

J-1 Visa Waiver Recommendation Application OMB



Bureau of Consular Affairs
Consular Systems and Technology

October 31, 2008



Welcome to J Visa Waiver Online



Welcome to J Visa Waiver Online!

Certain exchange visitors are subject to the two-year foreign residence requirement of Section 212(e) of the Immigration and Nationality Act. This web site allows exchange visitors desiring a waiver of 212(e) to reserve a case number and begin the paperwork for their request to the Department of State Waiver Review Division for a waiver recommendation. The exchange visitor or representative controls the data entry to ensure an error-free submission. J Visa Waiver Online creates a bar-coded document that will facilitate processing by the Waiver Review Division. As a result, processing times will be reduced. Those exchange visitors with case numbers can submit changes to their contact information or check the status of their case file.

IMPORTANT: It is not currently possible to "submit" the data electronically, or to pay any fees online. All documentation and fees must continue to be mailed to the Department of State.

Notice: Effective December 1, 2008 submissions of the downloaded form DS-3035 will no longer be accepted.

What would you like to do?

- [Complete an online application](#) for a J-1 waiver recommendation.
- [Complete a survey](#) to help clarify whether you may be subject to 212(e)

If you already have a Waiver Review case number, you may:

- [Check the status](#) of a request for a waiver of the two-year home residence requirement
- [Inform the Department of State](#) of a change to personal data (such as mailing address, email, phone, etc.)
- [Create a statement of reason](#)

System Requirements - Important:

- Internet browser [Netscape](#) (version 4.7 or higher) or [Internet Explorer](#) (version 5.0 or higher) must be installed on this computer.
- Ensure that a working printer with paper and black ink is accessible from this computer.
- You must have a copy of Adobe Acrobat Reader (version 5 or higher) installed on this computer. If you need the Adobe Reader, click the icon below:



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Privacy and Computer Fraud and Abuse Act Notices

Privacy Act Notice

For site management, information is collected for statistical purposes. The Department of State Web Site uses software programs to create summary statistics for such purposes as assessing what information is of most and least interest or identifying system performance or problem areas. The following is the type of information collected about your visit to the web site: the name of the Internet domain from which you access State Department web sites (for example, "aol.com" if you are connecting from America Online) and the date and time you access our site. If you choose to provide us with personal information in an email message, we use it only to respond to your email.

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- obtain personal identifying information about you, unless you choose to provide such information
- share any information it receives with any outside parties, except for authorized law enforcement investigations, or as otherwise required by law.

For More Information, Contact:

Public Communication Division
PA/PL, Room 2206
U.S. Department of State
Washington, D.C. 20520
202-647-6575
Visit contact-us.state.gov

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How to Use this Web Site



How to Use this Web Site

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| <p>Introduction > EV Information > Required Information > Basis Selection > Statement of Reason > Cancel Affidavit > Record</p> <p>Already visited Where you are now Will visit</p> | <p>Navigation Bar</p> | <p>Located below the header. The navigation bar show the user's progress along the path taken on the web site.</p> |
| <p>Glossary</p> | <p>Glossary</p> | <p>Available on all pages on this site; defines terms and shows pictures of forms used by the Waiver Review Office.</p> |
| | <p>Flow Label</p> | <p>Located to the right of the navigation bar, the flow label identifies the path the user has taken on the web site.</p> |
| | <p>Previous Button</p> | <p>Located on the bottom left of each page. Use the "Previous" button to return to a previously visited page. Avoid using the Back button on the browser.</p> |
| | <p>Cancel Button</p> | <p>Located on the bottom center of each page. Use the "Cancel" button to clear your work and return to the J Waiver Online home page. Caution: This will clear any information that has been entered during this session.</p> |
| | <p>Next Button</p> | <p>Located on the bottom right of each page. Use the "Next" button to move to the next page on the navigation bar. Avoid using the Forward button on the browser.</p> |



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J-1 Waiver Recommendation Process



This web site allows a J-1 exchange visitor ("EV") to begin the process of requesting a waiver of the two-year home country requirement. Here is how the online process works:

1. Type the exchange visitor's personal data into the J-1 Visa Waiver Review Application, an online version of Form DS-3035.
2. Choose a basis on which he or she is applying for the waiver, such as "no objection".
3. The system will reserve a case number for the applicant.
4. Generate document packet(s) and bar coded cover sheet(s).
5. Follow the mailing instructions at the end of the waiver application process.

