

EXPEDITE

November 16, 2017

VIA FEDERAL EXPRESS

USCIS
Attn: HP
2501 S. State Hwy 121, Business
Suite 400
Lewisville, TX 75067

Re: Application for Humanitarian Parole of [REDACTED] [REDACTED] (A206-063-179) on Behalf of Her Granddaughter [REDACTED] [REDACTED]

To Whom It May Concern:

I am submitting this application for humanitarian parole filed by our client [REDACTED] [REDACTED] an asylee from China, on behalf of her granddaughter [REDACTED] [REDACTED] who is currently in China. Pursuant to INA § 212(d)(5) and 8 C.F.R. § 212.5, this request for humanitarian parole is on behalf of a three-year-old child whose entire family is moving to the United States. We respectfully request a grant of humanitarian parole for 548 days to allow for family reunification.

[REDACTED] [REDACTED] has no support system left in China and she is unable to support herself. Humanitarian parole should be granted so that [REDACTED] [REDACTED] can remain with her family. In addition, since [REDACTED] [REDACTED] mother's travel document expires on January 13, 2018, we ask that you expedite this request so that [REDACTED] [REDACTED] can travel with her mother.

Factual Background:

The facts that follow are laid out in greater detail in Ms. [REDACTED] application for asylum in the United States, which the Honorable Brigitte Laforest approved on November 22, 2016. Ex. F. Ms. [REDACTED] is a devout follower of Falun Gong, a spiritual movement banned by the Chinese government as an "evil cult." For this, Chinese authorities persecuted her for years before she fled to the United States.

Two or three days after the Chinese government banned Falun Gong in 1999, Chinese authorities beat, arrested, and detained Ms. [REDACTED] for practicing Falun Gong in a public park. Following her detention, Ms. [REDACTED] and her family regularly faced threats by Chinese authorities, who frequently ransacked Ms. [REDACTED] home looking for Falun Gong materials. In addition, the Chinese government arrested Ms. [REDACTED] husband on numerous occasions

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for his practice of Falun Gong. As a result, Ms. [REDACTED] and her family lived in a constant state of fear.

In August 2012, Ms. [REDACTED] fears were realized. Chinese authorities arrested many Falun Gong practitioners—many of whom are still detained—and attempted to arrest Ms. [REDACTED] for her involvement in Falun Gong. Ms. [REDACTED] went into hiding until she escaped to the United States in [REDACTED]. Since her flight, Chinese authorities have visited Ms. [REDACTED] home looking for her, stating that they know she is involved in the Falun Gong movement in the United States, and threatening to punish Ms. [REDACTED] if she returns to China.

Based on these facts, Ms. [REDACTED] was granted asylum in the United States. Ex. F. She then filed I-730 petitions for her husband, [REDACTED] [REDACTED] ([REDACTED]) and children, [REDACTED] [REDACTED] ([REDACTED]) and [REDACTED] [REDACTED] ([REDACTED]). USCIS approved the petitions on [REDACTED], and the U.S. consulate in Guangzhou, China subsequently issued a transport authorization for [REDACTED] [REDACTED] on [REDACTED]. Exs. M, N, O & P.

Current Situation of [REDACTED] [REDACTED]

In 2014, Ms. [REDACTED] daughter, [REDACTED] [REDACTED] gave birth to [REDACTED] [REDACTED] who is now three years old. Ex. G. [REDACTED] [REDACTED] entire support system is moving to the United States; [REDACTED] [REDACTED] will have no one to support her in China, and at three-years-old she is unable to support herself.

[REDACTED] [REDACTED] is not married, and [REDACTED] [REDACTED] father is unwilling to support the child. Ex. C. In fact, he is not even listed on [REDACTED] [REDACTED] birth certificate. Exs. C, G. She has no other relatives in China except her great-grandmother, who is 72 years old and ill, and an aunt who is unable and unwilling to raise her. Ex. C. Moreover, even if [REDACTED] [REDACTED] had support elsewhere in China, she would be severely disadvantaged if forced to move. [REDACTED] [REDACTED] Household Registry ties her to her mother's address in Huashan Town, and requiring her to move outside of Huashan would mean that she could not register for school or other public benefits. Ex. Q. In addition to [REDACTED] [REDACTED] complete reliance on her mother and inability to support herself, she is at a crucial stage in her development. Ex. C. Separation from her mother and support system would cause irreparable harm from which she might never recover. If she has any health, academic, or other issues, she will need the support of her family. Ex. C.

