

# **Application to Extend/Change Nonimmigrant Status**

# **Department of Homeland Security**

U.S. Citizenship and Immigration Services

USCIS Form I-539 OMB No. 1615-0003 Expires 08/31/2020

| For                               | USCIS           | Use Only      |            |  | Fe | e Stamp                        |          |                    |          |        |        |        | Actio   | on Blo | ock             |        |        |          |
|-----------------------------------|-----------------|---------------|------------|--|----|--------------------------------|----------|--------------------|----------|--------|--------|--------|---------|--------|-----------------|--------|--------|----------|
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| Resubmitt                         | ed              |               |            |  |    |                                |          |                    |          |        |        |        |         |        |                 |        |        |          |
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| Remarks:                          |                 | □ Grant       | ted        |  |    | Denied                         |          |                    |          |        |        |        |         |        |                 |        |        |          |
|                                   |                 | New C         | lass       |  |    | Still with                     | in perio | d of stay          |          |        |        |        |         |        |                 |        |        |          |
|                                   |                 |               | From       | / /                                      |    | S/D to: _                      |          |                    | _        |        |        |        |         |        |                 |        |        |          |
|                                   |                 | Dates:        | То         | / /                                      |    | Place und                      | er dock  | et contro          | ol 🗆     | Арј    | plicar | nt in  | tervi   | ewed   | on _            |        |        |          |
| To be con<br>Attorney<br>Represen | or Acci         | edited        | Fo         | lect this box if<br>rm G-28 is<br>ached. |    | <b>ttorney S</b><br>f applicab |          | ar Num             |          |        |        |        |         |        | d Repi<br>t Num |        |        |          |
| ► STAR                            | Г HERI          | E - Type of   | r print    | in black ink.                            |    |                                |          |                    |          |        |        |        |         |        |                 |        |        |          |
| Part 1. I                         | nform           | ation Al      | oout Y     | ou                                       |    |                                | U.S      | . Phys             | ical A   | Add    | ress   |        |         |        |                 |        |        |          |
| Your Ful                          | l Nam           | e             |            |  |    |                                | 5.a.     | Street 1<br>and Na |          | er [   |        |        |         |        |                 |        |        |          |
| <b>1.a.</b> Famil (Last           | y Name<br>Name) | Murthy        | 7          |  |    |                                | 5.b.     | Ap <sup>*</sup>    | t. 🗌     | ] Ste  |        | Fl     | r. [    |        |                 |        |        |          |
| <b>1.b.</b> Given<br>(First       | Name)           | Shanka        | ar         |  |    |                                | 5.c.     | City or            | r Town   | n [    |        |        |         |        |                 |        |        |          |
| 1.c. Midd                         | le Name         |               |            |  |    |                                | 5.d.     | State              |          | 5      | 5.e.   | ZIP    | Code    |        |                 |        |        |          |