Before you begin the process, please ensure that you have the following documentation readily available.

Each document listed below contains information that you will need in order to complete the application.

- Any passport of the exchange visitor containing his/her U.S. visas
- Legible copies of all DS-2019 (formerly IAP-66)
- Notice of Entry of Appearance as Attorney or Representative (G-28) (if applicable)
- Names and dates of birth of any J-2 dependents and/or the EV's J-1 spouse (if applicable)
- I-94 Departure Record card (if still in the U.S.)
- Alien Registration "A" Number (if applicable)

IMPORTANT NOTICE: You will have 60 minutes to complete each application page, at which point the session will automatically end. It is recommended that you complete explanatory answers in a Word or Text document first to allow yourself more time. You will be able to Cut and Paste from the Word or Text document into the application.

Note: Submitting inaccurate or incomplete information slows processing times.

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Exchange Visitor Information

OMB No. 1405-0135
EXPIRATION DATE: 07/31/2011
ESTIMATED BURDEN: 1 Hour



Enter this information as found on the exchange visitor's passport.

Title:

Surname:
Either Surname or Given Name must be present.

Given Name:
Either Surname or Given Name must be present. (First Name and Middle Name)

Maiden Name:

*Gender: Male Female

*Date of Birth: / /
(mm/dd/yyyy)

*City of Birth:

*Country of Birth:

*Citizenship Country:
(As shown on your most recent DS-2019/formerly IAP-66)

*Country of Legal Permanent Residence:
(As shown on your most recent DS-2019/formerly IAP-66)

* Required

Enter this information, if applicable.

Please enter your most current **case number**. You will only have a case number if you have ever applied for a J Visa Waiver recommendation or Advisory Opinion before.

Please indicate any **other names** that you are, or have been, known by. These can include alias, previous married names, religious names, professional names, etc..

| | Other Surnames Used | Other Given Names Used |
|----|----------------------|------------------------|
| 1. | <input type="text"/> | <input type="text"/> |
| 2. | <input type="text"/> | <input type="text"/> |
| 3. | <input type="text"/> | <input type="text"/> |

Paperwork Reduction Act (PRA) Statement

Public reporting burden for this collection of information is estimated to average 1 hour per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: A/ISS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20520-2202.

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Basis Selection



Please read the following information carefully to determine the basis on which **Maria Sample** is applying.

- No Objection statement from the home government
- State Health Agency Request
 - Has the exchange visitor's government funded any portion of his/her program while under a "J" visa? Yes No
- Request by an Interested (U.S.) Government Agency, or IGA Other Physician
- Exceptional hardship to a United States citizen (or permanent resident) spouse or child of exchange visitor
- Persecution

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Statement of Reason

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Statement of Reason

Please write a statement demonstrating why **Maria Sample** is eligible to receive a waiver of the two-year home country requirement of the exchange visitor program. The length of the statement may vary.



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Maria Sample's Current Address



Glossary

*Address Line 1:

Address Line 2:

Address Line 3:

*City:

State:

Zip:

State and Zip are required for U.S. Addresses.

*Country:

Province (If Non-US):

Postal Code (If Non-US):

Home Phone Number:

 US Foreign

Business Phone Number:

 US Foreign

Ext.

Fax Number:

 US Foreign

E-mail Address:

* Required

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Verify most recent U.S. city and state



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Please verify Maria Sample's most recent U.S. city and state

If Maria Sample is no longer living in the United States, please state the last U.S. city and state where she lived.

(These fields default to the current city and state for exchange visitors with a U.S. address.)

*City:

*State:

* Required

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Attorney Information

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Enter Attorney Information



Is Maria Sample represented by an attorney or other organization? Yes No
(If yes, please enter the following information about this attorney or organization. If no, any information entered below will be disregarded.)

