



MECKLENBURG COUNTY

Department of Social Services Youth and Family Services Division

Mary E. Wilson
Director

Paul M. Risk
YFS Director

NOVEMBER 9, 2010

USCIS
Post Office Box 805887
Chicago, Illinois 60680-4120

Re: T A

Dear USCIS:

Enclosed please find an I-360 and I-485 application for the above-referenced juvenile who is currently in the custody of Mecklenburg County Department of Social Services, Youth and Family Services (here after referred to as YFS). Please also find enclosed an Affidavit requesting waiver of the applicable fees for the I-485 petition.

T A is a ward of the state in that she has no parent able or willing to provide for her care and she has a plan of long term foster care. A court of competent jurisdiction has determined it is not in her best interests to return to her country of origin, Mexico.

Mecklenburg County is currently dealing with a significant budget crisis, which is the basis for requesting waiver of the I-485 fees in addition to the child's dependency status. Thank you for your consideration of this request.

Also enclosed are 1) photos of the child; 2) a civil surgeon medical examination report; 3) a birth certificate, translation, and certificate of translation 4) a G-325A Biographic Information and 5) Form G-1145.

Again, thank you for your assistance with this matter.

Sincerely yours,

Kathleen Arundell Widelski
Senior Associate Attorney

cc: enclosures

PEOPLE • PRIDE • PROGRESS • PARTNERSHIPS

County Courts Office Building

720 East Fourth Street • Charlotte, North Carolina, 28202 • (704) 336-4740 • Fax (704)336-7429

www.MecklenburgCountyNC.gov/Departments/DSS/Home.htm



MECKLENBURG COUNTY

Department of Social Services
Youth and Family Services Division

Mary E. Wilson
Director

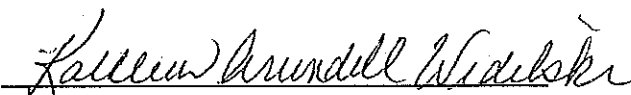
Paul M. Risk
YFS Director

AFFIDAVIT

I, Kathleen Arundell Widelski, do request permission to prosecute without payment of the fee for the I-485 application for adjustment to permanent resident for T A in that the applicant child is a foster child placed in the custody of the Mecklenburg County Department of Social Services, Youth and Family Services, by a court of competent jurisdiction, due to the dependency of the child and therefore, is deserving of the waiver of the fees involved in securing permanence for this child.

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

Executed on the 9th day of November, 2010.


Kathleen Arundell Widelski
Senior Associate Attorney
Mecklenburg County Department of
Social Services, Youth & Family Services

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START HERE - Type or print in black ink

Part 1. Information about person or organization filing this petition (Individuals should use the top name line; organizations should use the second line.) If you are a self-petitioning spouse or child and do not want USCIS to send notices about this petition to your home, you may show an alternate mailing address here. If you are filing for yourself and do not want to use an alternate mailing address, skip to Part 2.

| | | |
|---|---------------------------------|-----------------------|
| Family Name | Given Name | Middle Name |
| Company or Organization Name MECKLENBURG COUNTY DEPT. OF SOCIAL SVSC. | | |
| Address - C/O KATHLEEN WIDELSKI, SENIOR ASSOCIATE ATTORNEY | | |
| Street Number and Name | 720 E. FOURTH STREET, 5TH FLOOR | Apt. # |
| City | CHARLOTTE | State or Province NC |
| Country | USA | Zip/Postal Code 28202 |
| U.S. Social Security # | A# | IRS Tax # (if any) |

Part 2. Classification Requested (check one):

- a. ☐ Amerasian
b. ☐ Widow(er) of a U.S. citizen who died within the past two (2) years
c. ☒ Special Immigrant Juvenile
d. ☐ Special Immigrant Religious Worker
e. ☐ Special Immigrant based on employment with the Panama Canal Company, Canal Zone Government or U.S. Government in the Canal Zone
f. ☐ Special Immigrant Physician
g. ☐ Special Immigrant International Organization Employee or family member
h. ☐ Special Immigrant Armed Forces Member
i. ☐ Self-Petitioning Spouse of Abusive U.S. Citizen or Lawful Permanent Resident
j. ☐ Self-Petitioning Child of Abusive U.S. Citizen or Lawful Permanent Resident
k. ☐ Special Immigrant Afghanistan or Iraq National who worked with the U.S. Armed Forces as a translator
l. ☐ Special Immigrant Iraq National who was employed by or on behalf of the United States Government
m. ☐ Other, explain: _____

Part 3. Information about the person this petition is for

| | | |
|---------------------------------|---------------------------------|-----------------------|
| Family Name | Given Name | Middle Name |
| G | P | L |
| Address - C/O KATHLEEN WIDELSKI | | |
| Street Number and Name | 720 E. FOURTH STREET, 5TH FLOOR | Apt. # |
| City | CHARLOTTE | State or Province NC |
| Country | USA | Zip/Postal Code 28202 |

For USCIS Use Only

| | |
|---|---------|
| Returned | Receipt |
| Resubmitted | |
| Reloc Sent | |
| Reloc Rec'd | |
| <input type="checkbox"/> Petitioner/ Applicant <input type="checkbox"/> Interviewed Beneficiary Interviewed | |
| <input type="checkbox"/> I-485 Filed Concurrently <input type="checkbox"/> Bene "A" File Reviewed | |
| Classification | |
| Consulate | |
| Priority Date | |
| Remarks: | |
| Action Block | |
| To Be Completed by | |
| <input type="checkbox"/> Attorney or Representative, if any Fill in box if G-28 is attached to represent the applicant | |
| VOLAG# | |
| ATTY State License # | |



Part 3. Information about the person this petition is for (continued)

| | | | |
|--|----------------------------|-------------------------------|---------------------|
| Date of Birth (mm/dd/yyyy) 07/27/1997 | Country of Birth MEXICO | U.S. Social Security # N/A | A # (if any) N/A |
| Marital Status: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | | | |

Complete the items below if this person is in the United States:

| | |
|---|--------------------------------|
| Date of Arrival (mm/dd/yyyy) UNKNOWN | I-94# N/A |
| Current Nonimmigrant Status N/A | Expires on (mm/dd/yyyy) N/A |

Part 4. Processing Information

Below give information on U.S. consulate you want notified if this petition is approved and if any requested adjustment of status cannot be granted.

| | |
|--------------------------|---------|
| American Consulate: City | Country |
|--------------------------|---------|

If you gave a United States address in Part 3, print the person's foreign address below. If his or her native alphabet does not use Roman letters, print his or her name and foreign address in the native alphabet.

| | |
|------|---------|
| Name | Address |
|------|---------|

Gender of the person this petition is for ☒ Male ☐ Female
Are you filing any other petitions or applications with this one? ☐ No ☒ Yes (How many? ONE)
Is the person this petition is for in deportation or removal proceedings? ☒ No ☐ Yes (Explain on a separate sheet of paper)
Has the person this petition is for ever worked in the U.S. without permission? ☒ No ☐ Yes (Explain on a separate sheet of paper)
Is an application for adjustment of status attached to this petition? ☐ No ☒ Yes (attach a full explanation)