| 2. Alien                          | Registra        |               |            | Number) (if an                           | y) |                                | Oth      | er Infe            | ormat    | tion   | Aha    | out    | You     |        |                 |        |        |          |
|                                   |                 | ► A-          | -          |  |    |                                |          | Ť                  |          |        |        | /      | 104     |        |                 |        |        |          |
| 3. USCI                           | S Online        | Account       | Numbe      | r (if any)                               |    |                                | 6.       | Countr             | -        | arth   |        |        |         |        |                 |        |        |          |
|                                   |                 |               |            |  |    |                                |          | India              | a        |        |        |        |         |        |                 |        |        |          |
|                                   |                 |               | C          |  |    |                                | 7.       | Countr             | y of C   | litize | enship | o or ] | Natio   | nality |                 |        |        |          |
| U.S. Mai                          | ling Ad         | ldress        | 5          | *  |    |                                |          | India              | a        |        |        |        |         |        |                 |        |        |          |
| 4.a. In Car                       | re Of Na        | me (if any    | <i>v</i> ) |  |    |                                | 8.       | Date of            | f Birth  | ı (mr  | n/dd/' | vvv    | v)      | 11     | /12/            | 1943   | 3      |          |
| Gane                              | esh Mu          | rthy          |            |  |    |                                |          |                    |          |        |        |        |         |        |                 |        |        |          |
| <b>4.b.</b> Street and N          | Numbe           | 55 Gi         | ll Lr      | 1  |    |                                | 9.       | U.S. S             | ocial S  | Secu   | rity N | umb    | per (1f | any)   |                 |        |        |          |
| 4.c. X A                          |                 | Ste.          | Flr.       | 5  |    |                                | 10.      | Date of            | f Last A | Arri   | val In | nto tl | he Un   | ited S | States (        | mm/o   | ld/yy  | yy)      |
|                                   |                 |               | 1 11.      | 5  |    |                                |          |                    |          |        |        |        |         | 03     | 8/11/           | 2008   | 3      |          |
| <b>4.d.</b> City of               | or Town         | Iseli         | n          |  |    |                                | Prov     | ide Info           | rmatio   | n Al   | hout V | Vou    | r Mos   | t Rec  | ent En          | try In | to the | <u>`</u> |
| 4.e. State                        | NJ              | <b>4.f.</b> Z | IP Code    | e 08830                                  |    |                                |          | ed States          | S        |        |        |        |         |        |                 |        |        |          |
|                                   |                 |               |            |  |    |                                | 11.      | Form I             | -94 Ar   | rriva  | l-Dep  | oartu  | ire Re  |        | Numb            |        |        |          |
|                                   |                 |               |            |  |    |                                |          |                    |          |        | 2      | 8      | 73      | 7      | 7 0             | 1      | 8 1    | 8        |
|                                   |                 |               |            |  |    |                                | 12.      | Passpo             | ort Nurr | nber   | A12    | 234    | 56      |        |                 |        |        |          |