Legal Custody:

[REDACTED] [REDACTED] father has never asserted legal custody. Ex. C. Further, as noted above, he is not listed on [REDACTED] [REDACTED] birth certificate, Ex. G, and [REDACTED] [REDACTED] is

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included in her mother [REDACTED] household registry, along with her maternal relatives [REDACTED] and [REDACTED] Ex. Q.

Inability to Obtain Visa or Waiver of Admissibility:

[REDACTED] is not eligible for a non-immigrant visa that would allow her to enter with her family into the United States.

Sponsorship:

Ms. [REDACTED] has submitted an I-134 Affidavit of Support on behalf of [REDACTED] and has sufficient means to support her. Ex. D. Ms. [REDACTED] has an annual income of [REDACTED] and savings and checking accounts worth [REDACTED] (a Chase savings account worth [REDACTED]; a Chase checking account worth [REDACTED]; a TD Bank savings account worth [REDACTED]; and a TD Bank checking account worth [REDACTED]). Ex. D. She also has personal property of about \$[REDACTED] and real estate of about [REDACTED] in China. Ex. D. Ms. [REDACTED] will draw on these means in order to provide for [REDACTED] housing, medical, school, and other needs.

In addition, Ms. [REDACTED] husband, [REDACTED] and daughter, [REDACTED] are listed as partial-dependents because they intend to seek employment as soon as they arrive. Thus, they will also be able to contribute to providing for [REDACTED] as soon as they have an income. Since they intend to live in one household, they will also be able to contribute to caring for [REDACTED] Ms. [REDACTED] only has one other dependent—her son, [REDACTED]

Supporting Documentation:

The following documents are attached in support of this application for humanitarian parole:

- Ex. A G-28
- Ex. B I-131 Application for Travel Document for [REDACTED] (with two passport photographs)
- Ex. C Declaration of [REDACTED] in Support of Her Application for Humanitarian Parole for Her Granddaughter [REDACTED]
- Ex. D I-134 Affidavit of Support from [REDACTED] on Behalf of [REDACTED] with Supporting Financial Documentation (with two passport photographs)
- Ex. E Copy of [REDACTED] Chinese Passport
- Ex. F Copy of the Order of the Immigration Judge, the Honorable Brigitte Laforest, dated [REDACTED], granting [REDACTED] Asylum

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- Ex. G Copy of [REDACTED] Birth Certificate, with English Translation and Certificate of Translation
- Ex. H Copy of Certificate of Familial Relationship, with English Translation and Certificate of Translation
- Ex. I Copy [REDACTED] Marriage Certificate, with English Translation and Certificate of Translation
- Ex. J Copy [REDACTED] Divorce Certificate, with English Translation and Certificate of Translation
- Ex. K Copy [REDACTED] Birth Certificate, with English Translation and Certificate of Translation
- Ex. L Copy of [REDACTED] Birth Certificate, with English Translation and Certificate of Translation
- Ex. M Copy of Notice of Approval [REDACTED] Form I-730
- Ex. N Copy of Notice of Approval [REDACTED] Form I-730
- Ex. O Copy of Notice of Approval [REDACTED] Form I-730
- Ex. P Copy [REDACTED] Authorization to Transport to the United States
- Ex. Q Copy of [REDACTED] Household Registry, with English Translation and Certificate of Translation

Conclusion

For all of the above reasons, [REDACTED] merits a favorable exercise of discretion for humanitarian parole so that she can be unified with her family and only caretakers.

If you have any questions or require any further documentation, please do not hesitate to contact me by phone at (212) 351-3888 or via email at AZbrozek@gibsondunn.com. Thank you for your attention to this application.

Sincerely,



Alex Zbrozek

Encls.

