



# IMMIGRATION SPECIALTIES, Inc.

Assisting in document preparation for foreign nationals, their employers, and family members.

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## Phase II – Immigrant Visa Processing through a U.S. Consulate

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### **PART 1: Fee Agreement**

NOTE: IF YOUR EMPLOYER WILL BE PAYING FOR THE SERVICES AND FEES, PLEASE MAKE SURE YOUR EMPLOYER GETS A COPY OF THIS FEE AGREEMENT, READS AND SIGNS IT. WE WILL NOT BE ABLE TO PROCEED UNTIL THE AGREEMENT IS SIGNED.

**IF YOU, THE FOREIGN WORKER, WILL BE PAYING FOR THE SERVICES AND FEES, PROCEED...**

THIS IS AN AGREEMENT BETWEEN YOURSELF (CUSTOMER), AND IMMIGRATION SPECIALTIES (I.S.). THIS IS THE SOLE AGREEMENT BETWEEN THESE PARTIES. THE PURPOSE OF THIS AGREEMENT IS THAT I.S. SHALL PREPARE AND FILE A CONSULATE PROCESSING APPLICATION FOR AN IMMIGRANT WORKER ON BEHALF OF THE CUSTOMER AND THE CUSTOMER SHALL PAY THE AGREED FEES AND COSTS. I.S. SHALL USE THEIR BEST EFFORTS BUT DOES NOT GUARANTEE THE SUCCESS OR APPROVAL OF SUCH PROCESS. IT IS ALSO AGREED THAT THE CUSTOMER SHALL EXERCISE THEIR BEST EFFORTS TO THE PURPOSE OF THIS AGREEMENT.

I.S. is NOT obligated to provide the CUSTOMER with any services until the payment terms set forth in the enclosed payment agreement have been met. I.S. may terminate services if the CUSTOMER breaches this agreement, and the fee paid will remain with I.S. for their use.

Any dispute or disagreement regarding this AGREEMENT will be subject to the laws of the State of Oklahoma, United States of America. Further, the CUSTOMER consents to the jurisdiction of the courts of the State of Oklahoma, United States of America.

Your employer may offer to pay the cost of processing the Consulate Processing paperwork of your Immigrant Visa as a part of your employee benefits. If that is the case, so indicate below and an invoice for our services will be sent to your employer accordingly. If you (the foreign worker) will be responsible for payment of this processing, we require payment in full before the process begins.

### **Fee Schedule – Consulate Processing**

Please refer to *processing and filing fees page*.

\*If employer is not responsible for covering international mailing and courier costs, mailing costs to the foreign worker will be an **additional \$150**.

\*All processing fees and international mailing costs must be paid in full upon submission of this form to Immigration Specialties.

**CUSTOMER HAS READ, UNDERSTANDS AND AGREES TO THIS FEE AGREEMENT AND SCHEDULE. CUSTOMER FURTHER ACKNOWLEDGES THAT THE OWNERS AND STAFF OF IMMIGRATION SPECIALTIES ARE NOT ATTORNEYS AND DO NOT REPRESENT OR HOLD THEMSELVES OUT AS ATTORNEYS, AND WILL NOT GIVE LEGAL ADVICE OR REPRESENT THE CUSTOMER IN ANY LEGAL PROCEEDING. CUSTOMER AGREES NOT TO HOLD THE OWNERS AND/OR STAFF OF IMMIGRATION SPECIALTIES RESPONSIBLE FOR ANY LEGAL COMPLICATION THAT MAY ARISE IN CONNECTION WITH THIS APPLICATION AND ACCOMPANYING PETITION FILED U.S. CITIZENSHIP AND IMMIGRATION SERVICES.**

Signed, \_\_\_\_\_ Date: \_\_\_\_\_

Print your name: \_\_\_\_\_

The processing and USCIS filing fee(s) will be paid by:

**My employer** - (Indicate name and address of employer / contact):

\_\_\_\_\_  
\_\_\_\_\_

**Myself** (Refer to "Fee Schedule" for payment details)

**Dependents over 14-How many?** \_\_\_\_\_

**Dependents under 14 - How many?** \_\_\_\_\_

**Please select on of the following options for Phase I International Mailings, if applicable:**

- 1) Immigration Specialties, Inc. can charge \$150.00 for International Mailings,
- 2) We can forward the mail to an organization/person within the U.S. and they can forward the mail to the candidate overseas, or
- 3) You can provide an account number for any mail courier.