*Law Firm or Organization Name:

*Address Line 1:

Address Line 2:

Address Line 3:

*City: *State: *Zip:

Surname of Attorney or Representative:

Given Name of Attorney or Representative:

Phone Number: Ext.

Fax Number:

E-mail Address:

* Is there a G-28 stating this information? Yes No
(Note: If an exchange visitor has an attorney, the U.S.C.I.S. will require a form G-28.)

* Required

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Mailing Address

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Maria Sample's Mailing Address



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Please indicate where you would like the Waiver Review Division to send correspondence, including the recommendation:

- Current address
- Attorney's address
- Other mailing address:

*Address Line 1:

Address Line 2:

Address Line 3:

*City:

State:

Zip:

*Country:

Province (If Non-US):

Postal Code (If Non-US):

* Required

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Enter the following information from each exchange visitor program in which Maria Sample has participated.



- Add a new row for EACH DS-2019 form (formerly IAP-66) of the J-1 exchange visitor only. Start with the most recent DS-2019 form.
- If you are missing any forms contact the program sponsor to obtain copies or a statement indicating the information requested below.
- Click on the links below to show the different versions of the forms you may have in hand.

[DS-2019\(new\)](#)

[DS-2019\(old\)](#)

[IAP-66](#)

| Row | *SEVIS Number | *Program Number | *Purpose of the Form | *Begin Date (mm/dd/yyyy) | *End Date (mm/dd/yyyy) | *Subject/Field Code | *Funding Amount | Delete |
|-----|----------------------|---|----------------------|--------------------------|------------------------|----------------------|----------------------|--------------------------|
| 1. | <input type="text"/> | P <input type="text"/> - <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |

* Required

Add Another Form

Delete Selected Form(s)

*Did any of your exchange visitor program(s) include U.S. Government funds, funds from your own government or funds from an international organization? Yes No

* Required

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Time not Covered by DS-2019

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Time not Covered by DS-2019 for Maria Sample



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*Is there any period of time in the U.S that is not covered by DS-2019 (formerly IAP-66)? Yes No

If yes, explain here:

* Required

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J-2 Information

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Please provide J-2 information for Maria Sample



*1. Does this application include J-2? Yes No If Yes, enter information about these J-2 dependents below.

| | Surname | Given Name | Date of Birth (mon/dd/yyyy) | Country of Birth | Relationship | Delete |
|----|----------------------|----------------------|--|----------------------|----------------------|--------------------------|
| 1. | <input type="text"/> | <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| 2. | <input type="text"/> | <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| 3. | <input type="text"/> | <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |

Add J-2 Information

Delete J-2 Information

*2. Is your spouse in J-1 status? Yes No N/A If Yes, he or she must apply separately for a waiver. If your spouse has applied for a waiver, please enter information about their J waiver case below.

| Surname | Given Name | Date of Birth (mon/dd/yyyy) | Country of Birth | J Waiver Case Number |
|----------------------|----------------------|--|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> | <input type="text"/> |

* Required

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First J-1 Information

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Please enter Maria Sample's first J-1 visa information.

Date and place of first entry into the U.S. on your original exchange visitor(J-1) visa. Entry information should refer to the first time the J-1 visa was used to enter the U.S. (If the EV changed to J-1 visa status while already in the U.S., enter the date of status change, control number and issuing post of that first J-1 visa.)



*Date: / /

*Port of Entry:

State of Entry: ▼

Issuing Post: ▼

* Required

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Identification Number



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Please enter the following information for Maria Sample if available:

You may skip fields if you do not have these items. Click *Next* to continue.



Alien Registration Number ("A" number):

I-94 Number (no spaces):

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Verify Information

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Please verify that the following information is correct for Maria Sample

- Scroll down through the box if necessary
- If any changes are needed, click on the appropriate heading on the navigation bar above, make the change, then click *Next* to save the change.
- When you are satisfied that all the information in the box is correct, and have indicated how you wish to receive correspondence concerning this application, **check the box just outside the information section below** and click on *Next*.



| | | |
|---------------------------------|---------------------|------------------------------------|
| Application Information: | Waiver Basis | No Objection |
| | Statement of Reason | Because this is a test application |
| EV Information: | Title | Mrs. |
| | Surname | Sample |
| | Given Name | Maria |
| | Gender | female |
| | Date of Birth | 02/22/1980 |
| | Country of Birth | TAJKISTAN |

Check this box if all of the above information is correct.

