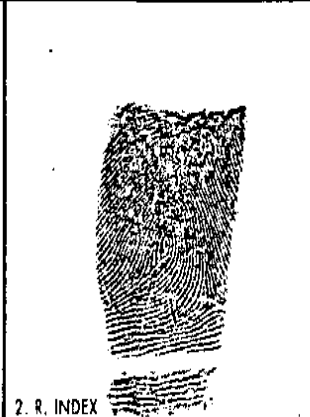
SOCIAL SECURITY NO. SOC
256 67 7090

MISCELLANEOUS NO. MNU

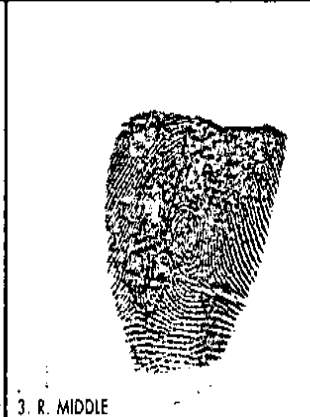
REASON FINGERPRINTED
Citizenship



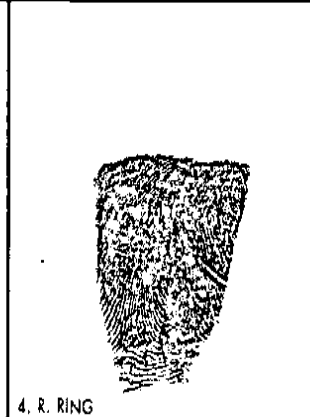
1. R. THUMB



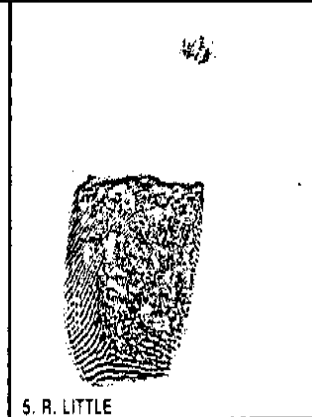
2. R. INDEX



3. R. MIDDLE



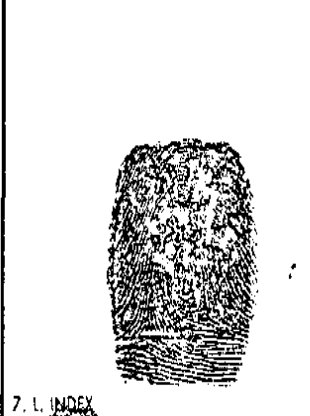
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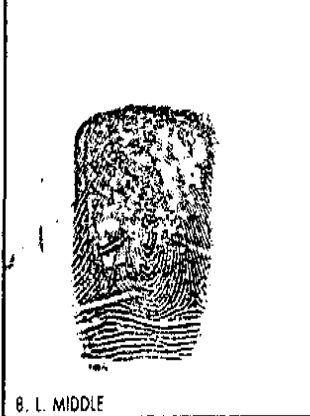
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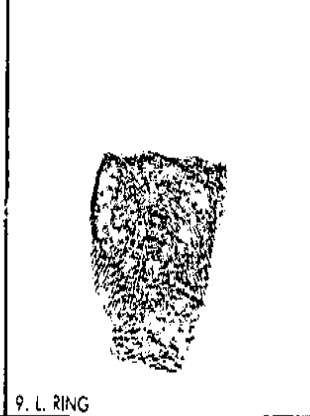
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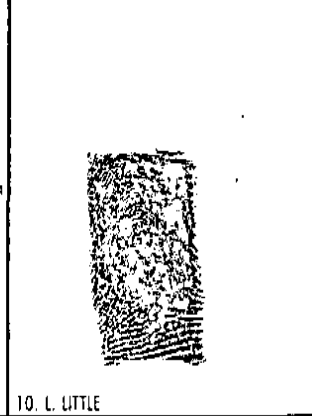
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9. L. RING



10. L. LITTLE



LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY



L. THUMB

R. THUMB



RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

ARCHES HAVE NO DELTAS



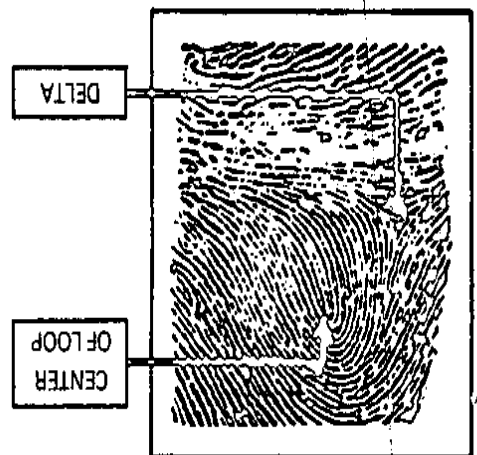
3. ARCH

THESE LINES RUNNING BETWEEN DELTAS MUST BE CLEAR



2. WHORL

THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW



1. LOOP

1. PRINTS MUST FIRST BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.

2. PRIVACY ACT OF 1974 (P.L. 93-579) REQUIRES THAT FEDERAL, STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH SOLICITATION, AND USES WHICH WILL BE MADE OF IT.

3. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI.

4. FBI NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.

MISCELLANEOUS NO. - RECORD, OTHER ARMED FORCES NO., PASSPORT NO. (PP), ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS), VETERANS ADMINISTRATION CLAIM NO. (VA)

INSTRUCTIONS:

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.

2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES, LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.

3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.

4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

THIS CARD FOR USE BY:

LEAVE THIS SPACE BLANK

- 1. USE BLACK PRINTER'S INK
- 2. DISTRIBUTE INK EVENLY ON INKING SLAB
- 3. WASH AND DRY FINGERS THOROUGHLY
- 4. ROLL FINGERS FROM NAIL TO NAIL, AND AVOID ALLOWING FINGERS TO SLIP
- 5. BE SURE IMPRESSIONS ARE RECORDED IN CORRECT ORDER
- 6. IF AN AMPUTATION OR DEFORMITY MAKES IT IMPOSSIBLE TO PRINT A FINGER, MAKE A NOTATION TO THAT EFFECT IN THE INDIVIDUAL FINGER BLOCK.
- 7. IF SOME PHYSICAL CONDITION MAKES IT IMPOSSIBLE TO OBTAIN PERFECT IMPRESSIONS, SUBMIT THE BEST THAT CAN BE OBTAINED WITH A MEMO STAPLED TO THE CARD EXPLAINING THE CIRCUMSTANCES.
- 8. EXAMINE THE COMPLETED PRINTS TO SEE IF THEY CAN BE CLASSIFIED, BEARING IN MIND THAT MOST FINGERPRINTS FALL INTO THE PATTERNS SHOWN ON THIS CARD (OTHER PATTERNS OCCUR INFREQUENTLY AND ARE NOT SHOWN HERE).

TO OBTAIN CLASSIFIABLE FINGERPRINTS

APPLICANT

WASHINGTON, D.C. 20537

**FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE**

49148

UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE
MEMORANDUM OF CREATION OF RECORD OF LAWFUL PERMANENT RESIDENCE

PLACE: PATERSON, NJ FILE NO: 91536704
STATUS AS A LAWFUL PERMANENT RESIDENT OF THE UNITED STATES IS ACCORDED:
NAME: MONICA MOSQUERA SEX: F
IN CARE OF: BIRTH DATE: 12/05/65
STREET ADDRESS: 7 1/2 BELLERVE TERR CTRY OF BIRTH: COLOM
CITY: MOMSTOWN NJ 07960 NATIONALITY: COLOM
CITY OF BIRTH: CALI COUNTRY OF LAST RESIDENCE: COLOM
MARITAL STATUS: N OCCUPATION:
MOTHERS FIRST NAME: SUSANA FATHERS FIRST NAME: PLINO

UNDER THE FOLLOWING PROVISIONS OF LAW:

(X) SEC 210 (A) OF THE I&N ACT

AS OF: 12/01/90 AT: XPT CLASS OF ADM/ADJ: W26

RECOMMENDED BY: XEXE

DATE: 04/22/91

REMARKS:

IMDAC COPY SENT:



DO NOT WRITE IN THIS BLOCK.