Part 5. Complete Only if Filing for an Amerasian**Section A. Information about the mother of the Amerasian**

| | | |
|---|------------|-------------|
| Family Name | Given Name | Middle Name |
| Living? <input type="checkbox"/> No (Give date of death _____) <input type="checkbox"/> Yes (complete address line below) <input type="checkbox"/> Unknown | | |
| Address | | |

Section B. Information about the father of the Amerasian: If possible, attach a notarized statement from the father regarding parentage. Explain on separate paper any question you cannot fully answer in the space provided on this form. (attach a full explanation)

| | | |
|---|------------------|-------------|
| Family Name | Given Name | Middle Name |
| Date of Birth (mm/dd/yyyy) | Country of Birth | |
| Living? <input type="checkbox"/> No (Give date of death _____) <input type="checkbox"/> Yes (complete address line below) <input type="checkbox"/> Unknown | | |
| Home Address | | |
| Home Phone # () | Work Phone # () | |



Part 5. Complete Only if Filing for an Amerasian (continued)

At the time the Amerasian was conceived:

The father was in the military (indicate branch of service below and give service number here): _____

☐ Army ☐ Air Force ☐ Navy ☐ Marine Corps ☐ Coast Guard

☐ The father was a civilian employed abroad. Attach a list of names and addresses of organizations which employed him at that time.

☐ The father was not in the military, and was not a civilian employed abroad. (Attach a full explanation of the circumstances.)

Part 6. Complete Only if Filing for a Special Immigrant Juvenile Court Dependent

Section A. Information about the Juvenile

List any other names used. N/A

Answer the following questions regarding the person this petition is for. If you answer "No," explain on a separate sheet of paper.

Is he or she still dependent upon the juvenile court or still legally committed to or under the custody of an agency

or department of a state?

☐ No ☒ Yes

Does he or she continue to be eligible for long-term foster care?

☐ No ☒ Yes

Part 7. Complete Only if Filing as a Widow/Widower, a Self-petitioning Spouse of an Abuser, or as a Self-petitioning Child of an Abuser

Section A. Information about the U.S. citizen husband or wife who died or about the U.S. citizen or lawful permanent resident abuser

| | | | |
|-------------------------------|------------------|-------------------------------|-------------|
| Family Name | | Given Name | Middle Name |
| Date of Birth (mm/dd/yyyy) | Country of Birth | Date of Death (mm/dd/yyyy) | |

He or she is now, or was at time of death a (check one):

☐ U.S. citizen born in the United States.

☐ U.S. citizen born abroad to U.S. citizen parents.

☐ U.S. citizen through naturalization (Show A #) _____

☐ U.S. lawful permanent resident (Show A #) _____

☐ Other, explain _____

Section B. Additional Information about you

| | | |
|---------------------------------------|---|---|
| How many times have you been married? | How many times was the person in Section A married? | Give the date and place where you and the person in Section A were married. (If you are a self-petitioning child, write: "N/A") |
|---------------------------------------|---|---|

When did you live with the person named in Section A? From (Month/Year) _____ until (Month/Year) _____

If you are filing as a widow/widower, were you legally separated at the time of the U.S. citizen's death? ☐ No ☐ Yes, (attach explanation).

Give the last address at which you lived together with the person named in Section A, and show the last date that you lived together with that person at that address:

If you are filing as a self-petitioning spouse, have any of your children filed separate self-petitions? ☐ No ☐ Yes (show child(ren)'s full names):



Part 9. Information about the spouse and children of the person this petition is for

A widow/widower or a self-petitioning spouse of an abusive citizen or lawful permanent resident should also list the children of the deceased spouse or of the abuser.

| | | | |
|------------------|---|-------------|-------------------------------|
| A. Family Name | Given Name | Middle Name | Date of Birth (mm/dd/yyyy) |
| Country of Birth | Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child | | A # |
| B. Family Name | Given Name | Middle Name | Date of Birth (mm/dd/yyyy) |
| Country of Birth | Relationship <input type="checkbox"/> Child | | A # |
| C. Family Name | Given Name | Middle Name | Date of Birth (mm/dd/yyyy) |
| Country of Birth | Relationship <input type="checkbox"/> Child | | A # |
| D. Family Name | Given Name | Middle Name | Date of Birth (mm/dd/yyyy) |
| Country of Birth | Relationship <input type="checkbox"/> Child | | A # |
| E. Family Name | Given Name | Middle Name | Date of Birth (mm/dd/yyyy) |
| Country of Birth | Relationship <input type="checkbox"/> Child | | A # |
| F. Family Name | Given Name | Middle Name | Date of Birth (mm/dd/yyyy) |
| Country of Birth | Relationship <input type="checkbox"/> Child | | A # |
| G. Family Name | Given Name | Middle Name | Date of Birth (mm/dd/yyyy) |
| Country of Birth | Relationship <input type="checkbox"/> Child | | A # |
| H. Family Name | Given Name | Middle Name | Date of Birth (mm/dd/yyyy) |
| Country of Birth | Relationship <input type="checkbox"/> Child | | A # |

Part 10. Signature

Read the information on penalties in the instructions before completing this part. If you are going to file this petition at a USCIS office in the United States, sign below. If you are going to file it at a U.S. consulate or USCIS office overseas, sign in front of a USCIS or consular official.

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 petition and the evidence submitted with it is all true and correct. If filing this on behalf of an organization, I certify that I am empowered to do so by that organization. I authorize the release of any information from my records, or from the petitioning organization's records, that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought.

| | | |
|--|-----------------|---|
| Signature <i>Kathleen Wideliski</i> | Date 8/19/09 | E-mail Address Kathy.Wideliski@mecklenburgcountync.gov |
| Signature of USCIS or Consular Official | Print Name | Date |

NOTE: If you do not completely fill out this petition or fail to submit required documents listed in the instructions, the person(s) filed for may not be found eligible for a requested benefit and the petition may be denied.



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

Form I-485, Application to Register Permanent Residence or Adjust Status

START HERE - Type or Print (Use black ink)

Part 1. Information About You

| | | |
|------------------------------------|---------------------------------|--------------|
| Family Name (Last Name) | Given Name (First Name) | Middle Name |
| A. | TI | N/A |
| Address - Street Number and Name | | Apt. # |
| 720 EAST FOURTH STREET, 5TH FLOOR | | |
| C/O (in care of) | | |
| KATHLEEN ARUNDELL WIDELSKI | | |
| City | State | Zip Code |
| CHARLOTTE | NC | 28202 |
| Date of Birth (mm/dd/yyyy) | Country of Birth | |
| 06/26/1995 | MEXICO | |
| Country of Citizenship/Nationality | U.S. Social Security # (if any) | A # (if any) |
| MEXICO | 000-00-0000 | 000-000-000 |
| Date of Last Arrival (mm/dd/yyyy) | I-94 # | |
| 07/01/2006 | 000000000 00 | |
| Current USCIS Status | Expires on (mm/dd/yyyy) | |
| UNDOCUMENTED | UNDOCUMENTED | |

Part 2. Application Type (Check one)

I am applying for an adjustment to permanent resident status because:

- a. ☒ An immigrant petition giving me an immediately available immigrant visa number that has been approved. (Attach a copy of the approval notice, or a relative, special immigrant juvenile, or special immigrant military visa petition filed with this application that will give you an immediately available visa number, if approved.)
- b. ☐ My spouse or parent applied for adjustment of status or was granted lawful permanent residence in an immigrant visa category that allows derivative status for spouses and children.
- c. ☐ I entered as a K-1 fiancé(e) of a U.S. citizen whom I married within 90 days of entry, or I am the K-2 child of such a fiancé(e). (Attach a copy of the fiancé(e) petition approval notice and the marriage certificate.)
- d. ☐ I was granted asylum or derivative asylum status as the spouse or child of a person granted asylum and am eligible for adjustment.
- e. ☐ I am a native or citizen of Cuba admitted or paroled into the United States after January 1, 1959, and thereafter have been physically present in the United States for at least 1 year.
- f. ☐ I am the husband, wife, or minor unmarried child of a Cuban described above in (e), and I am residing with that person, and was admitted or paroled into the United States after January 1, 1959, and thereafter have been physically present in the United States for at least 1 year.
- g. ☐ I have continuously resided in the United States since before January 1, 1972.
- h. ☐ Other basis of eligibility. Explain (for example, I was admitted as a refugee, my status has not been terminated, and I have been physically present in the United States for 1 year after admission). If additional space is needed, see Page 2 of the instructions.

