From:

Chelsea Zuzindlak FOIA, USCIS

To: Cc:

Zainab Boxwala

Subject:

FOIA Request - Maryann Chineyenwa Odor Friday, May 17, 2019 12:35:00 PM

Date: Attachments:

Maryann Odor FOIA Request w G639s.pdf

The attached letter and G-639 forms constitute Maryann Chineyenwa Odor's Freedom of Information Act (FOIA) request.

Please treat it accordingly.

Chelsea Zuzindlak
Managing Partner
Boxwala Zuzindlak PLLC
855.428.3762 ext. 560
czuzindlak@bzlawusa.com
www.bzlawusa.com



Chelsea Zuzindlak

MANAGING PARTNER DETROIT, MI

Zainab Boxwala

MANAGING PARTNER HOUSTON, TX



YOUR IMMIGRATION COUNSEL

Sent via Email

May 17, 2019

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

> RE: FREEDOM OF INFORMATION ACT REQUEST Subject: Maryann Chineyenwa Odor (A214-787-646)

Dear FOIA Officer:

This letter and enclosures constitute Ms. Maryann Chineyenwa Odor's Freedom of Information Act (FOIA) request pursuant to 5 USC § 552/552a. Enclosed is Ms. Odor's signed Form G-639 requesting the release of records contained in her Alien File and authorizing the release of these records to my office. Also enclosed is a signed Form G-639 from Ms. Odor's United States citizen husband, Kingsley Chiedozie Ezeokonkwo, wherein Mr. Ezeokonkwo consents to the disclosure of his personal information in connection with her request.

To facilitate the processing of Ms. Odor's FOIA request, our office is seeking the following records:

- Mr. Ezeokonkwo's I-130 petition filed on behalf of Ms. Odor on or about February 5, 2018 (receipt number MSC1890603064), along with any and all attachments;
- Ms. Odor's I-485 application filed on or about February 5, 2018 (receipt number MSC1890603063), along with any and all attachments;
- The interviewing officer's notes relative to Mr. Ezeokonkwo and Ms. Odor's September 5, 2018 interview (records reflecting information, instructions, and questions asked by the officer and responses given by Mr. Ezeokonkwo and/or Ms. Odor);
- Any and all Q&A-formatted notes and/or sworn statements prepared by an Immigration Services Officer;

302 S. Main Street, Suite 200 Royal Oak, Michigan 48067 www.bzlawusa.com czuzindlak@bzlawusa.com

+1 855.428.3762 248.274.4417

Exhibit A

Boxwala Zuzindlak

 Any and all assessments, letters, notices, memoranda, or other correspondence prepared or received in connection with Ms. Odor's one-step adjustment of status package (receipt numbers MSC1890603064 and MSC1890603063).

We ask that you deliver the responses on a Compact Disc (CD) via mail to Boxwala Zuzindlak PLLC, 302 S. Main Street, Suite 200, Royal Oak, Michigan 48067. Please direct all notices and other mailed correspondence to the same address. Of course, please do not hesitate to contact me directly at (586) 215-2218 should you have any questions or require additional information.

Respectfully submitted,

Chelsea Zuzindlak

Enclosures



Freedom of Information/Privacy Act Request

USCIS Form G-639 OMB No. 1615-0102 Expires 04/30/2020

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

NOTE: Use of this form is optional. USCIS accepts any written request, regardless of format, provided that the request complies with the applicable requirements under the FOIA and the Privacy Act.

► START HERE - Type or print in black ink. Requestor's Contact Information Part 1. Type of Request Select only one box. 4. Requestor's Daytime Telephone Number (855) 428-3762 Ext. 560 NOTE: If you are filing this request on behalf of another individual, respond as it would apply to that individual. 5. Requestor's Mobile Telephone Number (if any) 1.a. X Freedom of Information Act (FOIA)/Privacy Act (PA) (586) 215-2218 1.b. Amendment of Record (PA only) Requestor's Email Address (if any) czuzindlak@bzlawusa.com Part 2. Requestor Information Requestor's Certification Are you the Subject of Record for this request? X No By my signature, I consent to pay all costs incurred for search, duplication, and review of documents up to \$25. (See Form If you answered "No" to Item Number 1., provide the G-639 Instructions for more information.) information requested in Part 2. If you answered "Yes" to Requestor's Signature Item Number 1., skip to Part 3. 7.9. 7.b. Date of Signature (mm/dd/yyyy)|5/15/2019 **Family Name** Zuzindlak (Last Name) 2.b. Given Name Chelsea Part 3. Description of Records Requested (First Name) NOTE: While you are not required to respond to every item in 2.c. Middle Name Allise Part 3., failure to provide complete and specific information may delay processing of your request or create an inability for Requestor's Mailing Address U.S. Citizenship and Immigration Services (USCIS) to locate the records or information requested. 3.a. In Care Of Name (if any) Purpose (Optional: You are not required to state the Boxwala Zuzindlak PLLC purpose of your request. However, providing this information may assist USCIS in locating the records 3.b. Street Number 302 S. Main Street and Name needed to respond to your request.) 200 Apt. X Ste. Fir. Requesting USCIS Alien File records for personal review. 3.d. City or Town Royal Oak State MI 3.f. ZIP Code 48067 3.e. 3.g. **Province** Full Name of the Subject of Record 3.h. Postal Code Family Name ODOR (Last Name) 3.i. Country Given Name United States of America MARYANN (First Name) 2.c. Middle Name CHINEYENWA