Case ID#	Action Stamp	Fee Stamp <i>X022911100574-01</i> FEB 07 1990 <i>GLY</i>
A#		
G-28 or Volag#		
F/P to FBI (Date)		
I-89 to TFC (Date)	Status Verified <input type="checkbox"/> CIS <input type="checkbox"/> A File <input type="checkbox"/> I-151/I-551 <input type="checkbox"/> Other (Specify)	By _____ on _____ Date Class _____ Initials Date

1. Name (Family name in CAPS) (First) (Middle)
Mosquera Monica Esther

2. Address (Number and Street) (Apartment Number.)
7 1/2 Bellevue Terr.
(Town or City) (State/Country) (ZIP/Postal Code)
Morristown NJ 07960

3. Place of Birth (Town or City) (State/Country)
Coli Valle - Colombia

4. Date of Birth (Mo/Day/Yr) 5. Sex
12-05-65 Male Female

6. Name used when admitted as permanent resident (if different from 1.)

7. Social Security Number 8. Alien Registration Number (if any)
256 6770 90 915 36704

9. Country of Citizenship
Colombia

10. Your Mother's First Name 11. Your Father's First Name
Suzana E. Garro Plinio Mosquera

12. The city you lived in when you applied for your immigrant visa or for adjustment of status
13. Your destination (city and state) in the U.S. at the time of your original admission.
14. The consulate where your immigrant visa was issued or the INS office where your status was adjusted to permanent resident.
15. Your port of admission to the U.S. if you entered with an immigrant visa.
16. The date you were admitted or adjusted to permanent resident status.
17. List the date of all your absences from the U.S. lasting one year or longer since you became a permanent resident.

18. Reason for new card (if you check a or b, you must pay \$35.00 to file this form.)

a. My alien registration receipt card was lost, stolen, destroyed, or mutilated. Explain how the card was lost, stolen, destroyed, or mutilated. (Attach the remainder of the card, if it exists.)

b. My name has been changed. (Attach the decree of the court or the marriage certificate and your old card.)

c. I am required to be registered and fingerprinted after my 14th birthday. (Attach your old card. You MUST use the fingerprint card Form FD-258, which you can get from any U.S. Consular or INS office.)

d. I am an alien commuter taking up permanent residence in the U.S. (Attach your old card.)

e. I received an incorrect card. (Attach your old card and explain what is wrong with it.)

f. I never received my card.

g. Other (Explain) S.A.W.

RECEIVED
 IMM. & NATZ. SVC.
 91 JAN 3 AM 11:24
 PROCESSING CENTER - XPE

Penalties: You may, by law, 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 application.

Your Certification: I certify, under penalty of perjury of the law of the United States of America, that the above information is true and correct. Furthermore, I authorize the release of any information from my records which the Immigration and Naturalization Service needs to determine if I am eligible for the benefit that I am seeking.

Signature Monica E. Mosquera Date 12-15-90 Phone Number 984-9708

Signature of Person Preparing Form is 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.
Monica Esther Mosquera 7 1/2 Bellevue Terr. Monica Mosquera 12-15-90
 (Print Name) (Address) (City) (State) (ZIP) (Signature) (Date)

G-28 ID Number _____

Volag Number _____

Form I-90 (Rev. 8/25/89) Y

INITIAL RECEIPT	RESUBMITTED	RELOCATED		COMPLETED		
		Rec'd	Sent	Denied	Approved	Returned

*U.S. GPO:1990-262-210/08843

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Justice, Immigration and Naturalization Service (Room 2011), Washington, D.C. 20536; and to the Office of Management and Budget, Paperwork Reduction Project, OMB No. 1115-1004, Washington, D.C. 20503.

Reporting Burden

It is not possible to cover all the conditions for eligibility or give instructions for every situation. If you have carefully read all the instructions and still have questions, please contact your nearest INS office.

We request the information on this form to carry out the immigration laws contained in Title 8, United States Code 1304(c). We need this information to determine whether a person is eligible for immigration benefits. The information you provide may also be disclosed to other federal, state, local, and foreign law enforcement and regulatory agencies during the course of the investigation required by this Service. You do not have to give this information. However, if you refuse to give some or all of it, your application may be denied.

7. What is our authority for collecting this information?

Title 18, United States Code, Section 1001 states that whoever willfully and knowingly falsifies a material fact, makes a false statement, or makes use of a false document will be fined up to \$10,000 or imprisoned up to five years, or both.

6. What are the penalties for submitting false information?

Pay by check or money order in the exact amount. Make the check or money order payable to "Immigration and Naturalization Service". However, if you live in Guam: Make the check or money order payable to "Treasurer, Guam", or if you live in the U.S. Virgin Islands: Make the check or money order payable to "Commission of Finance of the Virgin Islands".

5. What is the fee?

If you check (a) or (b) of item 18 "Reason for New Card", you must pay thirty-five dollars (\$35.00) to file this form. The fee will not be refunded, whether the application is approved or not. DO NOT MAIL CASH. All checks or money orders, whether U.S. or foreign, must be payable in U.S. currency at a financial institution in the United States. When a check is drawn on the account of a person other than yourself, write your name on the face of the check. If the check is not honored, INS will charge you \$5.00.

You may file this form only if

- you are a lawful permanent resident of the United States and
- you need a new card.

2. What documents do you need?

A. If you have your old card, you must give it to INS with this application.

B. Give the INS two color photographs of yourself taken within 30 days of the date of this application. These photos must have a white background. They must be glossy, un-retouched, and not mounted. The dimension of the facial image must be about 1 inch from the chin to the top of hair; your face should be in 3/4 frontal view, showing the right side of the face with the right ear visible.

Using pencil or felt pen, lightly print your name (and Alien Registration Number, if you know it) on the back of each photograph.

3. How should you prepare this form?

A. Type or print legibly in ink.
B. If you need extra space to complete any item, attach a continuation sheet, indicate the item number, and date and sign each sheet.

C. Answer all questions fully and accurately. If any item does not apply, write "N/A."

4. Where should you file this form?

A. If you are in the United States, take this application form in person to the INS office having jurisdiction over your place of residence.
B. If you are outside the United States, take this application form in person to the United States consulate or INS office that has jurisdiction over the place where you are now living.

Instructions

Read the instructions carefully. If you do not follow the instructions, we may have to return your application, which may delay final action.

1. Who can file?



9-7-90

SEP 18 1990

REGIONAL PROCESSING FACILITY
IMMIGRATION AND NATURALIZATION SERVICE
P O BOX 569710
DALLAS, TEXAS 75356-9710 A91536704

TO WHOM IT MAY CONCERN:

SEVERAL MONTHS AGO, I RECEIVED A LETTER FROM LINCLN NEBRASKA ASKING ME FOR A NEW LETTER TO PROVE MY RESIDENCE IN THIS COUNTRY SINCE 1985.

I RECEIVED THIS LETTER TO LATE SO IT WAS IMPOSIBLE FOR ME TO GET IT SOON.

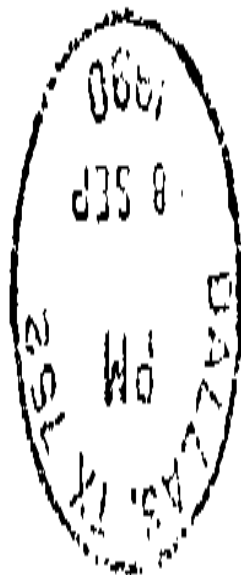
SO, I AM ASKING YOU, PLEASE CHECK MY CASE AND SEND ME OTHER APPOINTMENT, SO I CAN BRING THAT LETTER TO YOU AND TO EXPLAIN MY REASONS.

YOURS TRUELY

Hilario Calderon
HILARIO CALDERON GARCIA

DALLAS, TEXAS 75356-9710
P O BOX 569710

REGIONAL PROCESSING FACILITY
IMMIGRATION AND NATURALIZATION SERVICE



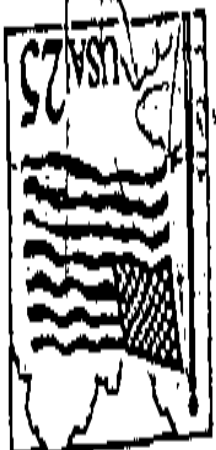
HILARIO CALDERON G.
RT 4 BOX 160 A
SULPHUR SPRS, TX 75482

Collect Stamp

of Post

into an area

Stamp



LAPFRM30
03/15/89

CASE REVIEW WORKSHEET

RECORD CHECK:

A-NUMBER: 91-536-704 FIRST-NAME: MONICA
RECEIPT NBR: XAT890030090 LAST-NAME: MOSQUERA
DATE OF BIRTH: 12/05/65 ATTORNEY-ID:

FORM: I-700 LO DECISION DATE: 10/25/88 QDE CODE:
LO CODE: XAT RECOMMENDED DECISION: D GROUP MEMBER: N

REASONS FOR CASE REVIEW

LO RECOMMENDED DENIAL
SUSPECTED FRAUD (REFER TO EXAMINER'S WORKSHEET, I-696)

RPF EXAMINER: XSA AUG 22 1989

RPF EXAMINER'S DECISION:

GRANT(G) DENY(D) TERMINATE(T)
INTENT TO DENY(I) INTENT TO TERMINATE(U)
CONTINUE

RETURN FOR ADD'L INFO:(R) RETURN FOR WAIVER:(W)
SECOND INTERVIEW REQUEST:(S) REFER TO DAU WITH
SUSPICION LEVEL(F)

CERTIFY DECISION (Y OR N): -- Grant
RPF EXAMINER'S COMMENTS:

(FOR LO USE ONLY)
SECOND INTERVIEW RESULTS:
GRANT DENY RETURNED WITH RECOMMENDATIONS

LO EXAMINER'S COMMENTS:

AUG 23 1989
RA

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

FBI

LEAVE BLANK

APPLICANT

LAST NAME NAME FIRST NAME MONICA MIDDLE NAME E.