EXHIBIT A

DHS
Form G-28
OMB No. 1615-0105
Expires 03/31/2018

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466
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2.a. Family Name (Last Name) Zbrozek

2.b. Given Name (First Name) Alexander

2.c. Middle Name Steven

3.a. Street Number and Name [REDACTED]

3.b. Apt. ☐ Ste. ☐ Flr. ☒ [REDACTED]

3.c. City or Town New York

3.d. State NY 3.e. ZIP Code [REDACTED]

3.f. Province N/A

3.g. Postal Code N/A

3.h. Country USA

4. Daytime Telephone Number [REDACTED]

5. Fax Number [REDACTED]

6. E-Mail Address (if any) [REDACTED]

7. Mobile Telephone Number (if any) N/A

I-131 I-134

N/A

N/A

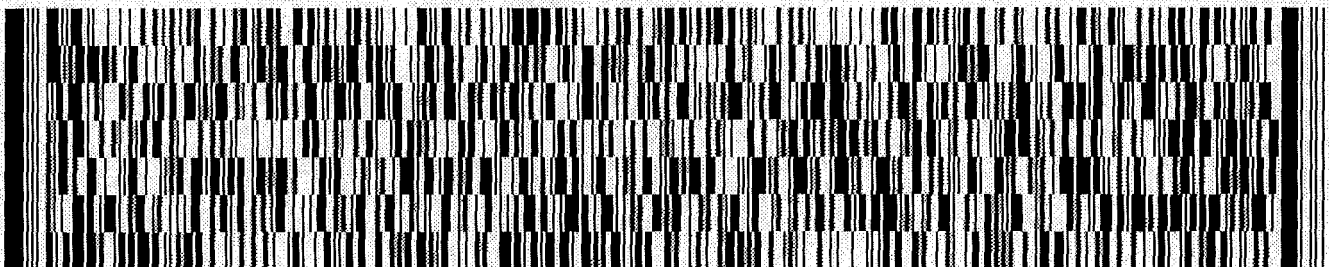
☒ Applicant ☐ Petitioner ☐ Requestor
☐ Respondent (ICE, CBP)

5.a. Family Name (Last Name) [REDACTED]

5.b. Given Name (First Name) [REDACTED]

5.c. Middle Name N/A

6. Name of Company or Organization (if applicable)
N/A



Part 2. Notice of Appearance as Attorney or Accredited Representative (continued)

Information About Applicant, Petitioner, Requestor, or Respondent (continued)

7. USCIS ELIS Account Number (if any)

▶

8. Alien Registration Number (A-Number) or Receipt Number

9. Daytime Telephone Number

0

10. Mobile Telephone Number (if any)

N/A

11. E-Mail Address (if any)

Mailing Address of Applicant, Petitioner, Requestor, or Respondent

NOTE: Provide the mailing address of the applicant, petitioner, requestor, or respondent. If the applicant, petitioner, requestor, or respondent has used a safe mailing address on the application, petition, or request being filed with this Form G-28, provide it in these spaces.

12.a. Street Number and Name

12.b. Apt. ☐ Ste. ☐ Flr. ☐ N/A

12.c. City or Town

12.d. State 12.e. ZIP Code

12.f. Province N/A

12.g. Postal Code N/A

12.h. Country

Part 3. Eligibility Information for Attorney or Accredited Representative

Select all applicable items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. (If you need additional space, use Part 6.)

Licensing Authority

New York State

1.b. Bar Number (if applicable)

1.c. Name of Law Firm

Gibson, Dunn & Crutcher LLP

1.d. I (choose one) ☒ am not ☐ am

subject to any order of any court or administrative agency disbaring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law. If you are subject to any orders, explain in the space below. (If you need additional space, use Part 6.)

N/A

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals, in accordance with 8 CFR 292.2. Provide the name of the organization and the expiration date of accreditation.

2.b. Name of Recognized Organization

N/A

2.c. Date accreditation expires

(mm/dd/yyyy) ▶

N/A

Part 3. Eligibility Information for Attorney or Accredited Representative (continued)

3. ☐ I am associated with

N/A
the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative is at his or her request.

NOTE: If you select this item, also complete **Item Numbers 1.a. - 1.b. or Item Numbers 2.a. - 2.c.** in **Part 3.** (whichever is appropriate).

- 4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2)(iv).

- 4.b. Name of Law Student or Law Graduate

N/A

Part 4. Applicant, Petitioner, Requestor, or Respondent Consent to Representation, Contact Information, and Signature

Consent to Representation and Release of Information

1. I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and DHS policy, I also consent to the disclosure to the named attorney or accredited representative of any record pertaining to me that appears in any system of records of USCIS, ICE or CBP.

When you (the applicant, petitioner, requestor, or respondent) are represented, DHS will send notices to both you and your attorney or accredited representative either through mail or electronic delivery.

DHS will also send the Form I-94, Arrival Departure Record, to you **unless** you select **Item Number 2.a.** in **Part 4.** All secure identity documents and Travel Documents will be sent to you (the applicant, petitioner, requestor, or respondent) unless you ask us to send those documents to your attorney of record or accredited representative.