Form G-639 04/17/17 N Page 1 of 4

100,000	t 3. Descrip	tion of Records Requested		ily Member 2 . Family Name	
		sed by the Subject of Record (if any)		(Last Name)	
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	plete this section itional Informa	n, use the space provided in Part 5.	12.	Relationship	
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3.b.	Given Name (First Name)	MARYANN	Pai	ents' Names	for the Subject of Record with the
3.c.	Middle Name	CHINEYENWA	Fath	ier	
			13.a	. Family Name (Last Name)	AMADI
200	l Name of th ry into the U	e Subject of Record at Time of nited States	13.b	Given Name (First Name)	NICHOLAS
4.a.	Family Name (Last Name)	ODOR	13.c.	. Middle Name	IBEAWUCHI
4.b.	Given Name (First Name)	MARY ANN CHINEYENWA	Mot	her	
4.c.	Middle Name		14.a.	Family Name (Last Name)	ANUONYE
				. Given Name (First Name)	ANNE
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5.	Form I-94 Nur	nber Arrival-Departure Record			
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8.	Application, P	etition, or Request Receipt Number		Requesting c	opies of all Alien File records relative
	▶ S	E V E R A L		to Maryann (Chineyenwa Odor.
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		e the requested information about a spouse	Par	t 4. Verifica	tion of Identity and Subject of
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	ily Member 1	ed in Fart 3. Additional information.			Il applicable Item Numbers. In addition, d MUST sign Part 4. of this request.
9.a.	Family Name (Last Name)	EZEOKONKWO			
9.b.	Given Name (First Name)	KINGSLEY	10.400	I Name of the Family Name	e Subject of Record
9.c.	Middle Name	CHIEDOZIE		(Last Name)	ODOR
10.	Relationship		1.b.	Given Name (First Name)	MARYANN
	SPOUSE		1.c.	Middle Name	CHINEYENWA

Form Gos Apibit A

	the transfer of the contract o	tion of Identity and Subject of (continued)	4,1,2,4	nature and Notarized Affidavit or Declaration he Subject of Record					
Ma	iling Address	for the Subject of Record	Sele	ct only one box.					
2.a.	In Care Of Nar	To the control of the	NOTE: The Subject of Record MUST provide a signature in Item Number 8.a. Notarized Affidavit of Identity OR Item Number 8.b. Declaration Under Penalty of Perjury. If the Subject of Record is deceased, read Item Number 8.c.						
2.b.	Street Number and Name	4706 LIVE MEADOW LANE	Dec	eased Subject of Record and attach proof of death.					
2.c.	☐ Apt. ☐	Ste. Fir.	8.a.	Notarized Affidavit of Identity					
2.d.	City or Town	KATY		(Do NOT sign and date below until the notary public provides instructions to you.)					
2.e.	State TX	2.f. ZIP Code 77449		By my signature, I consent to USCIS releasing the requested records to the requestor (if applicable)					
2.g.	Province			named in Part 2. I also consent to pay all costs incurred for search, duplication, and review of					
2.h.	Postal Code			documents up to \$25 (if filing this request for myself).					
2.i.	Country	ATES OF AMERICA		Signature of Subject of Record					
3. 4.	and his profession of the first	(mm/dd/yyyy) 05/30/		Date of Signature (mm/dd/yyyy) Subscribed and sworn to before me on this day of in the year Daytime Telephone Number					
Coi	ntact Informa	tion for the Subject of Record							
Prov	•	nation is optional.		Signature of Notary					
5.	Daytime Telep (832) 618-30								
6.		one Number (if any)	8.b.	My Commission Expires on (mm/dd/yyyy) Declaration Under Penalty of Perjury					
	(832) 618-30			By my signature, I consent to USCIS releasing the					
7.	Email Address maryannodo	(if any) r@gmail.com		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 the request is complete, true, and correct. Signature of Subject of Record					
				O5/15/2019 Date of Signature (mm/dd/yyyy)					
	Fyhih	nit Δ	8.c.	Deceased Subject of Record (NOTE: You MUST attach an obituary, death certificate,					

or other proof of death.)