Mosquera Monica E.

SIGNATURE OF PERSON FINGERPRINTED

Monica Mosquera

ALIASES AKA

O
R
I

TXINSRPFZ
USINS - XPS
REG PROS FAC
DALLAS, TX

RESIDENCE OF PERSON FINGERPRINTED

902 E Boundary St. Aulman 6.A

DATE OF BIRTH DOB
Month Dec Day 05 Year 65

DATE

9/17/18

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

CITIZENSHIP CITZ

Colombian

SEX F RACE 14 HGT 5.6 WGT 140 EYES Brown HAIR Black PLACE OF BIRTH POB Colombia

EMPLOYER AND ADDRESS

YOUR NO. OCA
A 915 36 704

LEAVE BLANK

FBI NO. FBI

ARMED FORCES NO. MNU

CLASS _____

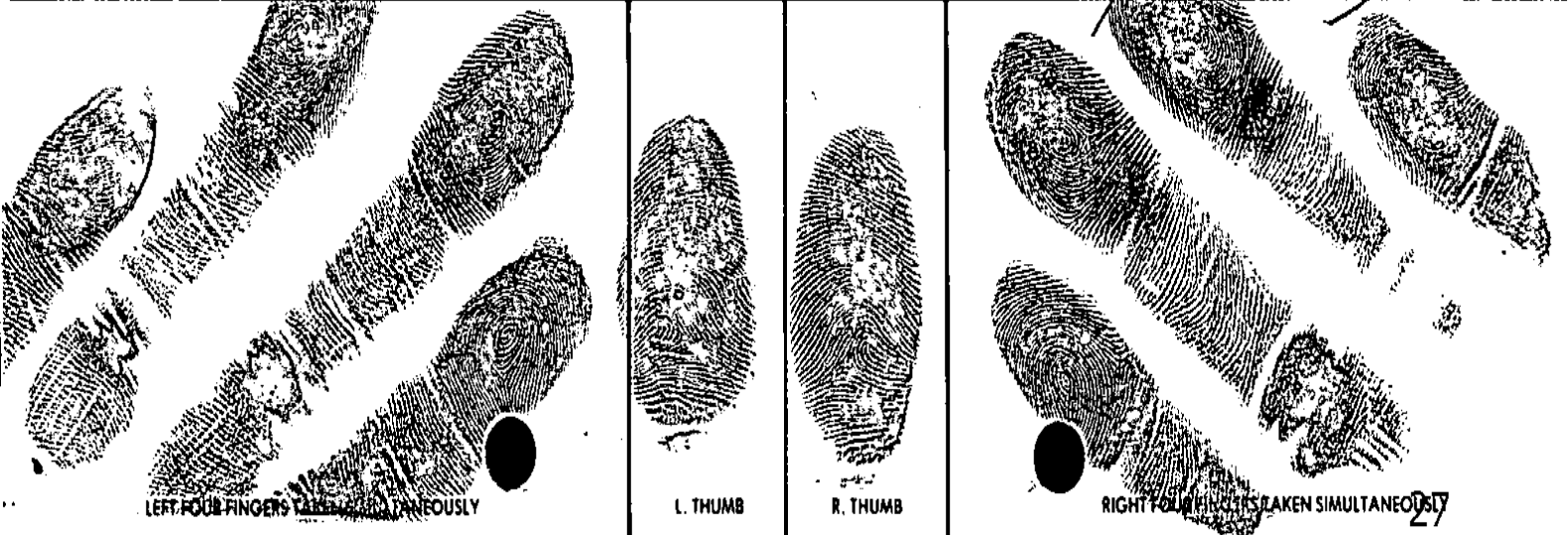
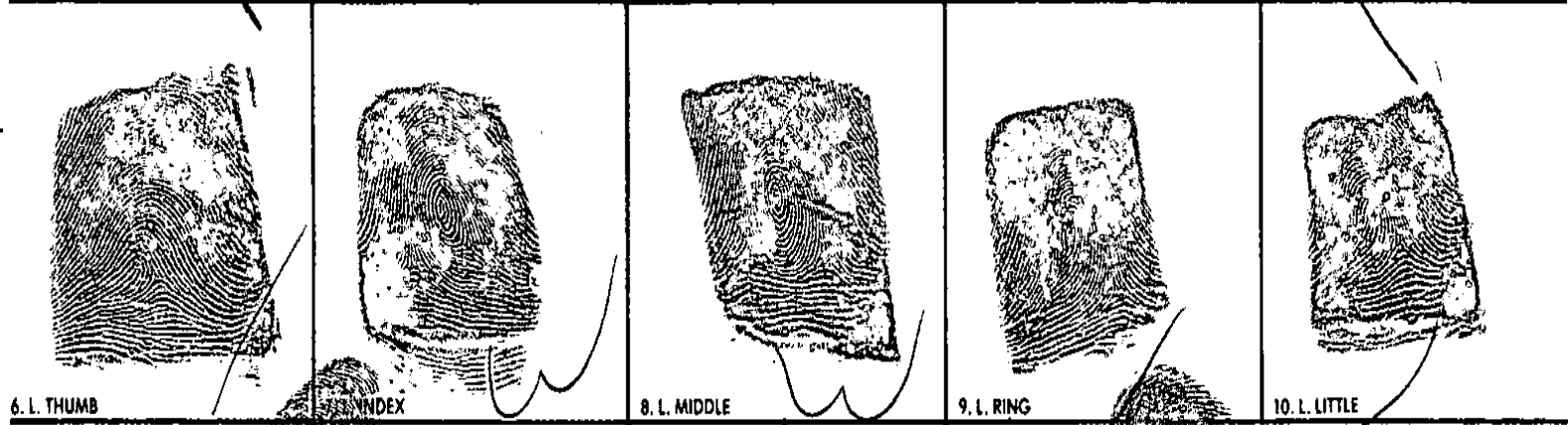
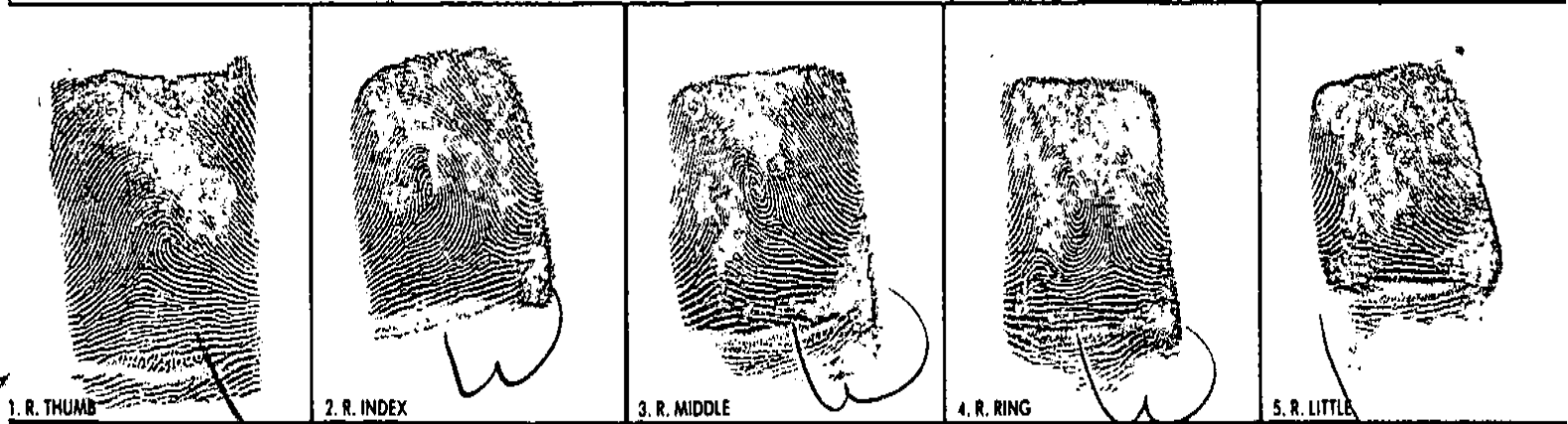
REASON FINGERPRINTED

legalization.