I am already a permanent resident and am applying to have the date I was granted permanent residence adjusted to the date I originally arrived in the United States as a nonimmigrant or parolee, or as of May 2, 1964, whichever date is later, and: (Check one)

- i. ☐ I am a native or citizen of Cuba and meet the description in (e) above.
- j. ☐ I am the husband, wife, or minor unmarried child of a Cuban and meet the description in (f) above.

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| | |
|---|---------|
| Returned | Receipt |
| Resubmitted | |
| Reloc Sent | |
| Reloc Rec'd | |
| Applicant Interviewed | |
| Section of Law <input type="checkbox"/> Sec. 209(a), INA <input type="checkbox"/> Sec. 209(b), INA <input type="checkbox"/> Sec. 13, Act of 9/11/57 <input type="checkbox"/> Sec. 245, INA <input type="checkbox"/> Sec. 249, INA <input type="checkbox"/> Sec. 1 Act of 11/2/66 <input type="checkbox"/> Sec. 2 Act of 11/2/66 <input type="checkbox"/> Other _____ | |
| Country Chargeable | |
| Eligibility Under Sec. 245 <input type="checkbox"/> Approved Visa Petition <input type="checkbox"/> Dependent of Principal Alien <input type="checkbox"/> Special Immigrant <input type="checkbox"/> Other _____ | |
| Preference | |
| Action Block | |
| To be Completed by Attorney or Representative, if any <input type="checkbox"/> Fill in box if Form G-28 is attached to represent the applicant. | |
| VOLAG # | |
| ATTY State License # | |



Part 3. Processing Information

A. City/Town/Village of Birth

ACAPULCO, GERRERO

Current Occupation

STUDENT

Your Mother's First Name

M

Your Father's First Name

D

Give your name exactly as it appears on your Form I-94, Arrival-Departure Record

Place of Last Entry Into the United States (City/State)

UNKNOWN

In what status did you last enter? (Visitor, student, exchange visitor, crewman, temporary worker, without inspection, etc.)

WITHOUT INSPECTION

Were you inspected by a U.S. Immigration Officer? Yes ☐ No ☒

Nonimmigrant Visa Number

Consulate Where Visa Was Issued

Date Visa Issued (mm/dd/yyyy)

Gender

☐ Male ☐ Female

Marital Status

☐ Married ☒ Single ☐ Divorced ☐ Widowed

Have you ever applied for permanent resident status in the U.S.? ☐ Yes (If "Yes" give date and place of filing and final disposition.) ☐ No

B. List your present spouse and all of your children (include adult sons and daughters). (If you have none, write "None." If additional space is needed, see Page 2 of the instructions.)

| Family Name (Last Name) | Given Name (First Name) | Middle Initial | Date of Birth (mm/dd/yyyy) |
|-------------------------|-------------------------|----------------|--|
| N/A | | | |
| Country of Birth | Relationship | A # (if any) | Applying with you? |
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Family Name (Last Name) | Given Name (First Name) | Middle Initial | Date of Birth (mm/dd/yyyy) |
| | | | |
| Country of Birth | Relationship | A # (if any) | Applying with you? |
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Family Name (Last Name) | Given Name (First Name) | Middle Initial | Date of Birth (mm/dd/yyyy) |
| | | | |
| Country of Birth | Relationship | A # (if any) | Applying with you? |
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Family Name (Last Name) | Given Name (First Name) | Middle Initial | Date of Birth (mm/dd/yyyy) |
| | | | |
| Country of Birth | Relationship | A # (if any) | Applying with you? |
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Family Name (Last Name) | Given Name (First Name) | Middle Initial | Date of Birth (mm/dd/yyyy) |
| | | | |
| Country of Birth | Relationship | A # (if any) | Applying with you? |
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |



Part 3. Processing Information (Continued)

C. 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 other places since your 16th birthday. Include any military service in this part. If none, write "None." Include the name of each organization, location, nature, and dates of membership. If additional space is needed, attach a separate sheet of paper. Continuation pages must be submitted according to the guidelines provided on Page 2 of the instructions under "What Are the General Filing Instructions?"

| Name of Organization | Location and Nature | Date of Membership From | Date of Membership To |
|----------------------|---------------------|----------------------------|--------------------------|
| N/A | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Answer the following questions. (If your answer is "Yes" to any question, explain on a separate piece of paper. Continuation pages must be submitted according to the guidelines provided on Page 2 of the instructions under "What Are the General Filing Instructions?" Information about documentation that must be included with your application is also provided in this section.) Answering "Yes" does not necessarily mean that you are not entitled to adjust status or register for permanent residence.

1. Have you EVER, in or outside the United States:

- a. Knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested? Yes ☐ No ☒
- b. Been arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations? Yes ☐ No ☒
- c. Been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency, or similar action? Yes ☐ No ☒
- d. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? Yes ☐ No ☒

2. Have you received public assistance in the United States from any source, including the U.S. Government or any State, county, city, or municipality (other than emergency medical treatment), or are you likely to receive public assistance in the future?

Yes ☒ No ☐

3. Have you EVER:

- a. Within the past 10 years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future? Yes ☐ No ☒
- b. Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? Yes ☐ No ☒
- c. Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally? Yes ☐ No ☒
- d. Illicitly trafficked in any controlled substance, or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance? Yes ☐ No ☒

4. Have you EVER engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or funds for, or have you through any means ever assisted or provided any type of material support to any person or organization that has ever engaged or conspired to engage in sabotage, kidnapping, political assassination, hijacking, or any other form of terrorist activity?