Exhibit A

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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.						5.d.						
	Family Name (Last Name)											
	Given Name (First Name)	MAR	YANN									
1.c.	Middle Name	CHIN	NEYENWA									
2.	Alien Registra	tion Nu	amber (A-Number		ny) 7 6 4 6							
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Form G-639 04/17/17 N Page 4 of 4



Freedom of Information/Privacy Act Request

USCIS Form G-639 OMB No. 1615-0102 Expires 04/30/2020

Department of Homeland SecurityU.S. Citizenship and Immigration Services

NOTE: Use of this form is optional. USCIS accepts any written request, regardless of format, provided that the request complies with the applicable requirements under the FOIA and the Privacy Act.

► START HERE - Type or print in black ink. Requestor's Contact Information Part 1. Type of Request Select only one box. 4. Requestor's Daytime Telephone Number (855) 428-3762 Ext. 560 NOTE: If you are filing this request on behalf of another individual, respond as it would apply to that individual. Requestor's Mobile Telephone Number (if any) 1.a. X Freedom of Information Act (FOIA)/Privacy Act (PA) (586) 215-2218 1.b. Amendment of Record (PA only) Requestor's Email Address (if any) czuzindlak@bzlawusa.com Part 2. Requestor Information Requestor's Certification Are you the Subject of Record for this request? ☐ Yes X No By my signature, I consent to pay all costs incurred for search, duplication, and review of documents up to \$25. (See Form If you answered "No" to Item Number 1., provide the G-639 Instructions for more information.) information requested in Part 2. If you answered "Yes" to Item Number 1., skip to Part 3. Requestor's Signature UZUMALlak Requestor's Full Name Date of Signature (mm/dd/yyyy) 5/15/2019 Family Name Zuzindlak (Last Name) Given Name Chelsea Part 3. Description of Records Requested (First Name) NOTE: While you are not required to respond to every item in 2.c. Middle Name Allise Part 3., failure to provide complete and specific information may delay processing of your request or create an inability for Requestor's Mailing Address U.S. Citizenship and Immigration Services (USCIS) to locate the records or information requested. 3.a. In Care Of Name (if any) Purpose (Optional: You are not required to state the 1. Boxwala Zuzindlak PLLC purpose of your request. However, providing this 3.b. Street Number 302 S. Main Street information may assist USCIS in locating the records and Name needed to respond to your request.) Apt. X Ste. Fir. I am submitting this G-639 in support of my wife Maryann Chineyenwa Odor's request for her 3.d. City or Town Royal Oak records, including the I-130 petition I filed on her 3.f. ZIP Code 48067 State MI behalf. Province Full Name of the Subject of Record 3.h. Postal Code Family Name *IEZEOKONKWO* (Last Name) 3.i. Country Given Name United States of America KINGSLEY (First Name) 2.c. Middle Name | CHIEDOZIE

Form G-639 04/17/17 N Page 1 of 4

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3.c.	Middle Name	NONE	13.a	. Family Name	EZEOKONKWO			
		e Subject of Record at Time of nited States	13.b	(Last Name) Given Name (First Name)	RUFUS			
4.a.		N/A - U.S. Citizen Petitioner	13.c.	Middle Name	OKOLI			
4.b.	Given Name (First Name)	N/A - U.S. Citizen Petitioner	Mot	her				
4.c.		N/A - U.S. Citizen Petitioner	14.a.	Family Name (Last Name)	EZEOKONKWO			
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6.	Alien Registra	tion Number (A-Number) (if any)						
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8.	Application, P	etition, or Request Receipt Number		Requesting c	opies of all records relative to my			
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9.b.	Given Name (First Name)	MARYANN	MANGE 1	or days are a real tengen to have precious the month of	Subject of Record			
9.c.	Middle Name	CHINEYENWA		Family Name (Last Name)	EZEOKONKWO			
10.	Relationship		1.b.	Given Name (First Name)	KINGSLEY			
	SPOUSE		1.c.	Middle Name	CHIEDOZIE			

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		tion of Identity and Subject of (continued)	Signature and Notarized Affidavit or Declaration of the Subject of Record						
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2.b.	Street Number and Name	4706 LIVE MEADOW LANE	Dec	ect of f	Subject of Record and attach proof of death.				
2.c.		Ste. Fir.	8.a.	_	Notarized Affidavit of Identity				
2.d.	City or Town	KATY			Do NOT sign and date below until the notary public provides instructions to you.)				
2.e.	State TX	2.f. ZIP Code 77449			By my signature, I consent to USCIS releasing the equested records to the requestor (if applicable)				
2.g.	Province			n i	named in Part 2. I also consent to pay all costs neurred for scarch, duplication, and review of				
2.h.	Postal Code			d	locuments up to \$25 (if filing this request for myself).				
2.i.	Country			_					
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Prov	iding this inform	nation is optional.		-	Signature of Notary				
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Form G-639 04/17/17 N

Exhibit A

(NOTE: You MUST attach an obituary, death certificate,

or other proof of death.)

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1.c.	Middle Name										
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Form G-639 04/17/17 N