SOCIAL SECURITY NO. SOC

REF. _____

MISCELLANEOUS NO. MNU



U.S. G.P.O. 1987-173-228

FD-258 (REV. 12-29-82)

ARCHES HAVE NO DELTAS



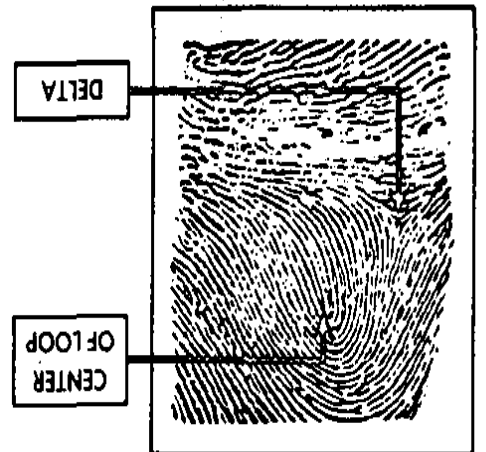
3. ARCH

THESE LINES RUNNING BETWEEN DELTAS MUST BE CLEAR



2. WHORL

THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW



1. LOOP

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

WASHINGTON, D.C. 20537

APPLICANT

TO OBTAIN CLASSIFIABLE FINGERPRINTS:

1. USE BLACK PRINTER'S INK.
2. DISTRIBUTE INK EVENLY ON INKING SLAB.
3. WASH AND DRY FINGERS THOROUGHLY.
4. ROLL FINGERS FROM NAIL TO NAIL, AND AVOID ALLOWING FINGERS TO SLIP.
5. BE SURE IMPRESSIONS ARE RECORDED IN CORRECT ORDER.
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LEAVE THIS SPACE BLANK

THIS CARD FOR USE BY:

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.

2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES, LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.

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- MISCELLANEOUS NO. - RECORD: OTHER ARMED FORCES NO., PASSPORT NO. (PP), ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS), VETERANS ADMINISTRATION CLAIM NO. (VA).



U.S. Department of Justice
Immigration and Naturalization Service

Lea

heet



Applicant's Name MONICA MOSQUERA	A - Number 91536704	Fee Receipt Number A91536704
Examiner's Name and I.D. Number ROBERT FREEMAN, LEG. ADJ	L.O. XAT	Date 10/25/18
Qualified Designated Entity I.D. No.	Attorney or Volag I.D. No.	

A. Check blocks for each type of supporting documents attached to application:

<input type="checkbox"/> 1. Leases/Rent Receipts	<input type="checkbox"/> 8. Utility/Phone Receipts	<input type="checkbox"/> SAW Employment Documentation
<input type="checkbox"/> 2. Employer/Union/ Business Records	<input type="checkbox"/> 9. School Records	<input type="checkbox"/> 15. Government Employment Records
<input type="checkbox"/> 3. Tax Records	<input type="checkbox"/> 10. Bank/Check Records	<input checked="" type="checkbox"/> 16. Grower Records
<input type="checkbox"/> 4. U.S. licenses and I.D.'s	<input type="checkbox"/> 11. Passports/Foreign I.D.'s	<input type="checkbox"/> 17. Farm Labor Contractor Records
<input type="checkbox"/> 5. Marriage Certificates	<input checked="" type="checkbox"/> 12. Child's Birth Certificate(s)	<input type="checkbox"/> 18. Union Records
<input type="checkbox"/> 6. Church/ Baptismal Records	<input type="checkbox"/> 13. Affidavits of Friend(s)/ Relative(s)	<input type="checkbox"/> 19. Pay Stubs/Work Receipts
<input type="checkbox"/> 7. Postmarked Mail	<input type="checkbox"/> 14. Other: _____	<input type="checkbox"/> 20. Tax Records
		<input type="checkbox"/> 21. Affidavits of Growers, Foremen, Farm Labor Contractors, or Union Officials
		<input type="checkbox"/> 22. Other: _____

B. Examiner recommends application be: (Check appropriate block(s) below and note basis for recommendation(s) on reverse).

<input type="checkbox"/> 1. Granted	<input checked="" type="checkbox"/> 4. Fraud Suspected	Level of Suspicion (Check appropriate block below: #5 is highest level.)
<input checked="" type="checkbox"/> 2. Denied	<input type="checkbox"/> 5. Verification Requested	
<input type="checkbox"/> 3. Denied at LO (Complete Section C or D)		<input type="checkbox"/> 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input checked="" type="checkbox"/> 5.

C. Denied Statutorily because of the following:

<input type="checkbox"/> 1. Documents do not establish:	<input type="checkbox"/> (a) Identity	<input type="checkbox"/> (b) Residence	<input type="checkbox"/> (c) Employment
<input type="checkbox"/> 2. Inadmissible under Section 212 (a) _____ of the Act.			
<input type="checkbox"/> 3. In Legal Status during eligibility period.			

D. Denied - Positive Fraud Established:

<input type="checkbox"/> 1. Documentary (List fraudulent document(s) presented, by category described above.)
<input type="checkbox"/> 2. False statements



E. For Secondary Review Only:

Reviewer's Name ROBERT FREEMAN	Date of Review 10/25/18
Reviewer's Signature Robert Freeman	Reversal Warranted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Reasons for Reversal (If applicable)

1 W W W 1 1 W W 1 1

Applicant was very vague in her answers to my questions about her farm work. She could describe in detail how she picked peaches. She was not knowledgeable on farm work. Applicant also states she lost her passport ?? From Colombia.

Definitely feel applicant did not work in agriculture ~~5/8~~ during qualifying period based on interview responses.

PF.

U.S. Department of Justice
Immigration and Naturalization Service

Application for Temporary
Special Agricultural Worker



31

Please begin with item #1, after carefully reading the instructions.

The block below is for Government Use Only.

Name and Location (City or Town) of Qualified Designated Entity	Fee Stamp
	<div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block; margin-left: 20px;"> \$185.00 10/4/88 </div>
	Fee Receipt No. (This application) XAT 890030090
	Principal Applicant's File No. A -
Qualified Designated Entity I.D. No.	File No. (This applicant) A -

Applicant: Do not write above this line. See instructions before filling in application. If you need more space to answer fully any question on this form, use a separate sheet and identify each answer with the number of the corresponding question. Fill in with typewriter or print in block letters in ink.

1. I hereby apply for status as indicated by the block checked below (check block A or B).

A Group I: Temporary Residence as an alien who has performed seasonal agricultural services in the U.S. for at least 90 days during each of the 12 month periods ending on May 1, 1984, 1985, and 1986.

B Group II: Temporary Residence as an alien who has performed seasonal agricultural services in the U.S. for at least 90 days during the 12 month period ending on May 1, 1986.

2. Family Name (Last Name in CAPITAL Letters)	(First Name)	(Middle Name)	3. Date of Birth (Month/Day/Year)
Mosquera	Monica	E	12/05/65
4. Other Names Used or Known by (Including maiden name, if married)			5. Telephone Numbers (Include Area Codes)
NONE			Home: (912) 775 2291 Work:
6. Address (No. and Street)	(Apt. No.)	(Town or City)	(State/Country) (ZIP/Postal Code)
902 E Boundary St.		Quitman	G.A 31643
7. Last Address outside the U.S. (City or Town)		(County, Province or State)	(Country)
Dul 28 ^c #42 ^c 75		Cali - Valle del Cauca	Colombia
8. Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	9. Race <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Other (specify below)		
	<input checked="" type="checkbox"/> Hispanic <input type="checkbox"/> White, not of Hispanic origin		
10. Marital Status <input type="checkbox"/> Now Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		11. Country of Citizenship	
		Colombia	
12. Place of Birth (City or Town)		(County, Province or State)	(Country)
Cali		Valle del Cauca	Colombia
13. Have you previously applied for temporary residence as a Special Agricultural Worker? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if "Yes" give date, place of filing, and final disposition, if known)		14. Do you have any other record with I&NS? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes [If "Yes" give number(s)] A - Other	
15. When did you last come to the U.S.? (Month/Day/Year)		16. Manner of Entry (Visitor, Student, Crewman, etc.) <input type="checkbox"/> With visa (visitor, student, etc.) specify _____ <input checked="" type="checkbox"/> Without visa	
May 1986			
17. Place of Last Entry <input type="checkbox"/> U.S. Port of entry (City and State) <input checked="" type="checkbox"/> Border - Not through port (State)		18. List all Social Security Numbers used. (1) none (3) (2) (4)	
Tijuana - Mexico			
19. Mother's Name (Maiden) (Last) (First) <input checked="" type="checkbox"/> Living <input type="checkbox"/> Deceased (year)		20. Father's Name (Last) (First) <input checked="" type="checkbox"/> Living <input type="checkbox"/> Deceased (year)	
Susana Capurro TEXAS		Plinio Mosquera	

1-700

21. To assist in establishing the required residence, please list all affiliations or associations with clubs, organizations, churches, unions, businesses, etc.