ACCEPTED

**IF PAYING BY CREDIT CARD:**

Visa  MasterCard

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_

Amount: \_\_\_\_\_

**Part 2: Needed documents**

\_\_\_\_\_ Copies of your filed forms for labor certification and I-140 submission (if Immigration Specialties did not prepare your previous petitions).

- \_\_\_\_\_ Clear copy of your I-140 approval notice (if Immigration Specialties did not prepare your previous petitions).
- \_\_\_\_\_ Cover to cover copies (including all blank pages) of current passports for you and your dependents.
- \_\_\_\_\_ Birth certificates for each person listed in the application. Birth certificates for all unmarried children must be included even if they do not wish to process with you at this time. Also enclose birth certificates of all United States citizen children.
- \_\_\_\_\_ Birth affidavits, if birth certificates are not available please let us know.
- \_\_\_\_\_ You will need to obtain police certificates from each and every country you and each person in this application have lived in for 6 months or more since the age of 16. If you have lived in a country than the one included, please request instructions on that particular country from country.
- \_\_\_\_\_ Court and prison records. Persons who have been convicted of a crime must obtain a certified copy of each court record and of any prison record, regardless of the fact that they may have benefited subsequently of an amnesty, pardon, or other act of clemency
- \_\_\_\_\_ Military records, if applicable (certified copies).
- \_\_\_\_\_ If you or any of your relatives have significant ownership (5% or more) in the company sponsoring your application, such person with “significant ownership” must submit tax returns for the last 3 years, current paystubs, evidence of assets, and a current employment letter listing how long the person has worked for that employer, and the person’s title and salary.
- \_\_\_\_\_ Marriage certificate (if applicable)
- \_\_\_\_\_ Proof of termination of previous marriages (if applicable), such as death certificates, FINAL divorce decrees or annulment.
- \_\_\_\_\_ If any documents are not in English or the official language of the country in which the consulate is located, certified translations must be presented with a notarized Certification of Accuracy for each and every translation.

Please be aware that you will need to obtain 2-4 identical photographs (per candidate) after we receive the appointment packet. This requirement, like all others in the process, is subject to change or modification at any time without notice.

**If you are a health care worker:**

- \_\_\_\_\_ Copy of Visa Screen certificate
- \_\_\_\_\_ Copies of professional certificates (i.e., NCLEX, TOEFL/TWE, TSE, CGFNS, etc.)
- \_\_\_\_\_ Copies of all valid State Professional licenses held (do not send expired licenses)

**If you have ever been in the United States:**

- \_\_\_\_\_ Copy of all I-797's (Approval Notices) since first entering the U.S.
- \_\_\_\_\_ Copy of any I-94 cards you may have held while in the U.S.
- \_\_\_\_\_ Copies of any Employment Authorization Documents you may have had

**If you ever studied in the United States:**

- \_\_\_\_\_ Copy of all Diplomas or Certificates and/or Degrees you may hold from United States universities
- \_\_\_\_\_ Copy of your academic transcripts or course descriptions for degrees or diplomas obtained in the

United States

\_\_\_\_ Copies of all I-20's, IAP66's, and Optional Practical Training cards, if applicable

**IMPORTANT:**

**We must have information requested in all parts of this form in order to successfully complete your forms for Consulate Processing. We may request further information or clarification of information at a later date if necessary. If a problem arises that may affect your immigration petition, you must let us know immediately.**

**Part 3: Employer Contact Information**

Please provide a contact name from your current petitioner / employer, usually someone in the Human Resources Department. (Make sure that they are willing to proceed with this application, and notify them that we will be calling for information):

\_\_\_\_\_  
Employer's Legal Company Name\_\_\_\_\_  
Name and Title of Contact Person

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Employer's E-mail Address\_\_\_\_\_  
Employer's Mailing Address\_\_\_\_\_  
Phone Number / Fax Number**Part 4: Information needed to complete the forms:**

**Do not leave any question blank. Answer N/A if the question does not apply to you or your situation.**

Date: \_\_\_\_\_

Family Name (Last name, surname): \_\_\_\_\_

Given Name (First name): \_\_\_\_\_

Middle Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Other names used or by which known: \_\_\_\_\_

Email address: \_\_\_\_\_

Home phone including country code: \_\_\_\_\_

Work phone including country code: \_\_\_\_\_

Date of birth (m/d/y): \_\_\_\_\_

Age: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

City or town: \_\_\_\_\_

State or Province: \_\_\_\_\_

Country: \_\_\_\_\_

Nationality (if dual national, give both): \_\_\_\_\_

Gender: M/F

Marital Status:

 Single (never married) Married Widowed Divorced Separated

Including my present marriage, I have been married \_\_\_ times

Your present occupation: \_\_\_\_\_

Physical marks of identification:

Full Present address:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Country: \_\_\_\_\_

Postal code: \_\_\_\_\_

Current Home phone number (including country code): \_\_\_\_\_

Current Work phone number (including country code): \_\_\_\_\_

Name of Spouse:

Family name: \_\_\_\_\_

Family name before marriage: \_\_\_\_\_

Given name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Date and place of birth of spouse: \_\_\_\_\_

Address of spouse: \_\_\_\_\_

Occupation of spouse: \_\_\_\_\_

Date of marriage: \_\_\_\_\_

Information regarding your father:

Family name: \_\_\_\_\_  
 Given name: \_\_\_\_\_  
 Middle name: \_\_\_\_\_  
 Date of birth (m/d/y): \_\_\_\_\_  
 Place of birth (city, province, country): \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 If deceased, give year of death: \_\_\_\_\_

Information regarding your mother:

Family name: \_\_\_\_\_  
 Given name: \_\_\_\_\_  
 Middle before marriage name: \_\_\_\_\_  
 Family name before marriage: \_\_\_\_\_  
 Date of birth (m/d/y): \_\_\_\_\_  
 Place of birth (city, province, country): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 If deceased, give year of death: \_\_\_\_\_

List name, date, and place of birth and addresses of all children (regardless of age or whether they are processing with you or not):

<u>Name</u>	<u>Date of birth (m/d/y)</u>	<u>Place of birth</u>	<u>Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all places you have lived for at least six months since reaching the age of 16. Begin with present residence:

<u>City/Town:</u>	<u>Province:</u>	<u>Country:</u>	<u>Dates From/To:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Spouse and/or children who will be accompanying me to the United States now:

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Spouse and/or children who will be follow me to the United States at a later date:

List below all employment for the last ten years:

<u>Name of employer:</u>	<u>Address:</u>	<u>Position:</u>	<u>Dates from/to:</u>
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What occupation do you intend to work in the United States: \_\_\_\_\_

List below all educational institutions attended (from birth):

<u>School name:</u>	<u>Location:</u>	<u>From/To:</u>	<u>Course:</u>	<u>Degree/Diploma:</u>
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Languages spoken or read: \_\_\_\_\_

Professional associations of which you are a member:


Have you ever been in the military: Y/N

If so, list the following information:

Branch: _____	Dates of Service: _____
Rank/Position: _____	Military Specialty/Occupation: _____

List information and dates of all previous visits to or residence in the United States (if never, so state).  
List specific visa status and “A” number, if any:

<u>Dates From/To:</u>	<u>Location visited, resided in, and/or entered:</u>	<u>Visa:</u>	<u>A#:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Permanent address in the United States, if known. If not known, list employer’s address here:

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Do any of the following apply to you? Please read the questions thoroughly since answering incorrectly could affect the approval of your green card and/or citizenship application:

- a. An alien who has a communicable disease of public health significance; who has failed to present documentation of having received vaccinations in accordance with U.S. law; who has or has had a physical or mental disorder that poses or is likely to pose a threat to the safety or welfare of the alien or others; or who is a drug abuser or addict **Y/N**
- b. An alien convicted of, or who admits having committed a crime involving moral turpitude or violation of any law relating to a controlled substance; who is the spouse, son or daughter of such a trafficker who knowingly has benefited from the trafficking activities in the past five years; has been convicted of 2 or more offenses for which the aggregate sentences were 5 years or more; who is coming to the United States to engage in prostitution or commercialized vice or who has engaged in prostitution or procuring within the past 10 years; who is or has been an illicit trafficker in any controlled substance; or who has committed a serious criminal offense in the United States and who has asserted immunity from prosecution; who, while serving as a foreign government official and within the previous 24 month period, was responsible for or directly carried out particularly severe violations of religious freedoms; or whom the President has identified as a person who plays a significant role in a severe form of trafficking a persons, who otherwise has knowingly aided, abetted, assisted or colluded with such a trafficker in severe forms of trafficking in persons, or who is the spouse, son or daughter of such a trafficker who knowingly has benefited from the trafficking activities within the past five years. **Y/N**
- c. An alien who seeks to enter the United States to engage in espionage, sabotage, export control violations, terrorist activities, overthrow of the Government of the United States or other unlawful activity; who is a member of or affiliated with the Communist or other totalitarian party; who participated in Nazi persecutions or genocide; or who has engaged in genocide. Are you a member or representative of a terrorist organization as currently designated by the U.S. Secretary of State? **Y/N**
- d. An alien who is likely to become a public charge **Y/N**
- e. An alien who seeks to enter for the purpose of performing skilled or unskilled labor who has not been certified by the Secretary of Labor; who is a graduate of a foreign medical school seeking to perform medical services who has not passed the NBME exam or its equivalent, or a health care worker seeking to perform such work without a certificate from the CGFNS or from an equivalent approved independent credentialing organization **Y/N**
- f. An alien who failed to attend a hearing on deportation or inadmissibility within the last 5 years; who seeks or has sought a visa, entry into the United States, or any