If you do not want to receive original notices or secure identity documents directly, but would rather have such notices and documents sent to your attorney of record or accredited representative, please select **all applicable** boxes below:

- 2.a. ☒ I request DHS send any notice (including Form I-94) on an application, petition, or request to the business address of my attorney of record or accredited representative as listed in this form. I understand that I may change this election at any future date through written notice to DHS.
- 2.b. ☒ I request that DHS send any secure identity document, such as a Permanent Resident Card, Employment Authorization Document, or Travel Document, that I am approved to receive and authorized to possess, to the business address of my attorney of record or accredited representative as listed in this form. I consent to having my secure identity document sent to my attorney of record or accredited representative and understand that I may request, at any future date and through written notice to DHS, that DHS send any secure identity document to me directly.

- 3.a. Signature of Applicant, Petitioner, Requestor, or Respondent

[Redacted Signature]

- 3.b. Date of Signature (mm/dd/yyyy) ▶

[Redacted Date]

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before the Department of Homeland Security. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. Signature of Attorney or Accredited Representative

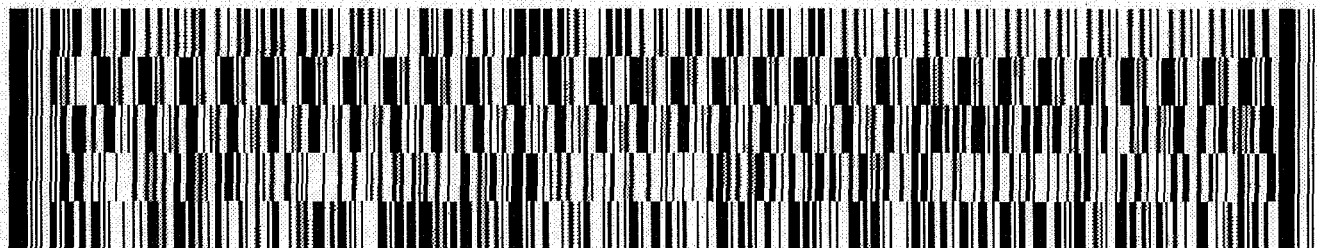
[Redacted Signature]

2. Signature of Law Student or Law Graduate

[Redacted Signature]

3. Date of Signature (mm/dd/yyyy) ▶

[Redacted Date]



Use the space below to provide additional information pertaining to **Part 3., Item Numbers 1.a. - 1.d.**

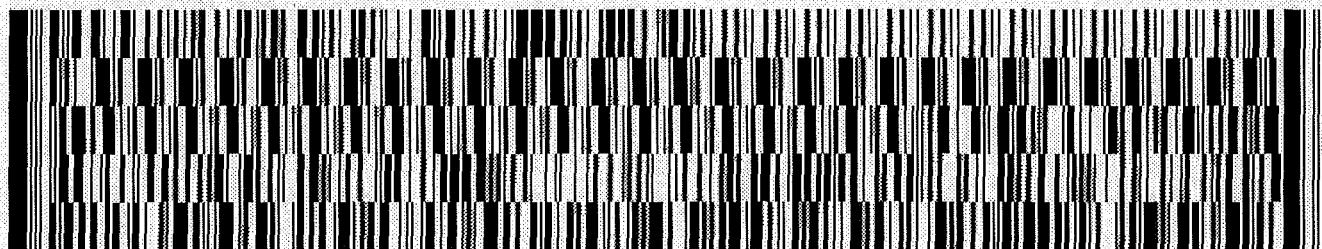
This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

EXHIBIT B

EXPEDITE



Application for Travel Document

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

USCIS
Form I-131
OMB No. 1615-0013
Expires 12/31/2018

For USCIS Use Only	Receipt	Action Block	To Be Completed by an Attorney/ Representative, if any. <input type="checkbox"/> Fill in box if G-28 is attached to represent the applicant. Attorney State License Number: _____
	<input type="checkbox"/> Document Hand Delivered By: _____ Date: ____/____/____		
	Document Issued <input type="checkbox"/> Re-entry Permit (Update "Mail To" Section) <input type="checkbox"/> Refugee Travel Document (Update "Mail To" Section) <input type="checkbox"/> Single Advance Parole <input type="checkbox"/> Multiple Advance Parole Valid Until: ____/____/____		
		Mail To (Re-entry & Refugee Only) <input type="checkbox"/> Address in Part I <input type="checkbox"/> US Consulate at: _____ <input type="checkbox"/> Intl DHS Ofc at: _____	