Name of Organization	Location	From (Month/Year)	To (Month/Year)

22. Fieldwork in perishable commodities from May 1, 1983 through May 1, 1986 (List most recent first).

Information concerning employment in the United States is subject to corroboration by the employer.

Name of Employer	Farm Name and Location (State and County)	From (Month/Year)	To (Month/Year)	Days Worked	Type of Field Work	Type of Crop	Documentation
Clifford Burton	Burton farm	2/85	10/85	100 days	Deblossing finning Picking	Peach	none

23. List all periods of residence in the United States since May 1, 1983 and means of support. Begin with your present address (attach an additional sheet if necessary).

Street Name and Number (Apt. No.)	City	State and ZIP Code	Means of Support	From (Month/Year)	To (Month/Year)
902 E Boundary st.	Quitman	G.A 31643	farmwork	5/88	Present
7 1/2 Bellevue terr	Morristown	N.J 07960	student	7/86	5/88
36 1/2 South Highland Ave	Quitman	G.A 31643	farmwork	2/85	10/85

24. I have have not received public cash assistance from any source, including, but not limited to, the United States Government, any state, county, city or municipality. (Check the first block if you or a dependent member of your immediate family has received such assistance, explain, including the name(s) of recipient(s) and Social Security number(s) used.)

25. I have have not been treated for a mental disorder, drug addiction or alcoholism.

26. I have have not been arrested, convicted or confined in a prison.

27. I have have not been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action.

28. Applicants for Temporary Resident status must establish that they are not excludable from the United States under the following provisions of section 212 of the INA. An applicant who is excludable under a provision of section 212 which may not be waived is ineligible for temporary resident status. An applicant who is excludable under a provision of section 212 (a) which may be waived may, if otherwise eligible, be granted temporary resident status, if an application for waiver on form I-690 is filed and approved.

A. Grounds of exclusion which *may not be waived*:

- Listed by paragraph number of section 212 (a):
 - (9) Aliens who have committed or who have been convicted of a crime involving moral turpitude (does not include minor traffic violations).
 - (10) Aliens who have been convicted of two or more offenses for which the aggregate sentences to confinement actually imposed were five years or more.
 - (15) Aliens likely to become a public charge. However, an alien is not ineligible for temporary resident status under this paragraph if the alien demonstrates a history of employment in the United States evidencing self support without reliance on public cash assistance.
 - (23) Aliens who have been convicted of a violation of any law or regulation relating to narcotic drugs or marihuana, or who have been illicit traffickers in narcotic drugs or marihuana.
 - (27) Aliens who intend to engage in activities prejudicial to the national interests or unlawful activities of a subversive nature.
 - (28) Aliens who are or at any time have been anarchists, or members of or affiliated with any Communist or other totalitarian party, including any subdivision or affiliate thereof.
 - (29) Aliens who have advocated or taught, either by personal utterance, or by means of any written matter, or through affiliation with an organization:
 - 1) Opposition to organized government;
 - 2) The overthrow of government by force or violence;
 - 3) The assaulting or killing of government officials because of their official character;
 - 4) The unlawful destruction of property;
 - 5) Sabotage, or;
 - 6) The doctrines of world communism, or the establishment of a totalitarian dictatorship in the United States.
 - (33) Aliens who, during the period beginning on March 23, 1933, and ending on May 8, 1945, under the direction of, or in association with:
 - 1) The Nazi government in Germany;
 - 2) Any government in any area occupied by the military forces of the Nazi government in Germany;
 - 3) Any government established with the assistance or cooperation of the Nazi government of Germany;
 - 4) Any government which was an ally of the Nazi government of Germany;
 ordered, incited, assisted or otherwise participated in the persecution of any person because of race, religion, national origin, or political opinion.
- Provisions of 212 (e):

Aliens who at any time were exchange visitors subject to the two-year foreign residence requirement unless the requirement has been satisfied or waived pursuant to the provisions of section 212 (e) of the Act.

B. Grounds of exclusion which *may be waived* for humanitarian purposes, to assure family unity or when it is in the public interest.

- Listed by paragraph number of section 212 (a):
 - (1) Aliens who are mentally retarded.
 - (2) Aliens who are insane.
 - (3) Aliens who have suffered one or more attacks of insanity.
 - (4) Aliens afflicted with psychopathic personality, sexual deviation, or a mental defect.
 - (5) Aliens who are narcotic drug addicts or chronic alcoholics.
 - (6) Aliens who are afflicted with any dangerous contagious disease.
 - (7) Aliens who have a physical defect, disease or disability affecting their ability to earn a living.
 - (8) Aliens who are paupers, professional beggars or vagrants.
 - (11) Aliens who are polygamists or advocate polygamy.
 - (12) Aliens who are prostitutes or former prostitutes, or who have procured or attempted to procure or to import, prostitutes or persons for the purpose of prostitution or for any other immoral purpose, or aliens coming to the United States to engage in any other unlawful commercialized vice, whether or not related to prostitution.
 - (13) Aliens coming to the United States to engage in any immoral sexual act.
 - (16) Aliens who have been excluded from admission and deported and who again seek admission within one year from the date of such deportation.
 - (17) Aliens who have been arrested and deported and who reentered the United States within five years from the date of deportation.
 - (19) Aliens who have procured or have attempted to procure a visa or other documentation by fraud, or by willfully misrepresenting a material fact.
 - (22) Aliens who have applied for exemption or discharge from training or service in the Armed Forces of the United States on the ground of alienage and who have been relieved or discharged from such training or service.
 - (31) Aliens who at any time shall have, knowingly and for gain, encouraged, induced, assisted, abetted, or aided any other alien to enter or to try to enter the United States in violation of law.

Do any of the above provisions apply to you?
 No Yes (If "Yes" explain on a separate sheet of paper.)

Do any of the above provisions apply to you?
 No Yes (If "Yes" explain on a separate sheet of paper.)

29. If your native alphabet is in other than Roman letters, write your name in your native alphabet.	30. Language of native alphabet
31. Signature of Applicant - I CERTIFY, under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. I hereby consent and authorize the Service to verify the information provided, and to conduct police, welfare and other record checks pertinent to this application. <i>Moula Mosquera</i>	32. Date (Month/Day/Year) <i>Sept. 17 / 88</i>
33. Signature of person preparing form, if other than applicant. I DECLARE that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.	34. Date (Month/Day/Year)
35. Name and Address of person preparing form, if other than applicant (type or print).	51. Occupation of person preparing form

QUALIFIED DESIGNATED ENTITY USE ONLY

37. Reviewed by (Print or Type Name)	38. Signature	39. Date
--------------------------------------	---------------	----------

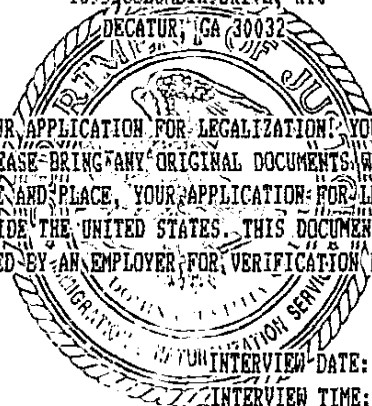
IMMIGRATION AND NATURALIZATION SERVICE USE ONLY

40. Recommendation: Temporary Residence <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied	41. Recommendation: Waiver of Excludability under Section 212 (a) _____ is <input type="checkbox"/> Approved <input type="checkbox"/> Denied		
42. Class of Admission <i>TS-2</i>	43. Place of Adjustment <i>XAT</i>	44. Date of Adjustment <i>10/25/88</i>	
45. Recommended by (Print or type Name and Title) <i>ROBERT FREEMAN</i>	46. Signature <i>Robert Freeman</i>	47. ID No.	48. Date <i>11/15/88</i>
49. Final Action: Temporary Residence <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	50. Director Regional Processing Facility <i>L. De Angelis</i>	51. ID. No. <i>X592</i>	52. Date <i>8/22/89</i>

REMITTER: MOSQUERA, M. E.
FOR: M. E. MOSQUERA
QDE:
INTERVIEW DATE: 10/25/88
INTERVIEW TIME: 08:00 AM
FORM NO.: I700S

FEE RECEIPT
U.S. DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE
1395 COLUMBIA DRIVE, A10
DECATUR, GA 30032

FILING DATE: 10/04/88
A NUMBER: A91536704
BANK NO: 044161088
RECEIPT NUMBER: XAT890030090
FEE TYPE: CMO AMOUNT: 185.00



THIS LETTER IS TO ACKNOWLEDGE RECEIPT OF YOUR APPLICATION FOR LEGALIZATION. YOU ARE SCHEDULED TO APPEAR FOR AN INTERVIEW WITH A LEGALIZATION OFFICER ON 10/25/88. PLEASE BRING ANY ORIGINAL DOCUMENTS WHICH SUPPORT YOUR APPLICATION. IF YOU FAIL TO APPEAR AT THE DESIGNATED TIME AND PLACE, YOUR APPLICATION FOR LEGALIZATION MAY BE DENIED. THIS IS NOT AN AUTHORIZATION TO TRAVEL OUTSIDE THE UNITED STATES. THIS DOCUMENT BECOMES INVALID FOR ANY PURPOSE IF IT IS ALTERED. THIS DOCUMENT MAY ONLY BE DUPLICATED BY AN EMPLOYER FOR VERIFICATION PURPOSES. IT IS RECOMMENDED THAT YOU CARRY THIS DOCUMENT WITH YOU AT ALL TIMES.