Yes ☐ No ☒



Part 3. Processing Information *(Continued)*

5. Do you intend to engage in the United States in:
- a. Espionage? Yes ☐ No ☒
 - b. Any activity a purpose of which is opposition to, or the control or overthrow of, the Government of the United States, by force, violence, or other unlawful means? Yes ☐ No ☒
 - c. Any activity to violate or evade any law prohibiting the export from the United States of goods, technology, or sensitive information? Yes ☐ No ☒
6. Have you EVER been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party? Yes ☐ No ☒
7. Did you, during the period from March 23, 1933, to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist, or otherwise participate in the persecution of any person because of race, religion, national origin, or political opinion? Yes ☐ No ☒
8. Have you EVER been deported from the United States, or removed from the United States at government expense, excluded within the past year, or are you now in exclusion, deportation, removal, or rescission proceedings? Yes ☐ No ☒
9. Are you under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act for use of fraudulent documents or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the United States, or any immigration benefit? Yes ☐ No ☒
10. Have you EVER left the United States to avoid being drafted into the U.S. Armed Forces? Yes ☐ No ☒
11. Have you EVER been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and have not yet complied with that requirement or obtained a waiver? Yes ☐ No ☒
12. Are you now withholding custody of a U.S. citizen child outside the United States from a person granted custody of the child? Yes ☐ No ☒
13. Do you plan to practice polygamy in the United States? Yes ☐ No ☒
14. Have you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:
- a. Acts involving torture or genocide? Yes ☐ No ☒
 - b. Killing any person? Yes ☐ No ☒
 - c. Intentionally and severely injuring any person? Yes ☐ No ☒
 - d. Engaging in any kind of sexual contact or relations with any person who was being forced or threatened? Yes ☐ No ☒
 - e. Limiting or denying any person's ability to exercise religious beliefs? Yes ☐ No ☒
15. Have you EVER:
- a. Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization? Yes ☐ No ☒
 - b. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? Yes ☐ No ☒
16. Have you EVER been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? Yes ☐ No ☒



Part 3. Processing Information *(Continued)*

17. Have you **EVER** assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person? Yes ☐ No ☒

18. Have you **EVER** received any type of military, paramilitary, or weapons training? Yes ☐ No ☒

Part 4. Accommodations for Individuals With Disabilities and/or Impairments *(See Page 10 of the instructions before completing this section.)*

Are you requesting an accommodation because of your disability(ies) and/or impairment(s)? Yes ☐ No ☒

If you answered "Yes," check any applicable box:

- ☐ a. I am deaf or hard of hearing and request the following accommodation(s) (if requesting a sign-language interpreter, indicate which language (e.g., American Sign Language)):

- ☐ b. I am blind or sight-impaired and request the following accommodation(s):

- ☐ c. I have another type of disability and/or impairment (describe the nature of your disability(ies) and/or impairment(s) and accommodation(s) you are requesting):

Part 5. Signature *(Read the information on penalties on Page 10 of the instructions before completing this section. You must file this application while in the United States.)*

Your Registration With U.S. Citizenship and Immigration Services

"I understand and acknowledge that, under section 262 of the Immigration and Nationality Act (INA), as an alien who has been or will be in the United States for more than 30 days, I am required to register with U.S. Citizenship and Immigration Services (USCIS). I understand and acknowledge that, under section 265 of the INA, I am required to provide USCIS with my current address and written notice of any change of address within 10 days of the change. I understand and acknowledge that USCIS will use the most recent address that I provide to USCIS, on any form containing these acknowledgements, for all purposes, including the service of a Notice to Appear should it be necessary for USCIS to initiate removal proceedings against me. I understand and acknowledge that if I change my address without providing written notice to USCIS, I will be held responsible for any communications sent to me at the most recent address that I provided to USCIS. I further understand and acknowledge that, if removal proceedings are initiated against me and I fail to attend any hearing, including an initial hearing based on service of the Notice to Appear at the most recent address that I provided to USCIS or as otherwise provided by law, I may be ordered removed in my absence, arrested, and removed from the United States."

Selective Service Registration

The following applies to you if you are a male at least 18 years of age, but not yet 26 years of age, who is required to register with the Selective Service System: "I understand that my filing Form I-485 with U.S. Citizenship and Immigration Services (USCIS) authorizes USCIS to provide certain registration information to the Selective Service System in accordance with the Military Selective Service Act. Upon USCIS acceptance of my application, I authorize USCIS to transmit to the Selective Service System my name, current address, Social Security Number, date of birth, and the date I filed the application for the purpose of recording my Selective Service registration as of the filing date. If, however, USCIS does not accept my application, I further understand that, if so required, I am responsible for registering with the Selective Service by other means, provided I have not yet reached 26 years of age."



Part 5. Signature (Continued)

Applicant's Statement (Check one)

- ☐ I can read and understand English, and I have read and understand each and every question and instruction on this form, as well as my answer to each question.
- ☒ Each and every question and instruction on this form, as well as my answer to each question, has been read to me in the ENGLISH/SPANISH language, a language in which I am fluent, by the person named in **Interpreter's Statement and Signature**. I understand each and every question and instruction on this form, as well as my answer to each question.

I certify, under penalty of perjury under the laws of the United States of America, that the information provided with this application is all true and correct. I certify also that I have not withheld any information that would affect the outcome of this application.

I authorize the release of any information from my records that U.S. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit I am seeking.

| Signature (Applicant) | Print Your Full Name | Date (mm/dd/yyyy) | Daytime Phone Number (include area code) |
|-----------------------|-----------------------------------|----------------------|---|
| <input type="text"/> | <input type="text" value="Ti A"/> | <input type="text"/> | <input type="text" value="704-535-8130"/> |

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 the requested benefit, and this application may be denied.

Interpreter's Statement and Signature

I certify that I am fluent in English and the below-mentioned language.

Language Used (language in which applicant is fluent)

I further certify that I have read each and every question and instruction on this form, as well as the answer to each question, to this applicant in the above-mentioned language, and the applicant has understood each and every instruction and question on the form, as well as the answer to each question.

| Signature (Interpreter) | Print Your Full Name | Date (mm/dd/yyyy) | Phone Number (include area code) |
|-------------------------|----------------------|----------------------|-------------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Part 6. Signature of Person Preparing Form, If Other Than Above

I declare that I prepared this application at the request of the above applicant, and it is based on all information of which I have knowledge.

| Signature | Print Your Full Name | Date (mm/dd/yyyy) | Phone Number (include area code) |
|----------------------|---|--|---|
| <input type="text"/> | <input type="text" value="KATHLEEN ARUNDELL WIDELSKI"/> | <input type="text" value="11/09/201"/> | <input type="text" value="(704) 432-1012"/> |

Firm Name and Address

MECKLENBURG COUNTY DEPT. OF SOCIAL SERVICES; YOUTH
& FAMILY SERVICES
720 EAST FOURTH STREET, 5TH FLOOR
CHARLOTTE, NC 28202

E-Mail Address (if any)