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Exchange Visitor Packet



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Exchange Visitor Packet for Maria Sample No Objection



Your application is almost complete. The remaining steps in the process will be for you to save and print the packets, gather hard copies of the materials needed to process your application, and mail the packets to the required destinations.

The packet will consist of items generated by J Visa Waiver Online and copies of documents you should already have. Based on your answers to the previous questions in J Visa Waiver Online, you will need to submit copies of the following items to the Department of State:

- ✓ All forms DS-2019 (formerly IAP-66)
- ✓ Copy of the data page of the EV's current passport containing name and birth date
- ✓ G-28

Please check below if you plan to include additional documentation with your application at this time:

Other

Click Next to continue. A new case number will be generated.

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YOU ARE NOT FINISHED UNTIL THE PACKETS HAVE BEEN MAILED
PLEASE READ BELOW



Your case number is 874137

[Display Packet](#)

YOU MUST CLICK THE *DISPLAY PACKET* BUTTON ABOVE IN ORDER TO COMPLETE THE FINAL STEPS OF THIS PROCESS. *Display Packet* will open up a separate browser where you will save your packets to a PDF file, print your packets and follow the instructions on each page.

This case number is NOT recorded in the J Visa Waiver Online Status Check system until the paper application and fee have been received in the mail and processed by the Department of State.

Please wait several weeks after mailing your documentation before using this case number to check your status online. Please be patient, as incoming mail to the Department of State may be subject to delays.

IMPORTANT: This PDF file will be read-only. If something is incorrect, you can still change it by using the *Navigation Bar* above or the *Previous* button to return to the appropriate page, correct the information, then click *Next* on the page you corrected so that the new data will be saved. Leaving this page in any other fashion will end the process, no longer allowing you to change your packet information.

Thank you for using the J Visa Waiver Online Application System

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KEEP THIS PAGE FOR YOUR RECORDS

Packet Assembly Checklist - J-1 Visa Waiver Recommendation Application

Use this checklist to organize the pages in the J Visa Waiver Recommendation Application packet

Case Number: 874137
Applicant Name: Maria Sample
Applicant DOB: 02/22/1980
Applicant COB: TAJIKISTAN
Waiver Basis: No Objection

Check that the exchange visitor's case number and country of last residence is written on any documentation submitted, as well as on the outside envelope of ALL future correspondence with the

Packet 1. Destination: Department of State, St. Louis, MO
Please assemble packet in this order:
(Items with a * have been generated in PDF format)

- ___ Application fee: Follow the detailed instruction on DS-3035, page 1
- ___ Waiver Review Division Barcode Page *: Accompanies the DS-3035
- ___ Form DS-3035, pages 1,2 and 3 *: Follow the detailed mailing instructions on page 1. The applicant must sign on line 21. If the form is being prepared by an attorney, the attorney needs to sign on line 9.
- ___ Supplementary Applicant Information pages *: Accompanies the DS-3035
- ___ Copy of the data page of the EV's current passport containing name and birth date
- ___ Copies of all forms DS-2019 (formerly IAP-66)
- ___ Statement of Reason *
- ___ G-28
- ___ Self addressed, stamped envelope
- ___ Additional items as indicated by the applicant
- ___ ***** Be sure to sign Form DS-3035, line 21 *****

Packet 2. Destination: Embassy of the exchange visitor

- ___ Third Party Barcode Page *: Follow detailed instructions on the page.

The Waiver Review Division will forward a recommendation directly to the United States Citizenship and Immigration Services (USCIS).

IMPORTANT NOTE: Once the Waiver Review Division forwards a waiver recommendation to the USCIS, the case is considered closed at the Department of State. Any further action on the case falls under the jurisdiction of the USCIS. To follow-up on the waiver recommendation, please contact the USCIS Service Center.