MONICA E. MOSQUERA
902 E BOUNDARY ST
QUITMAN, GA 31643

INTERVIEW DATE: 10/25/88
INTERVIEW TIME: 08:00

REPORT TO THE ADDRESS AT THE TOP CENTER OF THIS LETTER,
U.S. DEPARTMENT OF JUSTICE IMMIGRATION AND NATURALIZATION SERVICE
ON THE DATE AND TIME STATED ABOVE.

INS COPY FORM NO. 1689 5/87

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:

3. File number (A number)

1. Name (Last in CAPS)

MOSQUERA

4. Sex

Male Female

(First) (Middle Initial)

MONICA

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

12-5-65

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

902 E. Boundary

6. Country of birth

Colombia

(City) (State) (ZIP Code)

Quitman Ga

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

9-26-88

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 _____ mm No reaction Not done

Examination for Tuberculosis - Chest X-Ray Report

Abnormal Normal Not done

Doctor's name (please print)

DR. FERNANDEZ

Date read

9-28-88

Doctor's name (please print)

Date read

Serologic Test for Syphilis

Reactive Titer (confirmatory test performed) Nonreactive

Serologic Test for HIV Antibody

Positive (confirmed by Western blot) Negative

Test Type

RPR

Test Type

HTLVIII

Doctor's name (please print)

DRS. LABORATORY

Date read

9-26-88

Doctor's name (please print)

DRS. LABORATORY

Date read

9-27-88

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:

with us fixed. See 101807

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

X Monica Mosquera

Date

9/29/88

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

D. S. Fernandez 9-29-88

D. S. FERNANDEZ, JR., M.D.
615 N. Culpepper Street
Quitman, Georgia 31543
Form I-693 (Rev. 09/01/87) N

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.

Medical Clearance Requirements
for Aliens Seeking Adjustment of Status

Medical Condition	Estimated Time For Clearance	Action Required
*Suspected Mental Conditions	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.
Tuberculin Skin Test Reaction and Normal Chest X-Ray	Immediate	The applicant should be encouraged to seek further medical evaluation for possible preventive treatment.
Tuberculin Skin Test Reaction and Abnormal Chest X-Ray (Inactive/Class B)	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.
Tuberculin Skin Test Reaction and Abnormal Chest X-Ray (Active or Suspected Active/Class A)	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.
Hansen's Disease	30 - 210 Days	Obtain an evaluation from a specialist or Hansen's disease clinic. If the disease is indeterminate or Tuberculoïd, 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.
**Venereal Diseases	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.
Immunizations Incomplete	Immediate	Immunizations are not required, but the applicant should be encouraged to go to physician or local health department for appropriate immunizations.
HIV Infection	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 addiction; and chronic alcoholism.		
**Chancroid; gonorrhea; granuloma inguinale; lymphogranuloma venereum; and syphilis.		

OMB# 1115-0137

U.S. Department of Justice
Immigration and Naturalization Service

Affidavit Confirming Seasonal Agricultural Employment of
an Applicant for Temporary Residence Status
Under Section 210 of the Immigration & Nationality Act

Please begin with item #1, after carefully reading the instructions.

A. INFORMATION ABOUT APPLICANT—To be completed by the applicant.

1. Name (Family Name in CAPITAL Letters) (First Name) (Middle Name) MOSQUERA Manico E			2. Date of Birth (Month/Day/Year) 12 / 05 / 65	
3. Address (No. and Street) (Apt. No.) (City or Town) (State) (ZIP Code) 902 E Boundary St. Quitman G.A 31643			4. Telephone Number (Include Area Code) (912) 263 53 04	
5. Place of Birth (City or Town) (Country, Province or State) (Country) Cali-Valle del Cauca Colombia		6. Country of Citizenship Colombia		

B. INFORMATION ABOUT YOU, THE PERSON MAKING THE AFFIDAVIT.

7. Name (Family Name in CAPITAL Letters) (First Name) (Middle Name) BURTON Clifford H			8. Telephone Number (Include Area Code) (912) 775-2291	
9. Address (No. and Street) (Apt. No.) (City or Town) (State) (ZIP Code) Rt 1 Box 168 Barney, Georgia 31625				
10. Relationship to Applicant (Check which block(s) applies) <input checked="" type="checkbox"/> Grower <input type="checkbox"/> Foreman <input type="checkbox"/> Farm Labor Contractor <input type="checkbox"/> Union Official (Title) <input type="checkbox"/> Other (explain)				

C. FIELD WORK IN PERISHABLE COMMODITIES

11. Name of Farm <u>Burton farm</u> County <u>Brooks</u> State <u>G.A</u> Phone No. <u>(912) 775 22 91</u>		Name of Employer <u>Burton clifford</u>		Dates Employed From <u>2 / 85</u> To <u>10 / 85</u>	
Man Days Worked <u>100 days</u>	Type of Fieldwork <u>DEBLOOMING Thinning Picking</u>	Type of Crop <u>Peach</u>	Name Used By Applicant If Other Than Name in Block 1.	Social Security Number Used <u>Q</u>	
12. Name of Farm _____ County _____ State _____ Phone No. () _____		Name of Employer _____		Dates Employed From _____ To _____	
Man Days Worked	Type of Fieldwork	Type of Crop	Name Used By Applicant If Other Than Name in Block 1.	Social Security Number Used	
13. Name of Farm _____ County _____ State _____ Phone No. () _____		Name of Employer _____		Dates Employed From _____ To _____	
Man Days Worked	Type of Fieldwork	Type of Crop	Name Used By Applicant If Other Than Name in Block 1.	Social Security Number Used	

1-705

<p>15. Please sign and submit copies of the documents identified in item #14 or state the reason(s) for not supplying such documents.</p> <p><input type="checkbox"/> Signed, supporting documentation is attached</p> <p><input checked="" type="checkbox"/> Supporting documentation is not attached (explain)</p> <p>Statement: <i>always pay cash</i></p>	<p>14. Identify the source of this information by checking the appropriate blocks below and state how you know the information to be true. Records kept by:</p> <p><input checked="" type="checkbox"/> Grower, <input type="checkbox"/> Union, <input type="checkbox"/> Farm Labor Contractor or <input type="checkbox"/> Personal Knowledge</p> <p>Statement:</p>
<p>16. If the name of the applicant in block #1 is not the name under which the applicant worked as shown in Section C, please:</p> <p>(a) attach a recognizable photograph of the applicant and sign your name in ink across the back of the photograph, or</p> <p>(b) explain how you know that the applicant is, in fact, the person who performed the work.</p>	

D. I am willing to personally confirm this information, if requested, I declare and affirm under penalty of perjury that the information on this affidavit is true and correct to the best of my knowledge and belief.

Signature of Affiant

Clayton H. Bunker

Form I-705 (03/2017)

Signature of Applicant

Miguel Miguera

Instructions for Form I-705
Affidavit of Seasonal Agricultural Employment

In this affidavit is confidential and may only be used by the Immigration and Naturalization Service in making a determination on the application for temporary resident status filed by a special agricultural worker. The information furnished shall not be made available to any other government agency.

4. Work Performed Under an Assumed Name:

(a). Instructions for Applicant:

In cases where you worked under an assumed name, you must prove that you are, in fact, the person who used that name. To do this, you should provide a recognizable photograph of yourself for identification by the affiant.

(b). Instructions for Affiant:

If you recognize the applicant from the photograph as the person who performed the work, sign the back of the photograph in ink and attach it to the affidavit.