| Par            | t 1. Information about You   | (continued)                         | 2.b.                                  |  | l "Yes" to <b>Item N</b>                      | umber     | <b>2.a.</b> , j | provi               | de     |  |
|----------------|--|-------------------------------------|---------------------------------------|--|---|-----------|-----------------|---------------------|--------|--|
| 13.            | Travel Document Number   |                                     |                                       | USCIS Receipt  | Number.                                       |           |                 |                     |        |  |
| 14.a.          | Country of Passport or Travel Doo  | cument Issuance                     | <b>3.</b> a.                          |  |   |           |                 |                     |        |  |
|                | India  |                                     | to provide your s<br>change of status | spouse, child, or p  | arent an                                      | exter     | sion            | or                  |        |  |
| 14 h           | Passport or Travel Document Exp  | iration Date                        |                                       | Yes, filed v   | 39.   | X         | ] No            |                     |        |  |
| 14.00          | (mm/dd/yyyy)   | 09/01/1942                          |                                       | Yes, filed previously and pending with U.S.  |   |           |                 |                     |        |  |
| 1 <b>5.</b> a. | Current Nonimmigrant Status (e.g<br>dependent, etc.)                       | . F-1 student, H-4                  | 3.b.                                  | Citizenship and Immigration Services (USCIS).<br><b>3.b.</b> If pending with USCIS, provide USCIS Receipt Number |   |           |                 |                     |        |  |
|                | B2 - TEMPORARY VISITOR FOR   | R PLEASURE                          |                                       |  |   |           |                 |                     |        |  |
| 15.b           | Expiration Date (mm/dd/yyyy)   | 09/10/2008                          |                                       | e petition or appli<br>ide the following   | cation is pending information:                | ; with U  | SCIS,           | , also              |        |  |
| 16.            | Select this box if you were gra<br>(D/S).                                  | nted Duration of Status             | 4.                                    | First and Last N   | lame of Petitioner                            | r or App  | lican           | t                   |        |  |
| Par            | t 2. Application Type  |                                     | 5.                                    | Date Filed (mm   | /dd/yyyy)                                     |           |                 |                     |        |  |
|                |  |                                     |                                       |  |   |           |                 |                     |        |  |
|                | applying for (select <b>only one</b> box):                                 |                                     |                                       |  | al Informatio                                 | n Abo     | ut tł           | ıe                  |        |  |
| 1.             | Reinstatement to student statu   |                                     | Арј                                   | olicant  |   |           |                 |                     |        |  |
| 2.             | $\mathbf{X}$ An extension of stay in my cu                                 | irrent status.                      |                                       |  | Passport Information                          | ation (if | diffe           | rent f              | rom    |  |
| 3.a.           | A change of status.  |                                     | Part                                  | ,  |   |           |                 |                     |        |  |
| 3.b.           | New status and effective date of c   | hange (mm/dd/yyyy)                  | 1.a.                                  | Passport Number  | er  |           |                 |                     |        |  |
| 3.0            | The change of status I am maguage  |                                     | 1.b.                                  | Country of Pass  | port Issuance                                 |           |                 |                     |        |  |
| 3.c.           | The change of status I am requesti   |                                     |                                       |  |   |           |                 |                     |        |  |
| Num            | han of moonlo included in this annlis                                      | notion (colort only one             | 1.c.                                  | Passport Expira  | tion Date (mm/de                              | ł/yyyy)   |                 |                     |        |  |
| box)           | ber of people included in this applic                                      | cation (select only one             |                                       |  |   |           |                 |                     |        |  |
| 4.             | I am the only applicant.   |                                     | Phy                                   | sical Address  | Abroad  |           |                 |                     |        |  |
| 5.a.           | X Members of my family are fil   | ing this application with           | •                                     | Street Number  | 123 Park Ro                                   | ad        |                 |                     |        |  |
|                | me.  |                                     |                                       | and Name   | 125 PAIK RC                                   | au        |                 |                     |        |  |
| 5.b.           | The total number of people (includ<br>application is: (Complete the supp   |                                     | 2.b.                                  | Apt. St  | te.  Flr.                                     |           |                 |                     |        |  |
|                | co-applicant.)   | 2                                   | 2.c.                                  | City or Town   | Chennai                                       |           |                 |                     |        |  |
|                |  |                                     | 2.d.                                  | Province   | Tamil Nadu                                    |           |                 |                     |        |  |
| Par            | t 3. Processing Information  | 1                                   | 2 е                                   | Postal Code  | 600 001                                       |           |                 |                     |        |  |
| 1.             | I/We request that my/our current of extended until (mm/dd/waw):            |                                     |                                       |  |   |           |                 |                     |        |  |
|                | extended until (mm/dd/yyyy):   | 12/02/2008                          | 2.f.                                  | Country<br>India   |   |           |                 |                     |        |  |
| 2.a.           | Is this application based on an ext<br>status already granted to your spot | -                                   | ٨                                     |  | questions If                                  | 0.000     | r "V-           | a <sup>??</sup> + a | onu of |  |
|                | status aneauy granteu to your spor   | $\Box Yes \qquad \boxed{\times} No$ | the q                                 | uestions in Item   | questions. If you Numbers 3 15 Information to | ., use th | e spa           | ce pro              | ovided |  |