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

G-325A, Biographic Information

| | | | | | | |
|---|--------------------|--------------------|--|---|---|------------------------------------|
| (Family Name) GA | (First Name) P. | (Middle Name) I | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | Birth Date (mm/dd/yyyy) 07/27/1997 | Citizenship/Nationality MEXICAN | File Number A N/A |
| All Other Names Used (Including names by previous marriages) N/A | | | City and Country of Birth CALVILLO AQUASCALIENTE MEXICO | | U.S. Social Security # (If any) N/A | |
| Father L Mother (Maiden Name) G/ | | First Name I/ | Date, City and Country of Birth (If known) UNK CALVILLO AQUA...MEXICO | | City and Country of Residence MEXICO | |
| Husband or Wife (If none, so state.) | | First Name M/ | Birth Date (mm/dd/yyyy) 08/06/1979 | City and Country of Birth CALVILLO AQUA...MEXICO | Date of Marriage | Place of Marriage CHARLOTTE, NC |
| Former Husbands or Wives (If none, so state.) Family Name (For wife, give maiden name) | | First Name | Birth Date (mm/dd/yyyy) | Date and Place of Marriage | Date and Place of Termination of Marriage | |
| | | | | | | |
| | | | | | | |
| Applicant's residence last five years. List present address first. | | | | | | |
| Street and Number | City | Province or State | Country | From Month | Year | To Month Year |
| 11058 TREEBRANCH DRIVE | CHARLOTTE | NC | USA | 05 | 2009 | Present Time |
| 115 LAKESHORE DRIVE | MOORESVILLE | NC | USA | 06 | 2007 | 04 2009 |
| 620 ANN ELIZABETH DRIVE | CHARLOTTE | NC | USA | 04 | 2007 | 05 2007 |
| 6815 BARRINGTON DRIVE | CHARLOTTE | NC | USA | | | 04 2007 |
| Applicant's last address outside the United States of more than one year. | | | | | | |
| Street and Number | City | Province or State | Country | From Month | Year | To Month Year |
| UNKNOWN | | | | | | |
| Applicant's employment last five years. (If none, so state.) List present employment first. | | | | | | |
| Full Name and Address of Employer | | | Occupation (Specify) | From Month | Year | To Month Year |
| N/A | | | | | | Present Time |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Show below last occupation abroad if not shown above. (Include all information requested above.) | | | | | | |
| | | | | | | |
| This form is submitted in connection with an application for: <input type="checkbox"/> Naturalization <input checked="" type="checkbox"/> Other (Specify): SIJS <input type="checkbox"/> Status as Permanent Resident | | | Signature of Applicant | | Date | |
| Submit all copies of this form. | | | If your native alphabet is in other than Roman letters, write your name in your native alphabet below: | | | |

Penalties: Severe penalties are provided by law for knowingly and willfully falsifying or concealing a material fact.

Applicant: Be sure to put your name and Alien Registration Number in the box outlined by heavy border below.

| | | | |
|--------------------------------------|-------------------|--------------------|-------------------------------------|
| Complete This Box (Family Name) G | (Given Name) P | (Middle Name) L | (Alien Registration Number) NONE |
|--------------------------------------|-------------------|--------------------|-------------------------------------|



ESTADOS UNIDOS MEXICANOS
REGISTRO CIVIL
ESTADO DE AGUASCALIENTES

CALVILLO

C R I P

NUM. DE CONTROL

0714

ACTA DE NACIMIENTO

CURP
PREIMPRESA

CLAVE UNICA DEL REGISTRO DE POBLACION

010030197007146

| | | | | |
|---------------------------------|-------------|--------------|-----------------------------------|-------------------|
| OFICIALIA No. 01 | LIBRO No. 5 | ACTA No. 794 | LOCALIDAD CALVILLO | FECHA DE REGISTRO |
| | | | | DIA MES AÑO |
| MUNICIPIO O DELEGACION CALVILLO | | | ENTIDAD FEDERATIVA AGUASCALIENTES | 28 08 97 |

DATOS DEL REGISTRADO

SEXO: MASCULINO ☒ FEMENINO ☐

NOMBRE(S)

27 DE JULIO DE 1997

PRIMER APELLIDO

July 27, 1997

SEGUNDO APELLIDO

05:35

FECHA DE NACIMIENTO

HORA DE NACIMIENTO

LUGAR DE NACIMIENTO

CALVILLO

MUNICIPIO O DELEGACION

AGUASCALIENTES MEXICO

LOCALIDAD

ENTIDAD

065308

FUE REGISTRADO:

VIVO ☒MUERTO ☐

NUMERO DE CERTIFICADO DE NACIMIENTO

COMPARECIO

EL PADRE (1)

LA MADRE (2)

AMBOS (3)

REGISTRADO (4)

PERSONA DISTINTA (5)

PADRES

NOMBRE DEL PADRE

I L L L

EDAD 30 AÑOS

DOMICILIO HABITUAL

SAUZ S/N

CLAVE

COLUMOS

MUNICIPIO O DELEGACION

AGUASCALIENTES

MEXICO

LOCALIDAD

MUNICIPIO O DELEGACION

ENTIDAD

PAIS

FECHA DE NACIMIENTO

16 DE ABRIL DE 1967

MEXICANA

CERTIFICADA SI (1) NO (2)

X

NOMBRE DE LA MADRE

MA E SI

OSARI

NACIONALIDAD

EDAD 18 AÑOS

DOMICILIO HABITUAL

SAUZ S/N

CLAVE

COLUMOS

MUNICIPIO O DELEGACION

AGUASCALIENTES

MEXICO

LOCALIDAD

MUNICIPIO O DELEGACION

ENTIDAD

PAIS

FECHA DE NACIMIENTO

06 DE AGOSTO DE 1979

MEXICANA

CERTIFICADA SI (1) NO (2)

X

DIA MES AÑO

NACIONALIDAD

ABUELOS

ABUELO PATERNO

J. JI S LI A VI

MEXICANA

ABUELA PATERNA

MA. I S L JI VI

MEXICANA

DOMICILIO(S)

COLUMOS, CALVILLO, AGUASCALIENTES.

ABUELO MATERNO

PL I SI S M

MEXICANA

ABUELA MATERNA

MA A R I SI

MEXICANA

DOMICILIO(S)

DECISARIO DOMINGUEZ #112, COL. MARCOS, CALVILLO, AGUASCALIENTES.

TESTIGOS

DOMICILIO

CAROLINA BALLEZOS RUIZ

MEXICANA

EDAD 19 AÑOS

GUILLERMO PRIETO #210, COL. LIBERAL, CALVILLO, AGU.

RAFAEL VALLEJO GARCIA

MEXICANA

EDAD 41 AÑOS

JALISCO DE ADEDO, CALVILLO, AGUASCALIENTES.

PERSONA DISTINTA DE LOS PADRES QUE PRESENTA AL REGISTRADO

NOMBRE(S)

EDAD 44 AÑOS

DOMICILIO

CLAVE

NACIONALIDAD

PARENTESCO

FIRMA DE LOS PADRES O DE LA PERSONA DISTINTA QUE PRESENTA AL REGISTRADO

FIRMA DE LOS TESTIGOS

[Seal: UNITED MEXICAN
STATES]

UNITED MEXICAN STATES
CIVIL REGISTRY
STATE OF AGUASCALIENTES

CONTROL NUMBER

BIRTH CERTIFICATE

CODE

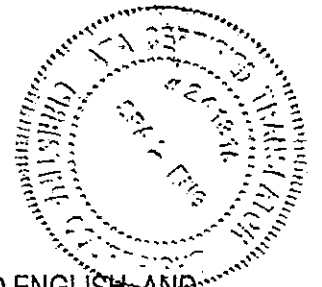
PREPRINTED

POPULATION REGISTRATION CODE
010930196004941

| | | | | |
|--------------------------------------|---------------|-------------------|----------------------------------|---|
| BUREAU No. 01 | BOOK No. 4 | RECORD No. 794 | TOWN CALVILLO | RECORD DATE DAY MONTH YEAR 14 05 96 |
| MUNICIPALITY OR DISTRICT CALVILLO | | | FEDERAL ENTITY AGUASCALIENTES | |