DO NOT SEND THIS PAGE. KEEP THIS PAGE FOR YOUR RECORDS

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Waiver Review Division Barcode Page

874137, Sample, Maria, 02/22/1980, COB: TAJIKISTAN, COR:
TAJIKISTAN, No Objection

1.



2.



3.



Important: Make sure to include this page with your DS-3035

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U. S. Department of State

OMB No. 1455-0125
EXPIRATION DATE: 07/01/2011
ESTIMATED BURDEN: 1 Hour

J-1 VISA WAIVER RECOMMENDATION APPLICATION INSTRUCTIONS

Keep this page for your records

Complete the following two pages of this form and send them, along with the fee and supporting documentation listed below, to:

U.S. Department of State
Waiver Review Division
P.O. Box 952137
St. Louis, MO 63195-2137

PLEASE DO NOT STAPLE ANY DOCUMENTS

PLEASE AVOID TWO-SIDED DOCUMENTS AND ONLY USE 8 1/2" X 11" PAPER

Supporting documents and fee:

1. Application fee of \$215 PER J-1 APPLICANT. Please send a cashier's check or money order in U.S. currency drawn on a U.S. bank, made payable to THE U.S. DEPARTMENT OF STATE. Include your name, date and place of birth on whatever form of payment you submit. DO NOT SUBMIT MORE THAN ONE APPLICATION FEE PER PERSON;
2. Any additional pages needed to full respond to the questions in this form;
3. A statement demonstrating why the exchange visitor is eligible to receive a waiver of the two-year home country requirement of the exchange visitor program. The length of the statement may vary;
4. Copies of all DS-2019 "Exchange Visitor Program Certificate Of Eligibility For Exchange Visitor (J-1) Status" (formerly IAP-66) forms;
5. Notice of Entry of Appearance as Attorney or Representative (G-28 form), if the exchange visitor is represented by an attorney;
6. Copy of the data page of the exchange visitor's current passport containing name and birth date.
7. Two self-addressed, stamped envelopes.

Once your application has been processed, you will receive your case number and further instructions on how to proceed. Please do not call to verify that the application has arrived. Current processing times are listed on the U.S. Department of State web site, www.travel.state.gov.

Paperwork Reduction Act (PRA) Statement

Public reporting burden for this collection of information is estimated to average 1 hour per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: A/ISS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20520-2202.

DS-3035
10-2004

Instruction Page 1 of 1

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U.S. Department of State J-1 VISA WAIVER RECOMMENDATION APPLICATION