Form I-539 02/04/19

| Part 4. | Additional Information About the |
|---------|----------------------------------|
| Applica | int (continued)                  |

| 11                  |   |                                |                    |                         | provid                                      |
|---------------------|---|--------------------------------|--------------------|-------------------------|---|
| 3.                  | Are you, or any other person include<br>an applicant for an immigrant visa?   | ed on the app<br>Yes           | plication,<br>X No |                         | your k                                      |
| 4.                  | Has an immigrant petition <b>EVER</b> be<br>any other person included in this app   |                                | you or for<br>XNo  | 11.                     | Have S<br>EVEF<br>weapo                     |
| 5.                  | Has Form I-485, Application to Regi<br>Residence or Adjust Status, <b>EVER</b> by<br>by any other person included in this                   | been filed by                  | y you or           | 12.                     | Have y<br>applic<br>nonim                   |
| 6.                  | Have you, or any other person includ <b>EVER</b> been arrested or convicted of since last entering the United States?                       | any crimina                    | -                  | 13.                     | Are yo<br>now in                            |
| EVE                 | e you, or any other person included on $\mathbf{E}\mathbf{R}$ ordered, incited, called for, commit, or otherwise participated in any of the | tted, assiste                  | d, helped          | follo<br>the s<br>the n | wing in<br>pace pro-<br>ame of              |
| 7 <b>.</b> a.       | Acts involving torture or genocide?   | Yes                            | X No               |                         | ırisdicti<br>eedings                        |
| 7.b.                | Killing any person?   | Yes                            | X No               | 14.                     | Have  |
| 7.c.                | Intentionally and severely injuring an  | ny person?                     | X No               | $\sim$                  | applic<br>admitt                            |
| 7.d.                | Engaging in any kind of sexual conta<br>any person who did not consent or w<br>or was being forced or threatened?                           |                                |                    | you a<br>Inclu          | u answe<br>are supp<br>ide doci             |
| 7.e.                | Limiting or denying any person's abi religious beliefs?   |                                | cise<br>🔀 No       | If yo                   | ny inco<br>u answe                          |
| Have<br>EVE<br>8.a. | e you, or any other person included on<br>CR:<br>Served in, been a member of, assisted,   |                                |                    | name<br>emp             | loyment<br>e of the<br>loyer, w<br>ifically |
|                     | military unit, paramilitary unit, police<br>vigilante unit, rebel group, guerrilla gr<br>organization, or any other armed group             | unit, self-de<br>oup, militia, | fense unit,        | 15.                     | Are yo<br>curren<br>a J-2 d                 |
| 8.b.                | Worked, volunteered, or otherwise sijail, prison camp, detention facility, to other situation that involved detaining                       | labor camp,                    | -                  | the d                   | u answo<br>lates you<br>ndent in            |
| 9.                  | Have you, or any other person includ  | led in this ap                 | oplication,        | -                       |   |

Have you, or any other person included in this application,
 EVER been a member of, assisted, 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?

application, **EVER** assisted or participated in selling, providing, or transporting weapons to any person who, to your knowledge, used them against another person?

10. Have you, or any other person included in this

- Have you, or any other person included in this application, EVER received any type of military, paramilitary, or weapons training?
- Have you, or any other person included in this application, done anything that violated the terms of the nonimmigrant status you now hold? Yes X No
- 13. Are you, or any other person included in this application, now in removal proceedings? Yes X No

If you answered "Yes" to **Item Number 13.**, provide the following information concerning the removal proceedings in the space provided in **Part 8. Additional Information**. Include the name of the person in removal proceedings and information on jurisdiction, date proceedings began, and status of proceedings.

14. Have you, or any other person included in this application, been employed in the United States since last admitted or granted an extension or change of status?



If you answered "No" to **Item Number 14.**, fully describe how you are supporting yourself in **Part 8. Additional Information**. Include documentary evidence of the source, amount, and basis for any income.

If you answered "Yes" to **Item Number 14.**, fully describe the employment in **Part 8. Additional Information**. Include the name of the person employed, name and address of the employer, weekly income, and whether the employment was specifically authorized by USCIS.

**15.** Are you, or any other person included in this application, currently or have you ever been a J-1 exchange visitor or a J-2 dependent of a J-1 exchange visitor?

Yes X No

If you answered "Yes" to **Item Number 15.**, you must provide the dates you maintained status as a J-1 exchange visitor or J-2 dependent in **Part 8. Additional Information**.

## Part 5. Applicant's Statement, Contact Information, Declaration, Certification and Signature

**NOTE:** Read the **Penalties** section of the Form I-539 Instructions before completing this section.

### **Applicant's Statement**

**NOTE:** Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.** 

- **1.a.** I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
- **1.b.** X The interpreter named in **Part 6.** read to me every question and instruction on this application and my answer to every question in

#### Tamil

a language in which I am fluent, and I understood everything.

2. At my request, the preparer named in **Part 7.**,

prepared this application for me based only upon information I provided or authorized.

## **Applicant's Contact Information**

- 3. Applicant's Daytime Telephone Number
  7325551212
- Applicant's Mobile Telephone Number (if any)
   7325551212
- 5. Applicant's Email Address (if any) ganesh.murthy@gmail.com

# Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS will require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, I will be required to sign an oath reaffirming that:

- I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

### Applicant's Signature

6.a. Applicant's Signature

- **6.b.** Date of Signature (mm/dd/yyyy)

08/13/2008

**NOTE TO ALL APPLICANTS:** If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

## Part 6. Interpreter's Contact Information, Statement, Certification, and Signature

Provide the following information about the interpreter.