5. Penalties for False Statements:

Whoever provides information in support of an application under section 210 of the Act and who knowingly and willfully conceals or covers up a material fact or makes any false, fictitious, or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry or creates or supplies a false writing or document for use in making such application will be subject to criminal prosecution. Such false information is not protected by the confidentiality provisions of section 210 of the Act.

1. Preparation of Affidavit:

This affidavit is to be completed under oath by agricultural producers, their foremen, union officials, farm labor contractors, or other persons with specific knowledge of the employment history of a person seeking temporary residence status as a Special Agricultural Worker (SAW). A separate affidavit must be completed for each applicant and must be typewritten or printed legibly in ink. The affidavit must be completed in full. If extra space is needed to answer any item, attach a continuation sheet and indicate the item number. Affiants may provide other information not requested on this form which may help to establish the performance of qualifying employment by the applicant.

2. Eligibility Criteria for Special Agricultural Workers:

Section 210 of the Immigration and Nationality Act provides for the granting of temporary residence status to aliens who have performed field labor in perishable agricultural commodities in the United States for at least 90 man-days during the twelve month period ending May 1, 1986. Aliens who can also document performance of field work in perishable commodities for at least 90 man-days in the years ending May 1, 1984 and May 1, 1985 will be adjusted to permanent resident status one year earlier than those who cannot. A man-day is any day in which not less than one hour of the requisite labor is performed for one or more employers.

3. Confidentiality:

As required by section 210 of the Act, the information provided



U.S. Department of Justice
Immigration and Naturalization Service

NAME AND ADDRESS OF APPLICANT/PETITIONER

MONICA MOSQUERA

6704

NAME OF BENEFICIARY
DATE 10/25/88
FILE NO. A91536704
FORM NO.

PLEASE COMPLY WITH THE BELOW CHECKED INSTRUCTIONS.

RETURN BY 11/15/88

- 1. The above application/petition and its supporting documents are attached.
- 2. The above application/petition and its supporting documents have been forwarded to your attorney or representative.
- 3. Please complete the blocks on your enclosed application/petition which are checked in red.
- 4. Please follow the instructions on your enclosed application/petition which are checked in red.
- 5. Furnish the required fee of \$ _____.
- 6. Furnish the birth or baptismal certificate of _____.
- 7. Furnish the marriage certificate of _____.
- 8. Furnish proof of death or legal termination of marriage of _____.
- 9. A foreign document must be accompanied by a translation in English. The translator must certify that he/she is competent to translate and that the translation is accurate.
- 10. Furnish the date and port of each of your entries into the United States and the name of the ship, plane, or other vehicle on which you traveled.
- 11. Except for aliens with occupations listed under Schedule A, 20 Code of Federal Regulations, Part 656.10, a certification from the Secretary of Labor must be obtained before your petition or application may be resubmitted to this Service. Further information and Department of Labor forms and instructions may be obtained from the local office of the state employment service agencies.
- 12. You have indicated that you do not intend to seek employment. You must furnish evidence that you have sufficient funds or other means of maintaining yourself in this country.
- 13. Furnish two (2) color photographs. These photos must have a white background, photos must be glossy, un-retouched, and not mounted. Dimension of the facial image should be about 1 inch from chin to top of hair or head, shown in 3/4 frontal view of right side of face with right ear visible. Using soft pencil or felt pen, print name (and alien registration receipt number, if known) on the back of each photograph. You should show these instructions to the photographer who takes the pictures.
- 14. You may now apply for adjustment of status, on the attached forms, for yourself and the below listed persons.
- 15. Your proof of status documents have been checked and are attached. Your application/petition is being processed and will be completed in the near future.
- 16. You are granted additional time until _____ to submit a brief in support of your appeal, or to present evidence in rebuttal to the proposed visa petition revocation or denial.
- 17.

NEED NOTARIZED letter FROM THE OWNER OF THE FARM INDICATING THE DATES YOU WORKED, ALONG WITH OWNER'S TELEPHONE NUMBER.

R. FREEMAN

IMMIGRATION AND NATURALIZATION SERVICE

DEPARTMENT OF JUSTICE

IN THE MATTER OF:

A# 91536704

monica
Mosquera

EMPLOYER DECLARATION
FOR SPECIAL AGRICULTURAL WORKERS

I, MR. Clifford Burton, residing
at RT. 1, BARNEY GEORGIA, make the -----
following declaration under penalty in support of the application
for residency of MONICA MOSQUERA under the immigra-
tion

Reform and Control Act of 1986.

1. I am presently employed at BURTONS FARM
in the capacity of OWNER

The information I am providing is based upon both personal -----
knowledge and a review of the company's records.

2.- Our company has employed in agricultural labor, MONICA MOSQUERA
whose picture is affixed to this document, under the
name of SAME WHO HAS PERFORMED CROP SERVICES BETWEEN
MAY OF 1985 - 1986.

3. Attached hereto are the records evidencing his/her employment
I am willing to personally verify the information provided.

I declare under penalty of perjury under the laws of the ---
United States that the foregoing is true and correct.

Clifford H. Burton Sr.

Tel: 912) 775-2291

[Signature]
Notary Public, Spalding County, Georgia
Commission Expires Sept. 18, 1991



Immigration and Naturalization Service

NAME AND ADDRESS OF APPLICANT/PETITIONER

MONICA MOSQUERA

NAME OF BENEFICIARY
DATE 10/25/88
FILE NO. A 915 36 704
FORM NO.

PLEASE COMPLY WITH THE BELOW CHECKED INSTRUCTIONS. RETURN BY 11/15/88

- 1. The above application/petition and its supporting documents are attached.
- 2. The above application/petition and its supporting documents have been forwarded to your attorney or representative.
- 3. Please complete the blocks on your enclosed application/petition which are checked in red.
- 4. Please follow the instructions on your enclosed application/petition which are checked in red.
- 5. Furnish the required fee of \$ _____.
- 6. Furnish the birth or baptismal certificate of _____.
- 7. Furnish the marriage certificate of _____.
- 8. Furnish proof of death or legal termination of marriage of _____.
- 9. A foreign document must be accompanied by a translation in English. The translator must certify that he/she is competent to translate and that the translation is accurate.
- 10. Furnish the date and port of each of your entries into the United States and the name of the ship, plane, or other vehicle on which you traveled.
- 11. Except for aliens with occupations listed under Schedule A, 20 Code of Federal Regulations, Part 656.10, a certification from the Secretary of Labor must be obtained before your petition or application may be resubmitted to this Service. Further information and Department of Labor forms and instructions may be obtained from the local office of the state employment service agencies.
- 12. You have indicated that you do not intend to seek employment. You must furnish evidence that you have sufficient funds or other means of maintaining yourself in this country.
- 13. Furnish two (2) color photographs. These photos must have a white background, photos must be glossy, un-retouched, and not mounted. Dimension of the facial image should be about 1 inch from chin to top of hair or head, shown in 3/4 frontal view of right side of face with right ear visible. Using soft pencil or felt pen, print name (and alien registration receipt number, if known) on the back of each photograph. You should show these instructions to the photographer who takes the pictures.
- 14. You may now apply for adjustment of status, on the attached forms, for yourself and the below listed persons.
- 15. Your proof of status documents have been checked and are attached. Your application/petition is being processed and will be completed in the near future.
- 16. You are granted additional time until _____ to submit a brief in support of your appeal, or to present evidence in rebuttal to the proposed visa petition revocation or denial.
- 17.

NEED NOTARIZED letter FROM THE OWNER OF THE FARM, INDICATING THE DATES YOU WORKED, ALONG WITH OWNER'S TELEPHONE NUMBER.

R. FREEMAN

When you come for your interview you must bring the following documents and meet all requirements on the I-700 if they have not already been submitted:

1. Application for Temporary Resident Status as a Seasonal Agricultural Worker - I-700
- * 2. A notarized letter from the owner of the farm indicating the dates which you worked, the owner's telephone number where he can be reached and the number of people employed by him during that period, and ~~a Form I-705, Affidavit Confirming Seasonal Agricultural Employment of an Applicant for Temporary Residential Status~~
3. Medical Records (I-693) completed by a licensed physician
4. Fingerprint card (FD-258) completed
5. Two color photographs as described on I-700
6. Money order payable to INS for \$185.00. If the applicant is less than 18 years of age, the money order should be for \$50.00
7. Birth Certificate (original with 1 copy if you wish original returned)

Adjuntamos su recibo. Este recibo le autoriza para trabajar en los Estados Unidos hasta la fecha de su entrevista. Favor de presentarse para su entrevista a las 8:00 A.M. el día 15, de NOVEMBER, 1988.