OMB No. 1405-0135
EXPIRATION DATE: 07/31/2011
ESTIMATED BURDEN: 1 Hour

| TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED. YOU MAY APPEND ADDITIONAL PAGES IN ORDER TO FULLY RESPOND TO THE QUESTIONS | | | | | | |
|---|-----------------------------|--|--|---|-------------------------------|---|
| 1. Title <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Ms. | | Surname (As in Passport) Sample | | | | |
| Given Names (As in Passport, First & Middle) Ma'ia | | | | Maiden Name (if any) Test | | |
| <i>Please indicate any other names that you are, or have been, known by. These can include aliases, previous married names, religious names, professional names, etc.</i> | | | | | | |
| Other Surname(s) | | | | Other Given Name(s) | | |
| 2. Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female | | 3. Date of Birth (mmm-dd-yyyy) FEB-22-1980 | | | | |
| 4. Country information (As shown on your most recent DS-2019/formerly (AP-66)) | | | | | | |
| City of Birth test | | Country of Birth TAJIKISTAN | | Citizenship Country TAJIKISTAN | | Legal Permanent Residence Country TAJIKISTAN |
| 5. I am requesting a recommendation for a waiver of the 212(e) requirement based on: (check only one) | | | | | | |
| <input type="checkbox"/> Exceptional Hardship | | <input type="checkbox"/> Persecution | | <input type="checkbox"/> Interested Government Agency (Physician) | | |
| <input type="checkbox"/> Interested Government Agency (non-physician) | | <input type="checkbox"/> State Health Agency Request | | <input checked="" type="checkbox"/> No Objection Statement | | |
| 6. Did your exchange visitor program(s) include U.S. Government funds, funds from your own government or funds from an international organization? No | | | | | | |
| 7. Current address of exchange visitor | | | | | | |
| Street 123 Main St | | City Springfield | | State/Province VIRGINIA | Zip/Postal Code 22132 | Country (if not U.S.) |
| Home Phone | | Business Phone | | Fax | Email Address | |
| 8. Last U.S. city and state, if not currently living in U.S.: | | | | | | |
| City Springfield | | | | State VIRGINIA | | |
| 9. Are you represented by an attorney or other organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please enter the following information about his attorney or organization) | | | | | | |
| Attorney, Representative, and/or Organization Name / Attorney Inc. | | | | | | |
| Street 456789 Main St | | City Springfield | | State VIRGINIA | Zip 22132 | |
| Business Phone/Ext. / | | Fax | | Email Address | | |
| If this form is being prepared by an attorney, the attorney must sign here: | | | | | | |
| 10. Mailing address of exchange visitor (if different from your current or attorney address) | | | | | | |
| Street | | City | | State/Province | Zip/Postal Code | Country (if not U.S.) |
| 11. I request that all correspondence, including my recommendation, be sent to my: (check only ONE) | | | | | | |
| <input checked="" type="checkbox"/> Current Address (Line 7) | | <input type="checkbox"/> Attorney Address (Line 9) | | <input type="checkbox"/> Mailing Address (Line 10) | | |
| 12. List all exchange visitor programs in which you participated, beginning with the first program | | | | | | |
| SEVIS Number n0000000000 | Program Number P-1-12345 | Purpose of the Form Follow To | Begin Date (mmm-dd-yyyy) DEC-20-2000 | End Date (mmm-dd-yyyy) DEC-20-2001 | Subject/Field Code 12.3456 | Funding Amount \$12345.00 |

DS-3035
03-2005

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| | | | | |
|---|------------------------|---------------------------------------|------------------|----------------------|
| 13. Is there any period of time in the U.S. that is not covered by your form DS-2019/formerly IAP-66? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes please explain below) | | | | |
| 14. Does this application include any J-2 dependents? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes please enter information about these J-2 dependents below) | | | | |
| Surname | Given name | Date of Birth (mmm-dd-yyyy) | Country of Birth | Relationship |
| 15. Is your spouse in J-1 status? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, he or she must apply separately for a waiver) | | | | |
| 16. If your spouse has applied for a waiver, please enter information about his/her J waiver case below: | | | | |
| Surname | Given name | Date of Birth (mmm-dd-yyyy) | Country of Birth | J Waiver Case Number |
| 17. Date and place of first entry into the U.S. on your original exchange visitor (J-1) visa. Entry information should refer to the first time the J-1 visa was used to enter the U.S. If the EV changed to J-1 visa status while already in the U.S., enter the date of status change, control number and issuing post of that first J-1 visa. | | | | |
| Date (mmm-dd-yyyy) JUN-27-1999 | Port of Entry Miami | State of Entry FLORIDA | Issuing Post | |
| 18. Alien Registration Number, if any: A _____ | | 19. I-94 Number: _____ | | |
| 20. If you have ever applied for a J visa waiver recommendation or advisory opinion, please enter your most recent case number: _____ | | | | |
| 21. I certify that I have read and understood all the questions set forth in this application and the answers I have furnished are true and correct to the best of my knowledge and belief. I understand that any false or misleading statement may result in the refusal of a waiver recommendation. | | | | |
| Signature of Exchange Visitor: _____ | | Date (mmm-dd-yyyy) <u>OCT-24-2008</u> | | |

| DO NOT WRITE BELOW THIS SPACE - FOR OFFICE USE ONLY | | | |
|---|------------|-----------|-------|
| Case No: 874137 | Date Rec.: | Fee Paid: | G-28: |
| | | | |

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Supplementary Applicant Information Page (1 of 2)

Case Number: 074137
Request Type: No Objection

Applicant Information

Title: Mrs.
Surname (Last): Sample
Given Name (First/Middle): Maria
Maiden Name: Test
Gender: female
Date of Birth: 02/22/1980
City of Birth: test
Country of Birth: TAJIKISTAN
Citizenship Country: TAJIKISTAN
Country of Legal Permanent Residence: TAJIKISTAN
Alien Registration Number:
I-94 Departure Number:

Other Names (Aliases)

| | Given Name (First/Middle) | Surname (Last) |
|---------------|---------------------------|----------------|
| Other Name 1: | | |
| Other Name 2: | | |
| Other Name 3: | | |

Contact Information

| | Current | Mailing | Mailing Preference: |
|--------------|--------------------------|---------|---|
| Address 1: | 123 Main St | | <input type="checkbox"/> Mailing Address |
| Address 2: | | | <input checked="" type="checkbox"/> Current Address |
| Address 3: | | | <input type="checkbox"/> Attorney Address |
| City: | Springfield | | Most Recent City/State: Springfield, VIRGINIA |
| Province: | | | |
| State: | VIRGINIA | | |
| Country: | UNITED STATES OF AMERICA | | |
| Zip Code: | 22132 | | |
| Postal Code: | | | |

Phone Number(s)

| Location | Number | Extension | Type |
|----------|--------|-----------|----------|
| | | - | Home |
| | | - | Business |
| | | | Fax |

Email Information

Email Address:

Attorney Information

Law Firm or Organization Name: Attorney Inc.
Name of Attorney or Representative:
Address 1: 456789 Main St
Address 2:
Address 3:
City: Springfield
State: VIRGINIA
Zip Code: 22132
Phone: Extension:
Fax:
Email Address:

Important: Make sure to include this page with your DS-2025

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Supplementary Applicant Information Page (2 of 2)

Case Number: 874137
Name: Mrs. Maria Sample
Request Type: No Objection

Visa History

Entry Date of First J-1 Visa: 06/27/1999
Entry Port of First J-1 Visa: Miami
Entry State of First J-1 Visa: FLORIDA
Issuing Post of First J-1 Visa:

Program Information

| SEVIS ID | Program Number | Purpose | Begin Date | End Date | Subject Field Code | Funding Amount |
|------------|----------------|----------------|------------|------------|--------------------|----------------|
| m000000000 | F-1-12345 | Follow To Join | 12/20/2000 | 12/20/2001 | 12.3456 | \$12345.00 |

Dependent Information

| Given Name | Surname | Date of Birth | Country of Birth | Relationship | Status |
|------------|---------|---------------|------------------|--------------|--------|
|------------|---------|---------------|------------------|--------------|--------|

Spouse Case Number:

Explanation for any period of time in the U.S. not covered DS-2019 (formerly IAP-66).

Important: Make sure to include this page with your DS-3035

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STATEMENT OF REASON

RE: 874137, Sample, Maria, 02/22/1980, COB: TAJIKISTAN, COR: TAJIKISTAN

October 24, 2008

Because this is a test application

Important: Make sure to include this page with your DS-3035

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THIRD PARTY BARCODE PAGE

Case Number: 874137
Applicant Name: Maria Sample
Applicant DOB: 02/22/1980
Applicant COB: TAJIKISTAN
Waiver Basis: No Objection



20081024102736404

TO THE EXCHANGE VISITOR'S EMBASSY:

1) Please return this page (the Third Party Barcode Page) and the documents listed below to the Department of State at the address below.

U.S Department of State
CA/VO/L/W, Visa Services
2401 E Street, NW, (SA-1)
Washington, DC 20522-0106

2) The "no objection" statement requested by the exchange visitor must state that the visitor's government has no objection to the applicant

- a) not returning to the home country to satisfy the two-year foreign residence requirement and
- b) remaining in the U.S. if he or she chooses.

The "no objection" statement must be on Embassy letterhead and stationery. It must be sent directly from the Embassy in Washington, DC.

When the "no objection" statement originates from the exchange visitor's government in the home country, that government must forward it directly to the American Consul at the U.S. Embassy or Consulate, which in turn will transmit the statement to the Waiver Review Division, Visa Services.

Please print the waiver applicant's case file number on both the statement and on the LOWER RIGHT of the envelope. Not including this information could result in correspondence being misrouted and may delay the processing of the application.