| | | |
|---|--|--|
| PERSONAL INFORMATION | | SEX: MALE 1 FF FEMALE 2 |
| FIRST AND MIDDLE NAMES L | FIRST SURNAME L | SECOND SURNAME G/ |
| DATE OF BIRTH MAY 11, 1996 DAY MONTH YEAR | TIME OF BIRTH 13:40 HOURS MINUTES | |
| PLACE OF BIRTH CALVILLO TOWN | CALVILLO MUNICIPALITY OR DISTRICT | AGUASCALIENTES ENTITY |
| BIRTH RECORDED: LIVE (1) <input checked="" type="checkbox"/> DEAD (2) <input type="checkbox"/> | | BIRTH CERTIFICATE NUMBER 037345 |
| PERSONS APPEARING FATHER (1) MOTHER (2) <input checked="" type="checkbox"/> BOTH (3) PERSON REGISTERED (4) OTHER PERSON (5) | | |
| PARENTS | | |
| FATHER'S NAME H L A L | AGE 29 | YRS |
| CURRENT ADDRESS COLOMOS NAME OF STREET AND EXTERIOR OR INTERIOR UNIT NUMBER | | |
| COLOMOS TOWN | CALVILLO MUNICIPALITY OR DISTRICT | AGUASCALIENTES ENTITY |
| DATE OF BIRTH APRIL 16, 1967 DAY MONTH YEAR | MEXICAN NATIONALITY | CERTIFIED YES (1) NO (2) <input checked="" type="checkbox"/> |
| MOTHER'S NAME M B/ G/ R/ | AGE 16 | YRS |
| CURRENT ADDRESS COLOMOS NAME OF STREET AND EXTERIOR OR INTERIOR UNIT NUMBER | | |
| COLOMOS TOWN | CALVILLO MUNICIPALITY OR DISTRICT | AGUASCALIENTES ENTITY |
| DATE OF BIRTH AUGUST 06, 1979 DAY MONTH YEAR | MEXICAN NATIONALITY | CERTIFIED YES (1) NO (2) <input checked="" type="checkbox"/> |
| GRANDPARENTS | | |
| FIRST AND MIDDLE NAMES | | NATIONALITY |
| PATERNAL GRANDFATHER J. JESUS L. AVE | MEXICAN | |
| PATERNAL GRANDMOTHER MA. INES LANDEROS VELASCO | MEXICAN | |
| ADDRESS(ES) COLOMOS, CALVILLO AGUASCALIENTES | | |
| MATERNAL GRANDFATHER PEDRO G. S/ | MEXICAN | |
| MATERNAL GRANDMOTHER M/ R. S/ | MEXICAN | |
| ADDRESS(ES) BELISARIO DOMINGUEZ #112 COL. MORELOS, CALVILLO AGUASCALIENTES | | |
| WITNESSES | | |
| PI G/ OS R/ | MEXICAN NATIONALITY | AGE 46 YRS |
| ADDRESS BELISARIO DOMINGUEZ #112 COL. MORELOS, CALVILLO AGUASCALIENTES | | |
| M R/ S/ | MEXICAN NATIONALITY | AGE 36 YRS |
| ADDRESS BELISARIO DOMINGUEZ #112 COL. MORELOS, CALVILLO AGUASCALIENTES | | |
| PERSON OTHER THAN PARENTS WHO PRESENTS REGISTERED PERSON | | |
| NAME(S) | CODE | NATIONALITY AGE YRS |
| ADDRESS | RELATIONSHIP | |
| SIGNATURE OF PARENTS OR OTHER PERSON WHO PRESENTS REGISTERED PERSON Martha Berenice Gallegos Ruiz | | |
| SIGNATURE OF WITNESSES Pedro Gallegos R. Martha Ruiz S. | | |
| FINGERPRINT RIGHT THUMB | THIS OFFICIAL RECORD WAS READ, AND THOSE WHO WERE INVOLVED IN ITS CREATION EXPRESS THEIR AGREEMENT WITH IT AND HEREBY RATIFY IT, AND THOSE WHO WERE ABLE TO SIGN DID SO, AND THOSE WHO CANNOT SIGN DID PLACE THEIR THUMBPRINT. I ATTEST. | |
| SEAL OF THE BUREAU OF THE CIVIL REGISTRY (Illegible Seal) | | |

CERTIFICATE OF TRANSLATION



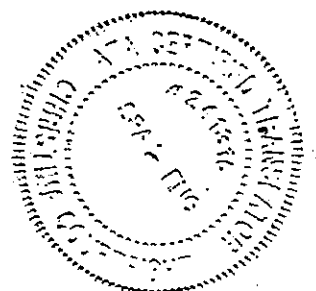
I, CHRISTINA COURTRIGHT, AM COMPETENT TO TRANSLATE FROM SPANISH TO ENGLISH, AND

CERTIFY THAT THE TRANSLATIONS OF THE BIRTH CERTIFICATES OF P JOSE AG

AND LLC G S ARE TRUE AND ACCURATE TO THE BEST OF MY ABILITIES.

CE Courtright

CHRISTINA COURTRIGHT
CERTIFIED FOR SPANISH-TO-ENGLISH TRANSLATION
BY THE AMERICAN TRANSLATORS ASSOCIATION (ATA)



NORTH CAROLINA IN THE GENERAL COURT OF JUSTICE
MECKLENBURG COUNTY DISTRICT COURT DIVISION

FILE NO.

IN THE MATTER OF: ORDER REGARDING MINOR'S

ELIGIBILITY FOR SPECIAL

IMMIGRANT JUVENILE STATUS

This matter came on before the undersigned Judge and the Court reviewed the supporting material in the file, and prior Orders of this Court and finds the following:

1. was declared dependent on the Mecklenburg County Juvenile Court on . remains under this Court's jurisdiction.
2. Reunification with parents is not viable due to abuse, neglect, dependency or abandonment.
3. It is not in the best interest of to be returned to , his/her previous country of nationality or country of last habitual residence. It is in 's best interest to remain in the United States.
4. The above findings and actions were made due to the dependency of the minor child..

This the _____ day of _____, 2011.

The Honorable
District Court Judge Presiding

Before you fill out this form, please read the instructions.

Section 1. Information About You

| | | |
|------------|--|---|
| Line 1. a. | Family Name (Last Name) | <input type="text"/> |
| Line 1. b. | Given Name (First Name) | <input type="text"/> |
| Line 1. c. | Middle Initial | <input type="text"/> |
| Line 2. | Alien Registration Number (A-Number) <i>(numbers only)</i> | <input type="text" value="A"/> |
| Line 3. | U.S. Social Security Number (SSN) <i>(9 numbers only)</i> | <input type="text"/> |
| Line 4. | Date of Birth | <input type="text"/> |
| | | <i>(mm/dd/yyyy)</i> |
| Line 5. | Marital Status | <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Marriage Annulled <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) |
| Line 6. | Applications and Petitions (Enter the form number(s) of the application(s) and/or petition(s) for which you are requesting a fee waiver. | <input type="text"/> Biometric services fees, where applicable, will be included in the request. |

For USCIS Use Only

☐ Approved

Signature of
Approving Officer

☐ Denied

Officer's Comments

Section 2. Additional Information if Dependent(s) are Included in This Request

Line 7. Complete the Table below if applicable. *(If you need more space, attach a separate sheet of paper)*

| Name (First, MI, Last) | A-Number (If applicable) | SSN (If applicable) | Date of Birth (mm/dd/yyyy) | Relationship to You |
|------------------------|-----------------------------|------------------------|-------------------------------|------------------------|
| | A- | | | |
| | A- | | | |
| | A- | | | |
| | A- | | | |
| | A- | | | |
| | A- | | | |
| | A- | | | |

Section 3. Basis for Your Request (Check any that apply)

- Line 8. a. ☐ a. I am receiving a means-tested benefit. (complete Section 4)
- Line 8. b. ☐ b. My household income is at or below 150% of the Federal Poverty Guidelines. (complete Section 5)
- Line 8. c. ☐ c. I have a financial hardship. (complete Section 6)

Section 4. Means-Tested Benefit

Line 9. Complete the Table Below (If you need more space, attach a separate sheet of paper)

| Name of Person Receiving the Benefit | Name of Agency Awarding Benefit | Date Benefit Was Awarded | Are You Receiving This Benefit Now? |
|--------------------------------------|---------------------------------|--------------------------|--|
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Section 5. Household Income (Provide evidence of monthly income or other support)

Line 10. How many dependents (for tax purposes) live with you?

