

From: Chelsea Zuzindlak
To: FOIA, USCIS
Cc: Zainab Boxwala
Subject: FOIA Request - Maryann Chineyenwa Odor
Date: Friday, May 17, 2019 12:35:00 PM
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



Exhibit A

Chelsea Zuzindlak

MANAGING PARTNER
DETROIT, MI

Zainab Boxwala

MANAGING PARTNER
HOUSTON, TX


BOXWALA ZUZINDLAK
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



- 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,

A handwritten signature in black ink, appearing to read 'C Zuzindlak', written in a cursive style.

Chelsea Zuzindlak

Enclosures

Exhibit A

www.bzlawusa.com

Page 2 of 2

+1 855.428.3762



Freedom of Information/Privacy Act Request

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

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

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.**

Part 1. Type of Request

Select only one box.

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

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

Part 2. Requestor Information

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

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

Requestor's Full Name

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

Requestor's Mailing Address

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

Exhibit A

Requestor's Contact Information

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

Requestor's Certification

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

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

Part 3. Description of Records Requested

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

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

Requesting USCIS Alien File records for personal review.

Full Name of the Subject of Record

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

Part 3. Description of Records Requested
(continued)

Other Names Used by the Subject of Record (if any)

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in Part 5.

Additional Information.

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

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

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

Other Information About the Subject of Record

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

Information About Family Members that May Appear on Requested Records

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

Family Member 1

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

Family Member 2

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

Parents' Names for the Subject of Record

Father

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

Mother

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

15. Description of Records Sought.

Provide a description of the records you are seeking. If you need additional space, use the space provided in Part 5. Additional Information.

Requesting copies of all Alien File records relative to Maryann Chineyenwa Odor.

Part 4. Verification of Identity and Subject of Record Consent

NOTE: Complete all applicable Item Numbers. In addition, the Subject of Record MUST sign Part 4. of this request.

Full Name of the Subject of Record

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

Exhibit A

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

Mailing Address for the Subject of Record

2.a. In Care Of Name (if any)

2.b. Street Number and Name

2.c. Apt. Ste. Flr.

2.d. City or Town

2.e. State 2.f. ZIP Code

2.g. Province

2.h. Postal Code

2.i. Country

Other Information for the Subject of Record

3. Date of Birth (mm/dd/yyyy)

4. Country of Birth

Contact Information for the Subject of Record

Providing this information is optional.

5. Daytime Telephone Number

6. Mobile Telephone Number (if any)

7. Email Address (if any)

Exhibit A

Signature and Notarized Affidavit or Declaration of the Subject of Record

Select only one box.

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

8.a. Notarized Affidavit of Identity

(Do NOT sign and date below until the notary public provides instructions to you.)

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

Signature of Subject of Record

Date of Signature (mm/dd/yyyy)

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

Daytime Telephone Number _____

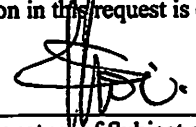
Signature of Notary

My Commission Expires on (mm/dd/yyyy)

8.b. Declaration Under Penalty of Perjury

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

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



Signature of Subject of Record

05/15/2019
Date of Signature (mm/dd/yyyy)

8.c. Deceased Subject of Record

(NOTE: You **MUST** attach an obituary, death certificate, or other proof of death.)

Part 5. Additional

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

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

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

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

3.d. Receipt Numbers:
I-130 PETITION (BENEFICIARY)

I-485 APPLICATION (APPLICANT)

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

4.d. Family Member 3

MINOR CHILD (SON)

Family Member 4

MINOR CHILD (SON)

Exhibit A

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

5.d. _____

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

6.d. _____



Freedom of Information/Privacy Act Request

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

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

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.**

Part 1. Type of Request

Select only one box.

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

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

Part 2. Requestor Information

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

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

Requestor's Full Name

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

Requestor's Mailing Address

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

Requestor's Contact Information

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

Requestor's Certification

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

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

Part 3. Description of Records Requested

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

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

I am submitting this G-639 in support of my wife Maryann Chineyenwa Odor's request for her records, including the I-130 petition I filed on her behalf.

Full Name of the Subject of Record

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

Exhibit A

Part 3. Description of Records Requested (continued)

Other Names Used by the Subject of Record (if any)

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in Part 5. Additional Information.

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

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

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

Other Information About the Subject of Record

5. Form I-94 Number Arrival-Departure Record
 N / A

6. Alien Registration Number (A-Number) (if any)
 A- N / A

7. USCIS Online Account Number (if any)

8. Application, Petition, or Request Receipt Number
 M S C 1 8 9 0 6 0 3 0 6 4

Information About Family Members that May Appear on Requested Records

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

Family Member 1

9.a. Family Name (Last Name)

9.b. Given Name (First Name)

9.c. Middle Name

10. Relationship

Family Member 2

11.a. Family Name (Last Name)

11.b. Given Name (First Name)

11.c. Middle Name

12. Relationship

Parents' Names for the Subject of Record

Father

13.a. Family Name (Last Name)

13.b. Given Name (First Name)

13.c. Middle Name

Mother

14.a. Family Name (Last Name)

14.b. Given Name (First Name)

14.c. Middle Name

14.d. Maiden Name (if applicable)

15. Description of Records Sought.

Provide a description of the records you are seeking. If you need additional space, use the space provided in Part 5. Additional Information.

Requesting copies of all records relative to my
I-130 petition (MSC1890603064) filed on behalf of
Maryann Chineyenwa Odor.

Part 4. Verification of Identity and Subject of Record Consent

NOTE: Complete all applicable Item Numbers. In addition, the Subject of Record MUST sign Part 4. of this request.

Full Name of the Subject of Record

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

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

Mailing Address for the Subject of Record

2.a. In Care Of Name (if any)

2.b. Street Number and Name

2.c. Apt. Ste. Flr.

2.d. City or Town

2.e. State 2.f. ZIP Code

2.g. Province

2.h. Postal Code

2.i. Country

Other Information for the Subject of Record

3. Date of Birth (mm/dd/yyyy)

4. Country of Birth

Contact Information for the Subject of Record

Providing this information is optional.

5. Daytime Telephone Number

6. Mobile Telephone Number (if any)

7. Email Address (if any)

Signature and Notarized Affidavit or Declaration of the Subject of Record

Select only one box.

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

8.a. Notarized Affidavit of Identity

(Do NOT sign and date below until the notary public provides instructions to you.)

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

Signature of Subject of Record

Date of Signature (mm/dd/yyyy)

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


Signature of Notary

My Commission Expires on (mm/dd/yyyy)

8.b. Declaration Under Penalty of Perjury

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

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



Signature of Subject of Record

05/15/2019

Date of Signature (mm/dd/yyyy)

8.c. Deceased Subject of Record

(NOTE: You **MUST** attach an obituary, death certificate, or other proof of death.)

Exhibit A

Part 5. Additional

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

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

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

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

3.d. Family Member 3

MINOR CHILD (STEPSON)

Family Member 4

MINOR CHILD (STEPSON)

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

4.d. _____

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

5.d. _____

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

6.d. _____

Exhibit A