

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

OMB. NO. 1653-0026
Expires 03/31/2008

RELATING TO BENEFICIARY OF PRIVATE BILL

File Number

TO ASSIST U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT IN MAKING ITS REPORT TO CONGRESS WITH RESPECT TO PRIVATE BILL NO. _____ FOR RELIEF OF _____

IN WHICH I AM THE BENEFICIARY INTERESTED PARTY, THE FOLLOWING INFORMATION IS FURNISHED.

Submit separate form for each beneficiary or interested party. If you need more space to answer fully any questions on this form, use a separate sheet, identify each answer with the number of the corresponding question, and date and sign each sheet.

PLEASE TYPE OR PRINT.

1. PERSONAL DATA

| | | | | | | | |
|------------------------------------------|------------|-------------------|----------------|----------|------|-----------------------------------------|--|
| Name (Last in caps) | | (First) | | (Middle) | | Alien Registration Number A - | |
| Other names used (including maiden name) | | | | | | Naturalization Certificate Number | |
| Date of birth | | Place of birth | | | | Citizenship (country) | |
| Sex | Complexion | Height ft. in. | Weight lbs. | Eyes | Hair | Visible marks or scars | |

2. Residence Data

List complete addresses, including zip code if possible, for past 10 years.

| Street and Number | City | Province | Country | From | | To | |
|-------------------|------|----------|---------|-------|------|-------|------|
| | | | | Month | Year | Month | Year |
| | | | | | | | |
| | | | | | | | |
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3. EDUCATIONAL DATA

Show name and location of last school attended including highest grade completed or degrees earned and date.

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4. EMPLOYMENT DATA

Employment during past 5 years.

| Full name and address of employer | Type of work | From | | To | |
|---------------------------------------------|--------------------------------------|-------|------|-------|------|
| | | Month | Year | Month | Year |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Present salary \$ _____ Per _____ | United States Social Security Number | | | | |
| Show any other present income. | | | | | |

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5. ASSETS AND LIABILITIES

List value of each asset and your equity in each, and show all debts. The value of all personal property may be shown as a single figure.

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6. MARITAL DATA

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------|--|
| Name of present spouse | | Address of present spouse | |
| Date of birth of spouse | Place of birth of spouse | Citizenship of spouse | |
| Date of marriage | Place of marriage | Present spouse depends on me for support <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Show the following for all previous marriages (<i>Name of spouse, date and place of marriage, date and place marriage terminated and how marriage was terminated</i>) | | | |
| | | | |

7. DATA CONCERNING CHILDREN (If child depends on you for support, place an "X" before his or her name)

| Name of child (<i>Include address if not living with you</i>) | Date of birth | Place of birth | Citizenship |
|-----------------------------------------------------------------|---------------|----------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |

8. OTHER PERSONS DEPENDENT UPON ME FOR SUPPORT (Do not include children named in item 7 or present spouse)

| Name | Relationship | Amount (<i>Weekly or monthly</i>) |
|------|--------------|-------------------------------------|
| | | |

9. DATA RELATING TO PARENTS

| | | |
|---------------|----------------|------------------------------------------------------------|
| Father's name | | Address if living (<i>If deceased, write "Deceased"</i>) |
| Date of birth | Place of birth | Citizenship |
| Mother's name | | Address if living (<i>If deceased, write "Deceased"</i>) |
| Date of birth | Place of birth | Citizenship |

10. SELECTIVE SERVICE DATA (If applicable)

| | | |
|-----------------------------------------------------|-----------------|----------------|
| Number and location of local board where registered | Date registered | Classification |
| | | |

11. MILITARY SERVICE DATA (If you are now serving or have ever served in the U.S. Armed Forces)

| | | |
|-----------------------------------------------------------------------------------------|---------------|-------------------------------------|
| Branch of service | Serial number | Dates served From _____ To _____ |
| If discharged, show type of discharge received (<i>Honorable, dishonorable, etc.</i>) | | Present APO service address |
| Rank at time of discharge | | |

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12. DATA RELATING TO UNITED STATES ENTRIES AND DEPARTURES

| Date of entry | Port of entry | Status at time of entry (<i>Visitor, permanent resident, etc.</i>) | Date of departure | Port of departure |
|---------------|---------------|-------------------------------------------------------------------------|-------------------|-------------------|
| | | | | |