(round to the nearest dollar)

Line 11. Average monthly wage income from household members

Line 12. Other money received each month (child support, spousal support, unemployment, etc.)

Total (USCIS will compare this amount to Federal Poverty Guidelines)

Section 6. Financial Hardship

Describe your particular situation. Be sure to include how this situation has caused you to incur costs (and what the costs were) or loss of income that you have experienced (and what that loss was). *(If you need more space, attach a separate sheet of paper.)*

Line 13.

If unemployed:

Line 14. Date that you became unemployed

Line 15. Amount of unemployment compensation (monthly) that you are receiving (enter dollars)

Line 16. List your assets and the value of your assets. *(If you need more space, attach a separate sheet of paper.)*

| Type of Asset | Value (enter dollars) |
|------------------------------|-----------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| TOTAL Value of Assets | |

Section 6. Financial Hardship (Cont'd)

List your average monthly cost, provide evidence of monthly payments where possible. *(If you need more space, attach a separate sheet of paper.)*

Line 17.

| Type of Cost | Value (Enter Dollars) | Type of Cost | Value (Enter Dollars) |
|------------------|-----------------------|----------------------------|-----------------------|
| Rent | | Insurance | |
| Mortgage | | Loan Payment | |
| Food | | Commuting Costs | |
| Utilities | | Medical | |
| Child/Elder care | | School | |
| | | TOTAL Monthly Costs | |

Section 7. Your Signature and Authorization

Do not sign your Form I-912 until it is complete and you are ready to file.

I take full responsibility for the accuracy of all the information provided, including all supporting documentation. I authorize the release of any information, including the release of my Federal tax returns, that USCIS needs to determine my eligibility.

Each person applying for a fee waiver request must sign Form I-912. This includes individuals identified in Sections 1 and 2 if 14 years of age or older.

Line 18.

Your Signature

Date

Additional Signature

Date

Additional Signature

Date

Additional Signature

Date

Additional Signature

Date

Additional Signature

Date



| | | |
|-------------------------------------|----------------|---|
| Receipt Number: MSC-09-330-13062 | | Case Type: I-360 - Petition for Amerasian, Widow(er), or Special Immigrant |
| Received Date: August 24, 2009 | Priority Date: | Applicant: G/ _____, PF |
| Notice Date: August 28, 2009 | Page 1 OF 1 | ASC Code: |



P O G, S
C/O KATHLEEN WIDELSKI
720 E FOURTH STREET 5TH FL
CHARLOTTE NC 28202

10
2657

Notice Type: Receipt Notice
Amount Received \$0.00

The above application/petition has been received. Please notify us immediately if any of the above information is incorrect. Information about your local office processing times may be obtained by calling the NCSC at 1-800-375-5283. If you find it necessary to contact this office in writing, you must include a copy of this receipt notice with your inquiry.

If you have questions, you may call the BCIS National Customer Service Center at 1-800-375-5283. For TDD hearing impaired assistance, please call 1-800-767-1833.

If you have Internet access, you can visit the Bureau of Citizenship and Immigration Services website at www.BCIS.gov where you can find valuable information about forms, filing instructions, and immigration services and benefits.

U S BUREAU OF CITIZENSHIP AND IMMIGRATION SERVICES
P.O. Box 648000
Lee's Summit, MO 64002
National Customer Service Center: 1-800-375-5283





| | | |
|-------------------------------------|----------------|--|
| Receipt Number: MSC-10-070-11082 | | Case Type: I-485 - Application to Register Permanent Residence or Adjust Status |
| Received Date: November 27, 2009 | Priority Date: | Applicant: A200419298 G/ PE J L. |
| Notice Date: December 14, 2009 | Page 1 OF 1 | ASC Code: 2 |



PE J L. G/
C/O K WIDELSKI MECK CO YOUTH AND FAMIL
720 EAST FOURTH STREET 5TH FLOOR
CHARLOTTE NC 28202

9
2226

Notice Type: Receipt Notice
Amount Received \$0.00

The above application has been received. Please notify us immediately if any of the above information is incorrect. If you find it necessary to contact this office in writing, you must include a copy of this receipt notice with your inquiry.

BIOMETRICS-

The next step is to have your biometrics taken, if required, at a US Citizenship and Immigration Services (USCIS) Application Support Center (ASC).

PLEASE NOTE-

USCIS WILL SCHEDULE YOUR BIOMETRICS APPOINTMENT. You will be receiving an appointment notice with a specific time, date and place where you will have your fingerprints and/or photos taken.

WHAT TO BRING TO Your appointment-

Please bring this letter and your photo identification to your appointment. Acceptable kinds of photo identification are:

- a passport or national photo identification issued by your country,
- a driver's license,
- a military photo identification, or
- a state-issued photo identification card.

If you do not bring this letter and photo identification, we cannot process you.

Please bring a copy of all receipt notices received from USCIS in relation to your current application for benefits.

CASE STATUS -

Information about your local office processing times may be obtained by calling the NCSC at 1-800-375-5283.

If you have Internet access, you can visit the United States Citizenship and Immigration Services website at www.USCIS.gov where you can find valuable information about forms, filing instructions, and immigration services and benefits.

U S BUREAU OF CITIZENSHIP AND IMMIGRATION SERVICES
P.O. Box 648000
Lee's Summit, MO 64002
National Customer Service Center: 1-800-375-5283





ASC Appointment Notice

CASE TYPE
I485 Application to Register Permanent Resident or Adjust Status

APPLICATION NUMBER
MSC1007011082

SOCIAL SECURITY NUMBER

USCIS A#

A200419298

TCR

SERVICE CENTER

MSC

NOTICE DATE
12/16/2009

CODE

2

PAGE

1 of 1

P O L E G 3
c/o K WIDELSKI MECK CO YOUTH AND FAMIL
720 EAST FOURTH STREET 5TH FLOOR
CHARLOTTE, NC 28202



To process your application, the U. S. Citizenship & Immigration Services (USCIS) must capture your biometrics.
PLEASE APPEAR AT THE BELOW APPLICATION SUPPORT CENTER AT THE DATE AND TIME SPECIFIED.
IF YOU FAIL TO APPEAR AS SCHEDULED, YOUR APPLICATION WILL BE CONSIDERED ABANDONED.