immigration benefit by fraud or misrepresentation; who knowingly assisted any other alien to enter or try to enter the United States, in violation of law; who, after November 30, 1996, attended on student (F) visa status a U.S. public elementary school or who attended a U.S. public secondary school without reimbursing the school; or who is subject to a civil penalty under INA 274C **Y/N**

- g.** An alien who is permanently ineligible to U.S. citizenship; or who departed the United States to evade military service in time of war **Y/N**
- h.** An alien previously ordered removed within 5 years or ordered removed a second time within 20 years; who was previously unlawfully present and ordered removed within 10 years or ordered removed a second time within 20 years; who was convicted of an aggravated felony and ordered removed; who was previously unlawfully present in the United States for more than 180 days but less than one year who voluntarily departed within the last 3 years; or who was unlawfully present for more than one year or an aggregate of one year within the last 10 years **Y/N**
- i.** An alien who is coming to the United States to practice polygamy; who withholds custody of a U.S. citizen child outside the United States from a person granted legal custody by a U.S. court; who has voted in the United States in violation of any law or regulation; or who renounced U.S. citizenship to avoid taxation **Y/N**
- j.** An alien who is a former exchange visitor who has not fulfilled the 2 year foreign residence requirement **Y/N**
- k.** An alien determined by the Attorney General to have knowingly made a frivolous application for asylum **Y/N**
- l.** An alien who has ordered, carried out or materially assisted in extrajudicial and political killings and other acts of violence against the Haitian people; who has directly or indirectly assisted or supported any of the groups in Colombia known as FARC, ELN, or AUC; who through abuse of a governmental or political position has converted for personal gain, confiscated or expropriated property in Cuba, a claim to which is owned by a national of the United States, has trafficked in such property or has been complicit in such conversion, has committed similar acts in another country or the spouse, minor child or agent of an alien who has committed such acts; who has been directly involved in the establishment or enforcement of population controls forcing a woman to undergo an abortion against her free choice or a man or a woman to undergo sterilization against his or her free choice or who has disclosed or trafficked in confidential U.S. business information obtained in connection with U.S. participation in the Chemical Weapons Convention or is the spouse, minor child or agent of such a person. **Y/N**

Have you ever been charged, arrested or convicted of any offense or crime: **Y/N**

Are you a member or representative of a terrorist organization: **Y/N**

Have you ever been refused admission to the United States at a port of entry? **Y/N**

\*If answer is Yes, please explain:

Have you ever applied for a social security number: **Y/N**

If yes, Give number: \_\_\_\_\_

Do you want a social security card issued to you? **Y/N**

CONSENT TO DISCLOSURE: I authorize disclosure of information from this form to the United States Citizenship and Immigration Service (USCIS), the Social Security Administration (SSA), such other U.S. Government agencies as may be required for the purpose of assigning me an SSN and issuing me a Social Security card, and I authorize the SSA to share my SSN with the USCIS.

Y/N

The applicant's response does not limit or restrict the Government's ability to obtain his or her SSN, or other information on this form, for enforcement or other purposes as authorized by law.

Have you been in the United States for 183 days or more during any one of the three calendar years immediately preceding the current calendar year?

Y/N

We appreciate the time you have taken to complete this for our processing. Thank you for your business!

**WHEN COMPLETED, PLEASE MAIL TO:**

*IMMIGRATION SPECIALTIES, Inc.*

*Attn: Amber K. Deason*

*4608 S. Garnett Road, Ste. 400, Tulsa, OK 74146*

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