► **Start Here.** Type or Print in Black Ink

Part 1. Information About You

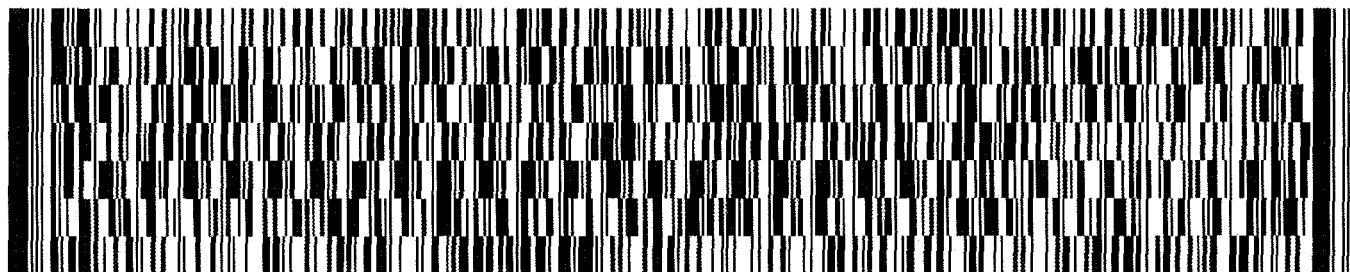
1.a. Family Name (Last Name) [REDACTED]
 1.b. Given Name (First Name) [REDACTED]
 1.c. Middle Name N/A

Physical Address

2.a. In Care of Name [REDACTED]
 2.b. Street Number and Name [REDACTED]
 2.c. Apt. ☐ Ste. ☐ Flr. ☐ N/A
 2.d. City or Town [REDACTED]
 2.e. State [REDACTED] 2.f. ZIP Code [REDACTED]
 2.g. Postal Code N/A
 2.h. Province N/A
 2.i. Country [REDACTED]

Other Information

3. Alien Registration Number (A-Number) ► [REDACTED]
 4. Country of Birth
 China
 5. Country of Citizenship
 China
 6. Class of Admission
 [REDACTED]
 7. Gender ☐ Male ☒ Female
 8. Date of Birth (mm/dd/yyyy) ► [REDACTED]
 9. U.S. Social Security Number (if any)
 ► [REDACTED]



Part 2. Application Type

- 1.a. ☐ I am a permanent resident or conditional resident of the United States, and I am applying for a reentry permit.
- 1.b. ☐ I now hold U.S. refugee or asylee status, and I am applying for a Refugee Travel Document.
- 1.c. ☐ I am a permanent resident as a direct result of refugee or asylee status, and I am applying for a Refugee Travel Document.
- 1.d. ☐ I am applying for an Advance Parole Document to allow me to return to the United States after temporary foreign travel.
- 1.e. ☐ I am outside the United States, and I am applying for an Advance Parole Document.
- 1.f. ☒ I am applying for an Advance Parole Document for a person who is outside the United States.

If you checked box "1.f." provide the following information about that person in 2.a. through 2.p.

- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name
- 2.d. Date of Birth (mm/dd/yyyy) ▶

2.e. Country of Birth

2.f. Country of Citizenship

2.g. Daytime Phone Number () -

Physical Address (If you checked box 1.f.)

2.h. In Care of Name

2.i. Street Number and Name

2.j. Apt. ☐ Ste. ☐ Flr. ☐

2.k. City or Town

2.l. State 2.m. ZIP Code

2.n. Postal Code

2.o. Province

2.p. Country

Part 3. Processing Information

1. Date of Intended Departure (mm/dd/yyyy) ▶
2. Expected Length of Trip (in days)
- 3.a. Are you, or any person included in this application, now in exclusion, deportation, removal, or rescission proceedings? ☐ Yes ☒ No
- 3.b. If "Yes", Name of DHS office:

4.a. Have you ever before been issued a reentry permit or Refugee Travel Document? (If "Yes" give the following information for the last document issued to you):

☐ Yes ☒ No

4.b. Date Issued (mm/dd/yyyy) ▶

4.c. Disposition (attached, lost, etc.):

If you are applying for a non-DACA related Advance Parole Document, skip to Part 7; DACA recipients must complete Part 4 before skipping to Part 7.