APPLICATION SUPPORT CENTER

USCIS CHARLOTTE
4801 CHASTAIN AVE.
SUITE 175, BUILDING 10
CHARLOTTE, NC 28217

PLEASE READ THIS ENTIRE NOTICE CAREFULLY.

DATE AND TIME OF APPOINTMENT

01/13/2010

1:00 PM

WHEN YOU GO TO THE APPLICATION SUPPORT CENTER TO HAVE YOUR BIOMETRICS TAKEN, YOU MUST BRING:

- 1. THIS APPOINTMENT NOTICE** and
- 2. PHOTO IDENTIFICATION.** Applicants must bring their Permanent Resident Card/Resident Alien Card, or a passport, driver's license, national ID, military ID, or State-issued photo ID. If you appear without proper identification, your biometrics may not be taken.

CELL PHONES, CAMERAS, OR OTHER RECORDING DEVICES ARE NOT PERMITTED.

REQUEST FOR RESCHEDULING

☐ Please reschedule my appointment. Upon receipt of your request, you will be provided a new appointment notice. Make a copy of this notice for your records, then mail the original with your request to USCIS CHARLOTTE, 4801 CHASTAIN AVE., SUITE 175, BUILDING 10, CHARLOTTE, NC 28217.

APPLICATION NUMBER

I485 MSC1007011082



If you have any questions regarding this notice, please call 1-800-375-5283.

WARNING: Due to limited seating availability in our lobby area, only persons who are necessary to assist with transportation or completing the biometrics worksheet should accompany you. If you have open wounds or bandages/casts when you appear, the USCIS may reschedule your appointment if it is determined your injuries will interfere with taking your biometrics.



U.S. Citizenship and Immigration Services
6130 Tyvola Centre Drive
Charlotte, N.C. 28217

File Number: A87114228

I LL AG
C/O KATHLEEN WIDELSKI
SR ASSOCIATE ATTY
MECKLENBURG CO. DSS
720 E. FOURTH ST, 5TH FLR
CHARLOTTE, NC 28202

Date: 9/14/09

RE: I LL AG

Please come to the office shown below at the time and place indicated in connection with an official matter.

| | | | |
|------------------------|--|----------|------------------|
| OFFICE LOCATION | 6130 Tyvola Centre Drive. Charlotte, NC 28217 | Room No. | Floor No. 1st |
| DATE AND HOUR | 9/30/09 at 7:30 AM 0909JW | | |
| ASK FOR | PRESENT LETTER TO SECURITY OFFICER | | |
| REASON FOR APPOINTMENT | REQUEST FOR INITIAL INTERVIEW ON YOUR I-360 APPLICATION (I-360) | | |
| BRING WITH YOU | THIS LETTER, & PHOTO ID | | |

IT IS IMPORTANT THAT YOU KEEP THIS APPOINTMENT AND BRING THIS LETTER WITH YOU.

— If you are unable to do so, state your reason, sign below and return this letter to this office at once. —

CC: _____

Very truly yours,

Richard Gottlieb

RICHARD GOTTLIEB
FIELD OFFICE DIRECTOR

| | |
|--|------|
| I am unable to keep the appointment because: | |
| SIGNATURE | DATE |

Form G-56
(Rev. 8-5-08)Y



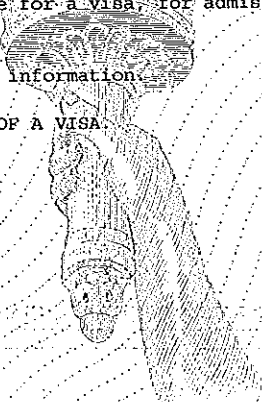
| | | |
|--|----------------------------------|---|
| RECEIPT NUMBER MSC-09-330-13062 | | CASE TYPE I360 PETITION FOR AMERASIAN, WIDOWER, OR SPECIAL IMMIGRANT |
| RECEIPT DATE August 28, 2009 | PRIORITY DATE August 24, 2009 | PETITIONER MECKLENBURG CO. DSS, YFS |
| NOTICE DATE September 30, 2009 | PAGE 1 of 1 | BENEFICIARY A087 114 242 G. S. I. L. |
| YFS MECKLENBURG CO. DSS C/O KATHLEEN WIDELSKI 720 E FOURTH STREET 5TH FL CHARLOTTE NC 28202 | | Notice Type: Approval Notice Section: Special Immigrant-Juvenile, Sec.101(a)(27)(J) |

The above petition has been approved. The person this petition is for will be notified separately when a decision is reached on his or her pending adjustment of status application.

The approval of this visa petition does not in itself grant any immigration status and does not guarantee that the alien beneficiary will subsequently be found to be eligible for a visa, for admission to the United States, or for an extension, change, or adjustment of status.

Please read the back of this form carefully for more information.

THIS FORM IS NOT A VISA NOR MAY IT BE USED IN PLACE OF A VISA.



Please see the additional information on the back. You will be notified separately about any other cases you filed.

NATIONAL BENEFITS CENTER
USCIS, DHS
P.O. BOX #648004
LEE'S SUMMIT MO. 64064
Customer Service Telephone: (800) 375-5283





| | | |
|---|----------------|--|
| RECEIPT NUMBER MSC-10-070-11082 | | CASE TYPE I485 APPLICATION TO ADJUST TO PERMANENT RESIDENT STATUS |
| RECEIPT DATE December 14, 2009 | PRIORITY DATE | APPLICANT A200 419 298 GI 3, PI 3 L. |
| NOTICE DATE January 19, 2010 | PAGE 1 of 1 | |
| P L. G. C/O K WIDELSKI MECK CO YOUTH AND FAMIL 720 EAST FOURTH STREET 5TH FLOOR CHARLOTTE NC 28202 | | Notice Type: Welcome Notice Section: Adjustment as direct beneficiary of immigrant petition COA: SL6 |

WELCOME TO THE UNITED STATES OF AMERICA

This is to notify you that your application for permanent residence has been approved. It is with great pleasure that we welcome you to permanent resident status in the United States.

At the top of this notice you will see a very important number. It is your USCIS A# (A-number). This is your permanent resident account and file number. This permanent account number is very important to you. You will need it whenever you contact us.

We will soon mail you a new *Permanent Resident Card*. You should receive it within the next 3 weeks. You can use it to show your new status. When you receive your card you must carry it with you at all times if you are 18 or older. It is the law.

Please call us at (800) 375-5283 if any of the information about you shown above is incorrect, if you move before you receive your card, or if you don't receive your card within the next 3 weeks. If you call us, please have your A# and also the receipt number shown above available. The receipt number is a tracking number for your application.

Please read the notice that comes with your card. It will have important information about your card, about your status and responsibilities, and about permanent resident services available to you.

Your new card will expire in ten years. While card expiration will not directly affect your status, you will need to apply to renew your card several months before it expires. When the time comes and you need filing information, or an application, or if you ever have other questions about permanent resident services available to you, just call our *National Customer Service Center* at 1-800-375-5283 or visit the USCIS website at www.uscis.gov. (If you are hearing impaired, the NCSC's TDD number is 1-800-767-1833.) The best days to call the NCSC are Tuesday through Friday.

Once again, welcome to the United States and congratulations on your permanent resident status.

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Please see the additional information on the back. You will be notified separately about any other cases you filed.

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