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|--|--|--|--|
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13 DATA CONCERNING VISAS

a. If you were ever refused a visa by an American Consul fill in the following:

| | |
|--------------------|-------------------|
| Location of Consul | Date visa refused |
| Reason for refusal | |

b. If you are the beneficiary of a Preference Immigrant Visa Petition fill in the following:
 (Check one) A 1st 2nd 3rd 4th 5th 6th Preference Immigrant Visa Petition in my behalf was filed on: _____

| | | |
|------------|-------------|---------------------------|
| Date filed | Place filed | Person who filed petition |
|------------|-------------|---------------------------|

c. Did you ever apply for Classification as a Conditional Entrant (7th Preference) Yes No

| | | | |
|------------|-------------|--------------------------------------------------------------------------------------|-------|
| Date filed | Place filed | Was application approved <input type="checkbox"/> Yes <input type="checkbox"/> No | Date: |
|------------|-------------|--------------------------------------------------------------------------------------|-------|

d. If you have ever registered with an American Consul show the following:

| | |
|-----------------------|-----------------|
| Location of Consulate | Date registered |
|-----------------------|-----------------|

14. LIST PRESENT AND PAST MEMBERSHIP IN ALL ORGANIZATIONS, CLUBS, ASSOCIATIONS, ETC.

| Name of organization | Location | Dates of membership | |
|----------------------|----------|---------------------|----|
| | | From | To |
| | | | |

15. IF YOU HAVE EVER BEEN ARRESTED ANYWHERE SHOW THE FOLLOWING: (Include traffic violations)

| Place arrested | Date arrested | Charge | Disposition |
|----------------|---------------|--------|-------------|
| | | | |

16. IF YOU HAVE EVER BEEN HOSPITALIZED OR INSTITUTIONALIZED SHOW THE FOLLOWING:

| Name and location of hospital or institution | Dates | | Reason |
|----------------------------------------------|-------|----|--------|
| | From | To | |
| | | | |

17. DATA CONCERNING NECESSITY FOR PRIVATE BILL

Show in this block any additional information concerning the beneficiary and/or concerning the necessity for a private bill in his or her behalf (include any outstanding acts benefiting the United States or other friendly nations which would be of interest to Congress)

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18. OTHER DATA CONCERNING THIS CASE

Please include in this block any derogatory information concerning this case which you believe would aid the Congress in its consideration of this bill. Also, if you wish this information to be treated in a confidential manner, please so state and give reason for desiring such treatment.

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19. DATA RELATING TO BENEFICIARIES BROTHERS AND SISTERS (List all living brothers and sisters - include half or step brothers and sisters)

| Name | Age | Address | Citizenship |
|------|-----|---------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
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20. data relating to beneficiary who has been or will be adopted

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------|
| Name of child prior to adoption | Date of adoption | Place of adoption (Include court) |
| The adoption was <input type="checkbox"/> by proxy <input type="checkbox"/> with both adoptive parents present <input type="checkbox"/> with one adoptive parent present. | | |
| The child's parents consented to the adoption <input type="checkbox"/> No <input type="checkbox"/> Yes Date consented _____ | | |
| Name and addresses of child's living natural parents and step parents | | |

| | |
|------------------------------------|-----------------------------------------|
| Child lives with (include address) | Child has resided with adoptive parents |
| | Dates: From _____ To _____ |

21. DATA CONCERNING ANY PERSON IN THE UNITED STATES WHO COULD FURNISH ADDITIONAL INFORMATION

(State whether relative, or business or social acquaintance)

| | |
|---------------------|--------------------|
| Name _____ | Relationship _____ |
| Address _____ | |
| (Street and number) | (City) |
| (State) | (Zip Code) |

22. signature of beneficiary or interested party

I hereby certify that the information given on this form is complete and true to the best of my knowledge and belief.

| | |
|-------|-----------|
| _____ | _____ |
| Date | Signature |

23. signature of person prEparing form, if other than beneficiary or interested party

I declare that this document was prepared by me at the request of the beneficiary or interested party and is based on all information of which I have any knowledge.

| | | |
|-----------|---------|-------|
| _____ | _____ | _____ |
| Signature | Address | Date |

Public Reporting Burden. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. The estimated average time to complete and file this application is 1 hour per application. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the Immigration and Customs Enforcement, OAM, 425 I Street, N.W., Room 1122, Washington DC 20536. (Do not mail your form to this address).