Part 3. Processing Information (continued)

Where do you want this travel document sent? (Check one)

5. ☒ To the U.S. address shown in Part 1 (2.a through 2.i.) of this form.
6. ☐ To a U.S. Embassy or consulate at:
- 6.a. City or Town N/A
- 6.b. Country N/A
7. ☐ To a DHS office overseas at:
- 7.a. City or Town N/A
- 7.b. Country N/A
- If you checked "6" or "7", where should the notice to pick up the travel document be sent?
8. ☐ To the address shown in Part 2 (2.h. through 2.p.) of this form.
9. ☐ To the address shown in Part 3 (10.a. through 10.i.) of this form.:

10.a. In Care of Name

N/A

10.b. Street Number and Name

N/A10.c. Apt. ☐ Ste. ☐ Flr. ☐N/A

10.d. City or Town

N/A

10.e. State

N/A

10.f. ZIP Code

N/A

10.g. Postal Code

N/A

10.h. Province

N/A

10.i. Country

N/A

10.j. Daytime Phone Number () -

Part 4. Information About Your Proposed Travel

1.a. Purpose of trip. (If you need more space, continue on a separate sheet of paper.)

For family unification purpose--to
remain with mother and other
caretakers.

1.b. List the countries you intend to visit. (If you need more space, continue on a separate sheet of paper.)

United States

Part 5. Complete Only If Applying for a Re-entry Permit

Since becoming a permanent resident of the United States (or during the past 5 years, whichever is less) how much total time have you spent outside the United States?

- 1.a. ☐ less than 6 months 1.d. ☐ 2 to 3 years
- 1.b. ☐ 6 months to 1 year 1.e. ☐ 3 to 4 years
- 1.c. ☐ 1 to 2 years 1.f. ☐ more than 4 years

2. Since you became a permanent resident of the United States, have you ever filed a Federal income tax return as a nonresident or failed to file a Federal income tax return because you considered yourself to be a nonresident? (If "Yes" give details on a separate sheet of paper.)

☐ Yes ☐ No

EXPEDITE

Part 6. Complete Only If Applying for a Refugee Travel Document

1. Country from which you are a refugee or asylee:

N/A

If you answer "Yes" to any of the following questions, you must explain on a separate sheet of paper. Include your Name and A-Number on the top of each sheet.

2. Do you plan to travel to the country
- ☐
- Yes
- ☐
- No named above?

Since you were accorded refugee/asylee status, have you ever:

- 3.a. Returned to the country named
- ☐
- Yes
- ☐
- No above?

- 3.b. Applied for and/or obtained a national passport, passport renewal, or entry permit of that country?

☐ Yes ☐ No

- 3.c. Applied for and/or received any benefit from such country (for example, health insurance benefits)?

☐ Yes ☐ No

Since you were accorded refugee/asylee status, have you, by any legal procedure or voluntary act:

- 4.a. Reacquired the nationality of the
- ☐
- Yes
- ☐
- No country named above?

- 4.b. Acquired a new nationality?
- ☐
- Yes
- ☐
- No

- 4.c. Been granted refugee or asylee status
- ☐
- Yes
- ☐
- No in any other country?

Part 7. Complete Only If Applying for Advance Parole

On a separate sheet of paper, explain how you qualify for an Advance Parole Document, and what circumstances warrant issuance of advance parole. Include copies of any documents you wish considered. (See instructions.)

1. How many trips do you intend to use this document?
-
- ☐
- One Trip
- ☒
- More than one trip

If the person intended to receive an Advance Parole Document is outside the United States, provide the location (City or Town and Country) of the U.S. Embassy or consulate or the DHS overseas office that you want us to notify.

- 2.a. City or Town

[REDACTED]

- 2.b. Country

[REDACTED]

If the travel document will be delivered to an overseas office, where should the notice to pick up the document be sent?:

3. ☐ To the address shown in Part 2 (2.h. through 2.p.) of this form.
4. ☐ To the address shown in Part 7 (4.a. through 4.i.) of this form.

