

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

INFORMATION RELATING TO BENEFICIARY OF PRIVATE BILL

OMB NO. 1653-0026
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File Number

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

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

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

PLEASE TYPE OR PRINT.

1. PERSONAL DATA

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

2. RESIDENCE DATA

List complete addresses, including zip code if possible, for past 10 years. (If additional space is needed, use a blank continuation page.)

Street and Number	City	Province	Country	From		To	
				Month	Year	Month	Year

3. EDUCATIONAL DATA

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

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4. EMPLOYMENT DATA

Employment during past 5 years. (If additional space is needed, use a blank continuation page.)

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

5. ASSETS AND LIABILITIES

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

6. MARITAL DATA

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

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

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

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

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

9. DATA RELATING TO PARENTS

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

10. SELECTIVE SERVICE DATA (*If applicable*)

Number and location of local board where registered	Date registered	Classification
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11. MILITARY SERVICE DATA (*If you are now serving or have ever served in the U.S. Armed Forces*)

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

12. DATA RELATING TO UNITED STATES ENTRIES AND DEPARTURES

Date of entry	Port of entry	Status at time of entry (Visitor, permanent resident, etc.)	Date of departure	Port of departure

13. DATA CONCERNING VISAS

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

Location of Consulate	Date visa refused
Reason for refusal	

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

Date filed	Place filed	Person who filed petition
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c. Did you ever apply for Classification as a Conditional Entrant (7th Preference) Yes No

Date filed	Place filed	Was application approved <input type="checkbox"/> Yes <input type="checkbox"/> No Date:
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d. If you have ever registered with an American Consulate show the following:

Location of Consulate	Date registered
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14. LIST PRESENT AND PAST MEMBERSHIP IN ALL ORGANIZATIONS, CLUBS, ASSOCIATIONS, ETC.

Name of organization	Location	Dates of membership	
		From	To

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

Place arrested	Date arrested	Charge	Disposition

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

Name and location of hospital or institution	Dates		Reason
	From	To	

17. DATA CONCERNING NECESSITY FOR PRIVATE BILL

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

18. OTHER DATA CONCERNING THIS CASE

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

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

Name	Age	Address	Citizenship

20. DATA RELATING TO BENEFICIARY WHO HAS BEEN OR WILL BE ADOPTED

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

Child lives with (<i>include address</i>)	Child has resided with adoptive parents
	Dates: From _____ To _____

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

(State whether relative, or business or social acquaintance)

Name _____ Relationship _____

Address _____
(*Street and number*) (City) (State) (Zip Code)

22. SIGNATURE OF BENEFICIARY OR INTERESTED PARTY

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

_____ Date _____ Signature (Sign in ink)

23. SIGNATURE OF PERSON PREPARING FORM, IF OTHER THAN BENEFICIARY OR INTERESTED PARTY

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

_____ Signature (Sign in ink) _____ Address _____ Date _____

Privacy Notice

Authority: The Immigration and Nationality Act (INA), as amended, (8 U.S.C. 1357) authorizes the collection of information from any alien or person believed to be an alien as to his right to be or to remain in the United States. Sections 103 and 290 of the INA, as amended (8 U.S.C. 1103 and 1360), and the regulations issued pursuant thereto; and Section 451 of the Homeland Security Act of 2002 (Pub. L. 107–296), codified at 6 U.S.C. 271 authorize the solicitation of the Social Security Number (SSN).

Purpose: The purpose of gathering information is to assist the Judiciary Committee and Congress in determining whether the immigration related private bill is necessary and whether the subject of the bill is worthy of the relief proposed. The SSN will be used to verify employment, taxes paid, and any other assets attained while in the United States.

Agency Disclosure of Information: The information provided will be disclosed to the Judiciary Committee of either House of Congress, which requires the information in order to hold hearings on and consider the merits of the immigration related private bill. The information provided may also be disclosed to other federal agencies with appropriate jurisdiction, authorities, and need-to-know in order to verify or ascertain information concerning the beneficiary of the private bill. For United States Citizens, Lawful Permanent Residents, or individuals whose records are covered by the Judicial Redress Act of 2015 (5 U.S.C. § 552a note), your information may be disclosed in accordance with the Privacy Act of 1974, 5 U.S.C. § 552a(b), including pursuant to the routine uses published in DHS/USCIS/ICE/CBP-001 - Alien File, Index, and National File Tracking System of Records Notice, which can be viewed at www.dhs.gov/privacy.

Providing Information to DHS: Furnishing this information, including the SSN, is voluntary; however, failure to provide it may result in the non-issuance of the desired immigration related benefit.

Public Reporting Burden. The U.S. Immigration and Customs Enforcement is collecting this information as a part of its agency mission under the Department of Homeland Security. The estimated average time to review the instructions, search existing data sources, gather and maintain the data needed and completing and reviewing this collection of information is 60 minutes (1.0 hours) per response. An agency may not conduct or sponsor, and a person is not required to respond to, an information collection unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Department of Homeland Security, U.S. Immigration and Customs Enforcement, PRA Officer, 801 I Street NW, Washington, D.C. 20536-5800 (**Do not mail your completed application to this address.**)

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