### Interpreter's Full Name

**1.a.** Interpreter's Family Name (Last Name)

Murthy

1.b. Interpreter's Given Name (First Name)

Ganesh

2. Interpreter's Business or Organization Name (if any)

## Part 6. Interpreter's Contact Information, Statement, Certification, and Signature (continued)

### Interpreter's Mailing Address

| 3.a. | Street Number 5 and Name | 55 Gill Ln            |
|------|--------------------------|-----------------------|
| 3.b. | X Apt. Ste.              | <b>F</b> lr. <b>5</b> |
| 3.c. | City or Town             | Iselin                |
| 3.d. | State NJ 3.              | .e. ZIP Code 08330    |
| 3.f. | Province                 |                       |
| 3.g. | Postal Code              |                       |
| 3.h. | Country                  |                       |
|      | USA                      |                       |
|      |                          |                       |

### Interpreter's Contact Information

- 4. Interpreter's Daytime Telephone Number
  7325551212
- 5. Interpreter's Mobile Telephone Number (if any)
  7325551212
- 6. Interpreter's Email Address (if any)
  ganesh.murthy@gmail.com

## Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and Tamil

which is the same language specified in **Part 5.**, **Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

### Interpreter's Signature

7.a. Interpreter's Signature

**7.b.** Date of Signature (mm/dd/yyyy)

08/13/2008

# Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Provide the following information about the preparer.

### Preparer's Full Name

- 1.a. Preparer's Family Name (Last Name)
- **1.b.** <u>Preparer's Given Name (First Name)</u>
- 2. Preparer's Business or Organization Name

# **Preparer's Mailing Address**

| 3.a. | Street Number and Name |
|------|------------------------|
| 3.b. | Apt. Ste. Flr.         |
| 3.c. | City or Town           |
| 3.d. | State 3.e. ZIP Code    |
| 3.f. | Province               |
| 3.g. | Postal Code            |
| 3.h. | Country                |

# **Preparer's Contact Information**

- 4. <u>Preparer's Daytime Telephone Number</u>
- 5. <u>Preparer's Mobile Telephone Number (if any)</u>
- 6. <u>Preparer's Email Address (if any)</u>

## Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant (continued)

### **Preparer's Statement**

- **7.a.** I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
- **7.b.** I am an attorney or accredited representative and my representation of the applicant in this case extends does not extend beyond the preparation of this application.

**NOTE:** If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

## **Preparer's Certification**

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

XELP.CC

### **Preparer's Signature**

8.a. Preparer's Signature

**8.b.** Date of Signature (mm/dd/yyy

| Part 8. Additional Information  | 5.a.        | Page Number 5            | <b>5.b.</b> Part Number | 5.c. | Item Number |
|---|-------------|--------------------------|-------------------------|------|-------------|
| If you need extra space to provide any additional information<br>within this application, use the space below. If you need more<br>space than what is provided, you may make copies of this page<br>to complete and file with this application or attach a separate<br>sheet of paper. Type or print your name and A-Number (if any)<br>at the top of each sheet; indicate the <b>Page Number</b> , <b>Part</b><br><b>Number</b> , and <b>Item Number</b> to which your answer refers; and<br>sign and date each sheet. | 5.d.        |                          |                         |      |             |
| 1.a.     Family Name<br>(Last Name)     Murthy  |             |                          |                         |      |             |
| 1.b. Given Name<br>(First Name) Shankar   |             |                          |                         |      |             |
| 1.c. Middle Name  | ]           |                          |                         |      |             |
| 2. A-Number (if any)<br>► A-  | ]<br>6.a.   | Page Number 6            | <b>b.</b> Part Number   | 6.c. | Item Number |
| <b>3.a.</b> Page Number <b>3.b.</b> Part Number <b>3.c.</b> Item Number   |             |                          |                         |      |             |
| 3 4 14  | <b>6.d.</b> | $\overline{\mathbf{O}}$  |                         |      |             |
| 3.d. We are currently staying with my son   | -           | $\overline{\mathcal{N}}$ |                         |      |             |
| and his family in his apartment. My   |             |                          |                         |      |             |
| son is a full time employee of  | - <u> </u>  |                          |                         |      |             |
| Softtech, Inc with annual salary of   | $\theta$    |                          |                         |      |             |
| \$90,000. Affidavit of support Form<br>I-134 is enclosed herewith.  | 5           |                          |                         |      |             |
|   | -<br>-<br>- |                          |                         |      |             |
|   | - 79        | Page Number 7            | <b>.b.</b> Part Number  | 7.0  | Item Number |
| 4.a. Page Number 4.b. Part Number 4.c. Item Number  |             |                          |                         | 7.0. |             |
|   | <b>7.d.</b> |                          |                         |      |             |
| 4.d.  |             |                          |                         |      |             |
|   | -           |                          |                         |      |             |
|   | _           |                          |                         |      |             |
|   | _           |                          |                         |      |             |
|   | -           |                          |                         |      |             |
|   | -           |                          |                         |      |             |
|   | -           |                          |                         |      |             |
|   | -           |                          |                         |      |             |
|   | -           |                          |                         |      |             |