- 4.a. In Care of Name

N/A

- 4.b. Street Number and Name

N/A

- 4.c. Apt.
- ☐
- Ste.
- ☐
- Flr.
- ☐

N/A

- 4.d. City or Town

N/A

- 4.e. State

N/A

- 4.f. ZIP Code

N/A

- 4.g. Postal Code

N/A

- 4.h. Province

N/A

- 4.i. Country

N/A

- 4.j. Daytime Phone Number () -

[REDACTED]

[REDACTED]

[REDACTED]

Part 8. Signature of Applicant (Read the information on penalties in the Form instructions before completing this Part.) If you are filing for a Re-entry Permit or Refugee Travel Document, you must be in the United States to file this application.

- 1.a. I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it is all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.

Signature of Applicant



1.b. Date of Signature (mm/dd/yyyy) ►

2. Daytime Phone Number (

NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, your application may be denied.

Part 9. Information About Person Who Prepared This Application, If Other Than the Applicant

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

Preparer's Full Name

Provide the following information concerning the preparer:

- 1.a. Preparer's Family Name (Last Name)

Zbrozek

- 1.b. Preparer's Given Name (First Name)

Alexander

2. Preparer's Business or Organization Name

Gibson Dunn & Crutcher LLP

Preparer's Mailing Address

- 3.a. Street Number and Name

- 3.b. Apt. ☐ Ste. ☐ Flr. ☒

- 3.c. City or Town

New York

- 3.d. State

NY

- 3.e. ZIP Code

- 3.f. Postal Code

N/A

- 3.g. Province

N/A

- 3.h. Country

USA

Preparer's Contact Information

4. Preparer's Daytime Phone Number

Extension

(

N/A

5. Preparer's E-mail Address (if any)

Declaration

To be completed by all preparers, including attorneys and authorized representatives: I declare that I prepared this benefit request at the request of the applicant, that it is based on all the information of which I have knowledge, and that the information is true to the best of my knowledge.

- 6.a. Signature of Preparer

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

NOTE: If you require more space to provide any additional information, use a separate sheet of paper. You must include your Name and A-Number on the top of each sheet.

EXHIBIT C

**UNITED STATES DEPARTMENT OF HOMELAND SECURITY
HUMANITARIAN ASSISTANCE BRANCH**

**DECLARATION OF [REDACTED] IN SUPPORT OF
APPLICATION FOR HUMANITARIAN PAROLE FOR [REDACTED] [REDACTED]**

I, [REDACTED] declare under penalty of perjury that the statements that follow are true and correct to the best of my knowledge and belief:

I Was Granted Asylum and My Family Was Granted Derivative Asylum in the United States

1. My full name is [REDACTED] I was born on [REDACTED] I submit this affidavit in support of the application for humanitarian parole of my three-year-old granddaughter [REDACTED] [REDACTED] This affidavit was read to me in Chinese before I signed it, and I understand its contents and swear that they are true and correct.
2. I met my husband, [REDACTED] [REDACTED] in [REDACTED] and we married on [REDACTED] This marriage certificate is unavailable, as I was forced to surrender it when the Chinese authorities' persecution of us because of our membership in Falun Gong caused us to divorce on or around [REDACTED]. Ex. J (2001 Divorce Certificate).¹ We re-married in [REDACTED] Ex. I (2007 Marriage Certificate).
3. On [REDACTED] I gave birth to our daughter, [REDACTED] [REDACTED] Ex. K ([REDACTED] [REDACTED] Birth Certificate).²

¹ All exhibits referenced herein are attached to the [REDACTED] letter from my pro bono counsel, Alexander Zbrozek.

² A copy of the birth certificate issued by the province's health department is not available because [REDACTED] [REDACTED] was born at home, and the Ministry of Health did not issue certificates for children born at home when [REDACTED] was born. I am unable to obtain a certificate of nonexistence from the Chinese government because I have just received asylum in the United States, and I fear drawing attention to myself and my family members who are still inside China and at a risk of persecution by the government.

4. On [REDACTED], I gave birth to our son, [REDACTED] Ex. L ([REDACTED] Birth Certificate).
5. On [REDACTED], my daughter gave birth to my granddaughter, [REDACTED] Ex. G ([REDACTED] Birth Certificate).
6. On [REDACTED], I was granted asylum by the Honorable Judge [REDACTED] at the New York Immigration Court. Ex. F ([REDACTED] Immigration Order).
7. On [REDACTED] I filed Form I-730s on behalf of my husband, [REDACTED] my daughter, [REDACTED] and my son, [REDACTED] On [REDACTED] [REDACTED] and [REDACTED] Form I-730s were granted. Exs. M, N, and O ([REDACTED] [REDACTED] and [REDACTED] approval notices).