Cuando Ud. se presente para su entrevista Ud. debe traer los siguientes documentos y debe cumplir todos los requisitos estipulados en la planilla I-700 si no han sido enviados ya:

1. Solicitud de Residente Temporero como Trabajador Agrícola Temporero - I-700
- * 2. Una carta notariada del dueño de la finca indicando las fechas en las cuales Ud. trabajó, el número de teléfono del dueño donde pueda ser localizado y el número de personas que fueron empleadas por el dueño durante ese período, y ~~una Forma I-705, Declaración Jurada Confirmando Empleo Temporero Agrícola de un Solicitante para Status de Residencia Temporera.~~
3. Expediente Médico (I-693) llenado por un médico licenciado.
4. Tarjeta de Huellas Digitales (FD-258) llenada.
5. Dos fotos a colores como están descritas en la I-700
6. Un giro postal pagable a INS por la suma de \$185.00. Si el solicitante es menor de 18 años, el giro postal debe ser por la suma de \$50.00.
7. Certificado de Nacimiento (el original con una copia si Ud. desea que el original le sea devuelto)

USI & NS
Chicago, Ill.

TRANSLATION OF AN "BIRTH CERTIFICATE"

(Form JJG-1)

(print or type)

1. NAME: Monica E Mosquera
(first) (middle) (last)

2. BIRTH: - Place: Calí Valle del Cauca Colombia
(city or town) (state or province) (country)

Date: December 105 85
(month) (day) (year)

3. FATHER'S NAME: Plinio Mosquera
(first) (middle) (last)

4. MOTHER'S NAME: Susana E Caiporro
(first) (middle) (last)

5. CERTIFICATE ISSUED: - Date: May 105 85
(month) (day) (year)

Place: Calí Valle del Cauca Colombia
(city or town) (state or province) (country)

Magistrate: Numa Pompilio Gonzales
(full name)

6. CERTIFICATE FOUND: Archive or Register: _____ Page 013 No. 1480

7. NOTATIONS OF IMPORTANCE:

CERTIFICATION OF TRANSLATOR'S COMPETENCE

I, (*) Monica Mosquera, hereby certify that the above is an accurate translation of the original "birth certificate" in (**) Spanish and that I am competent in both English and (**) Spanish to render such translation.

Date Sept 17, 88, Monica Mosquera
(signature of translator)

Agency _____ 402 E Boundary St.
(address)

(912) Phone 263 6304 Quintman G.A. 31649
(city) (state) (zip)

(*) Printed or typed, name of the translator in full.
 (**) Language of the original certificate -- Spanish, French, Chinese, German, etc.
 -- The original document, and copy of it if you wish original returned, should be attached to this summary translation form and certification.
 -- Title 8 of the CFR, Part 202.1 (a)(3) forbids private individuals to charge any fees for filling out this form.

NOTARIA QUINTA DEL CIRCULO DE CALI REGISTRO CIVIL

El Notario Quinto de Cali, exhibe el Registro Civil de Nacimiento que aparece

al Tomo _____ que dice

Nombre: **MONICA ESTHER MOSQUERA CAPURRO**

Sexo: **FEMENINO** nacido en Cali, el día **05** del mes de **DICIEMBRE**

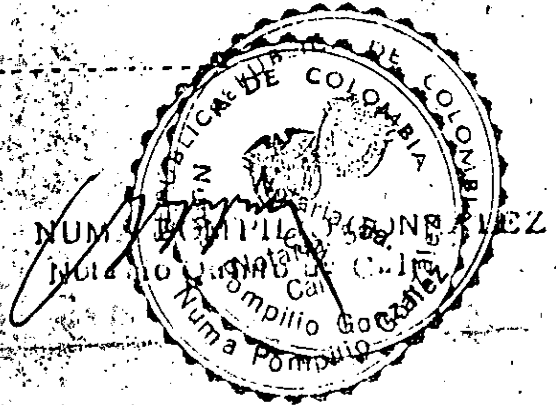
Hijo del Señor **PLINIO MOSQUERA**

de la señora **SUSANA ELVIRA CAPURRO**

Se expide para: _____

Cali, **MAYO 6 1985**

RB



Exonerado papel sellado y timbre Ley 2a. de 1.976.

*Received
original
returned
AF*



92-0022 0059
 FILE TRANSFER REQUESTS

TO FCO: ESC
 FROM FCO: NEW
 PERSON/ACTION: N-400

DATE: 01/23/96
 TIME: 16:36:21
 DOB: 120565

A#: 091536704, NAME: MOSQUERA, MONICA

Print Date: 10/9/2018

1st Printing

A091536704-000

LOCATION HL2396

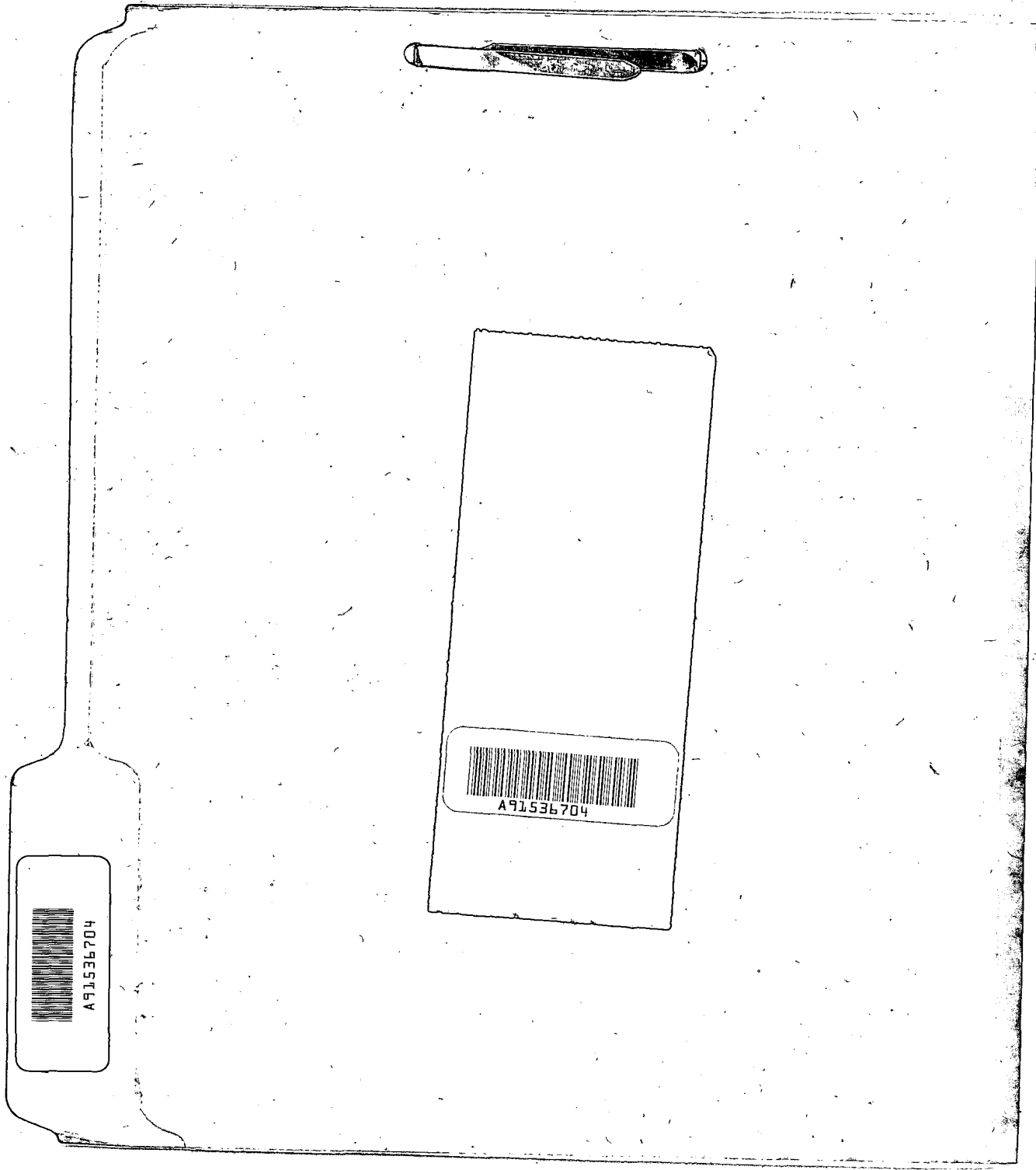
NRG
 HL FILE ROOM NUMBER 3 ULL
 2396 ROW HL SHELF 2396 - HL2396

SEND TO NRC SE0012

NRC National Records Center
 SE:SEIT ADMIN
 0012 SE SHELF 0012 - SCANNING INBOX
 PIA/NRC/FOIA

Priority
 Req Date: 10/9/2018

A91 536 704





A91 536 704