# Supplemental Information for Application to **Extend/Change Nonimmigrant Status**

USCIS Form I-539A

**Department of Homeland Security** U.S. Citizenship and Immigration Services OMB No. 1615-0003 Expires 08/31/2020

|               | be completed by an<br>attorney or BIA-<br>accredited<br>presentative (if any). | Select this box if<br>Form G-28 is<br>attached.   | Attorney<br>(if applica | State Bar N<br>able)   | umber                     |                             | lited Representative<br>ount Number (if any)        |  |  |  |
|---------------|--|---|-------------------------|--|---------------------------|-----------------------------|---|--|--|--|
|               | START HERE - Type  | e or print in black ink.  |                         |  | •                         |                             |   |  |  |  |
|               | t 1. Information Arm I-539   | About the Person Filin  | ıg                      |  | ssport or 7<br>m/dd/yyy   | Fravel Document Exp<br>y)   | iration Date<br>01/02/2011                          |  |  |  |
| 1 <b>.</b> a. | Family Name<br>(Last Name)   | hy  |                         |  |                           | immigrant Status            |   |  |  |  |
| 1.b.          | Given Name<br>(First Name) Shan  | kar   |                         | B2           12.b. Expiration Date (mm/dd/yyyy)         09/10/2008                   |                           |                             |   |  |  |  |
| 1.c.          | Middle Name  |   |                         |  | -                         |                             |   |  |  |  |
| Par           | t 2. Information   | About You   |                         | Provide Your Current Passport Information (if different from <b>Item Number 9.</b> ) |                           |                             |   |  |  |  |
| the F<br>Form | form I-539 application.<br>n I-539A. Do not inclu                              | more than one person is inc<br>List each person on a sepa<br>de the person named in For | rate                    |  | ssport Nur<br>ountry of P | nber<br>Passport Issuance   |   |  |  |  |
| <b>1.a.</b>   | Family Name<br>(Last Name) Murt  | hy  |                         |  |                           |                             |   |  |  |  |
| 1.b.          | Given Name<br>(First Name) Parv  | athi  |                         |  | ssport Exp<br>m/dd/yyy    | piration Date<br>y)         |   |  |  |  |
| 1.c.          | Middle Name  |   |                         | 14. US   | SCIS Onlin                | ne Account Number (         | if any)   |  |  |  |
| 2.            | Date of Birth (mm/dd   | /yyyy) <b>05/09/194</b>   | 5                       | •<br>  | •                         |                             |   |  |  |  |
| 3.            | Country of Birth   |   |                         |  |                           | cant's Statement,           |   |  |  |  |
|               | India  |   |                         | Inform<br>Signat   |                           | Declaration, Cert           | ification and                                       |  |  |  |
| 4.            | Country of Citizenshi  | p or Nationality  |                         | 0  |                           | Penalties section of t      | ha Form I 520 and                                   |  |  |  |
|               | India  | $-\beta$  |                         |  |                           | uctions before comple       |   |  |  |  |
| 5.            | U.S. Social Security N   | Number (if any)   |                         | Applica  | ant's Sta                 | itement                     |   |  |  |  |
| 6.            | •  | A-  |                         | applicabl  | le, select t              | he box for <b>Item Num</b>  |   |  |  |  |
| 7.            | Date of Arrival (mm/   | dd/yyyy) 03/11/2008   | 3                       | 1.a.   | and und                   |                             | glish, and I have read<br>n and instruction on this |  |  |  |
|               | ide Information About<br>ed States   | Your Most Recent Entry In   | to the                  | 1.b. 🗙   | The inte                  | rpreter named in <b>Par</b> |   |  |  |  |
| 8.            | Form I-94 Arrival-De   | parture Record Number   |                         |  | to every                  | question in                 |   |  |  |  |
|               | ▶ 2  | 8 7 3 7 7 0 1 9   | 9 1 8                   |  | Tamil                     | ge in which I am flue       | nt and Lunderstood                                  |  |  |  |
| 9.            | Passport Number B1   | 2345678   |                         |  | everythi                  | ng.                         |   |  |  |  |
| 10.           | Travel Document Nur  | mber  |                         | 2.   | At my re                  | equest, the preparer n      | amed in <b>Part 5.</b> ,                            |  |  |  |
| 11.a.         | Country of Passport of   | or Travel Document Issuanc  | e                       |  | prepared                  | l this form for me bas      | , sed only upon                                     |  |  |  |
|               | India  |   |                         |  |                           | tion I provided or aut      |   |  |  |  |

## **Part 3. Applicant's Statement, Contact Information, Declaration, Certification and Signature** (continued)

### **Applicant's Contact Information**

- Applicant's Daytime Telephone Number
   7325551212
- 4. Applicant's Mobile Telephone Number (if any)
  7325551212
- 5. Applicant's Email Address (if any)
  ganesh.murthy@gmail.com

# Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this form, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS will require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, I will be required to sign an oath reaffirming that:

- 1) I reviewed and understood all of the information contained in, and submitted with, my form; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my form and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my form and that all of this information is complete, true, and correct.

## Applicant's Signature

| 6.a. | Applicant's | Signature |
|------|-------------|-----------|
|------|-------------|-----------|

**6.b.** Date of Signature (mm/dd/yyyy)

08/13/2008

**NOTE TO ALL APPLICANTS:** If you do not completely fill out this form or fail to submit required documents listed in the Instructions, USCIS may deny the Form I-539 filed on your behalf.

## Part 4. Interpreter's Contact Information, Statement, Certification, and Signature

Provide the following information about the interpreter you used to complete Form I-539A if he or she is different from the interpreter used to complete the Form I-539 filed on your behalf.

### Interpreter's Full Name

**1.a.** Interpreter's Family Name (Last Name)

Murthy

**1.b.** Interpreter's Given Name (First Name)

Ganesh

2. Interpreter's Business or Organization Name (if any)

# Interpreter's Mailing Address

| 3.a. | Street Number<br>and Name 55 Gill Ln |                                   |  |  |  |  |  |  |  |  |
|------|--------------------------------------|-----------------------------------|--|--|--|--|--|--|--|--|
| 3.b. | X Apt. Ste. Flr. 5                   |                                   |  |  |  |  |  |  |  |  |
| 3.e. | City or Town                         | Iselin                            |  |  |  |  |  |  |  |  |
| 3.d. | State NJ                             | <b>3.e.</b> ZIP Code <b>08830</b> |  |  |  |  |  |  |  |  |
| 3.f. | Province                             |                                   |  |  |  |  |  |  |  |  |
| 3.g. | Postal Code                          |                                   |  |  |  |  |  |  |  |  |
| 3.h. | Country                              |                                   |  |  |  |  |  |  |  |  |
|      | IISA                                 |                                   |  |  |  |  |  |  |  |  |

(USPS ZIP Code Lookup)

## Interpreter's Contact Information

- 4. Interpreter's Daytime Telephone Number
  7325551212
- 5. Interpreter's Mobile Telephone Number (if any)
  7325551212
- 6. Interpreter's Email Address (if any)
  ganesh.murthy@gmail.com

## Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and **Tamil** 

which is the same language specified in **Part 3.**, **Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this form and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the form, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

## **Part 4. Interpreter's Contact Information, Statement, Certification, and Signature** (continued)

### Interpreter's Signature

- 7.a. Interpreter's Signature
- **7.b.** Date of Signature (mm/dd/yyyy)

08/13/2008

## Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Provide the following information about the preparer you used to complete Form I-539A if he or she is different from the preparer used to complete the Form I-539 filed on your behalf.

## Preparer's Full Name

- **1.a.** Preparer's Family Name (Last Name)
- 1.b. Preparer's Given Name (First Name)
- 2. Preparer's Business or Organization Name

## **Preparer's Mailing Address**

| 2.           |                           |
|--------------|---------------------------|
| <b>3</b> .a. | Street Number<br>and Name |
|              |                           |
| <b>3.b.</b>  | Apt. Ste. Flr.            |
|              |                           |
| 3.c.         | City or Town              |
|              |                           |
| 3.d.         | State 3.e. ZIP Code       |
|              |                           |
| <b>3.f.</b>  | Province                  |
|              |                           |
| 3.g.         | Postal Code               |
|              |                           |
| 3.h.         | Country                   |
|              |                           |
|              |                           |

### **Preparer's Contact Information**

- 4. Preparer's Daytime Telephone Number
- 5. Preparer's Mobile Telephone Number (if any)
- 6. Preparer's Email Address (if any)

### **Preparer's Statement**

- **7.a.** I am not an attorney or accredited representative but have prepared this form on behalf of the applicant and with the applicant's consent.
- **7.b.** I am an attorney or accredited representative and my representation of the applicant in this case extends does not extend beyond the preparation of this form.

**NOTE:** If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this form.

## **Preparer's Certification**

By my signature, I certify, under penalty of perjury, that I prepared this form at the request of the applicant. The applicant then reviewed this completed form and informed me that he or she understands all of the information contained in, and submitted with, his or her form, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this form based only on information that the applicant provided to me or authorized me to obtain or use.

### **Preparer's Signature**

- **8.a.** Preparer's Signature
- **8.b.** Date of Signature (mm/dd/yyyy)

| Par   | t 6. Additio   | nal Inf   | formation   |   |  | 5.a.  | Page Number              | 5.b. | Part Number | 5.c. | Item Number |
|---|--|---|---|---|--|---|--------------------------|------|-------------|------|-------------|
| with<br>than<br>comp<br>of pa<br>top c<br>and l | u need extra spa<br>in this form, use<br>what is provide<br>blete and file wi<br>per. Type or pu<br>f each sheet; in<br>tem Number to<br>each sheet. | e the space<br>ed, you m<br>ith this ap<br>rint your<br>dicate th | ce below. If y<br>hay make cope<br>pplication or a<br>name and A-<br>e <b>Page Numb</b> | you need<br>ies of th<br>attach a<br>Number<br><b>Der, Pa</b> r | I more space<br>is page to<br>separate sheet<br>(if any) at the<br><b>t Number</b> , |   |                          |      |             |      |             |
| 1.a.  | Family Name<br>(Last Name)   | Murth   | ny  |   |  | ]   |                          |      |             |      |             |
| 1.b.  | Given Name<br>(First Name)   | Parva   | athi  |   |  | ]   |                          |      |             |      |             |
| 1.c.  | Middle Name  |   |   |   |  |   |                          |      |             |      |             |
| 2.  | A-Number (if   | any)<br>► A   | <b>\-</b>   |   |  | ]   |                          |      | <u> </u>    |      |             |
| <b>3.</b> a.                                    | Page Number  | <b>3.b.</b>   | Part Number   | 3.c.  | Item Number  | <b>6.a.</b>   | Page Number              | 6.b. | Part Number | 6.c. | Item Number |
| 3.d.  |  |   |   |   |  | - 6.d.  | $\overline{\mathcal{A}}$ |      |             |      |             |
| 4.a.<br>4.d.                                    | Page Number  | 4.b.  | Part Number   | 4.c.  | Item Number  | -<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>- | Page Number              | 7.b. | Part Number | 7.c. | Item Number |
|   |  |   |   |   |  | -   |                          |      |             |      |             |