There Is an Urgent Humanitarian Need for an Advance Parole Document for my Granddaughter [REDACTED]

8. [REDACTED] is three years old. Her parents are unmarried and she relies entirely on her unmarried mother (my daughter), [REDACTED] and her grandfather (my husband), [REDACTED] for support. Her grandfather and uncle will be travelling to the United States on or around [REDACTED] pursuant to the approval of their Form I-730s, and her mother's travel authorization document expires on [REDACTED] Ex. P. (Authorization to Transport).
9. If [REDACTED] cannot travel with them, she will be left alone in China with no one to take care of her. Her mother, grandfather, and uncle constitute the entirety of her support system. As a three-year-old child, she relies on them for food, shelter, clothing, safety, and money—she is far too young to support herself.
10. [REDACTED] remaining family in China will include her great-grandmother, who is around [REDACTED] years old and ill; her two great-aunts, one of whom is around [REDACTED] ill, and has

trouble taking care of herself—she cannot even walk—and the other of whom is around [REDACTED] and is already taking care of a granddaughter who is even younger than [REDACTED] [REDACTED]

In addition, neither is willing or has the means to support her.

11. Her father, who is around [REDACTED] or [REDACTED] years old, refuses to support the child in any way, and is unwilling to raise [REDACTED] [REDACTED] [REDACTED] [REDACTED] father has not been involved in [REDACTED] [REDACTED] life at all to this point. [REDACTED] [REDACTED] and the father have never been married. In fact, he has a family, including wife and children, and recognizing the child as his own could destroy his family and also cause him to lose face in his community. Further, since he is already supporting his family, he may not have the means to take on an additional dependent, even if he were willing (which he is not). When [REDACTED] [REDACTED] asked him for monetary support, he refused to give it.

12. To the best of my knowledge, [REDACTED] [REDACTED] father does not have legal custody and has never claimed to have legal custody over [REDACTED] [REDACTED]

13. Even if [REDACTED] [REDACTED] had support elsewhere in China, she would be severely disadvantaged if forced to move, which she would have to do in order to be raised by her remaining family in China. [REDACTED] [REDACTED] Household Registry ties her to her mother's address in Huashan Town, and requiring her to move outside of Huashan would mean that she could not register for school or other public benefits. Ex. Q ([REDACTED] [REDACTED] Household Registry).

14. In addition to [REDACTED] [REDACTED] inability to support herself now, she is at a crucial stage in her development. Separation from her mother and support system would cause irreparable harm from which she might never recover. And if she has any health, academic, or other issues, she will need the support of her family.

For these reasons, there is an urgent humanitarian need for a parole for my granddaughter, [REDACTED] [REDACTED] so that she may remain with her family and caretakers, and I respectfully ask that my Form I-131 be approved.

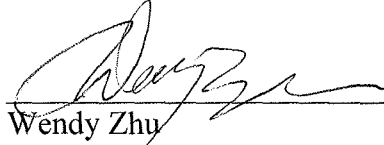
Dated: New York, NY
November 16, 2017

[REDACTED]
[REDACTED]

CERTIFICATE OF TRANSLATION

I, Wendy Zhu, am competent in both English and Mandarin and certify that I have read a Mandarin translation of the Declaration [REDACTED] to [REDACTED] and that the translation was complete and accurate.

Dated: New York, NY
November 16, 2017


Wendy Zhu

GIBSON, DUNN & CRUTCHER LLP
200 Park Avenue
New York, New York 10166-0193
(212) 351-2654

EXHIBIT D



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

USCIS
Form I-134
OMB No. 1615-0014
Expires 11/30/2018

► **START HERE** - Type or print in black ink.

Part 1. Information About You (the Sponsor)

Your Full Name

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

Other Names Used

List all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 7**.

Additional Information.

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

Sponsor's Mailing Address

3.a. In Care Of Name

3.b. Street Number and Name

3.c. ☐ Apt. ☐ Ste. ☐ Flr.

3.d. City or Town

3.e. State 3.f. ZIP Code

3.g. Province

3.h. Postal Code

3.i. Country

4. Are your mailing address and physical address the same?
☒ Yes ☐ No

If you answered "No" to Item Number 4., provide your physical address in **Item Numbers 5.a. - 5.h.**

Sponsor's Physical Address

5.a. Street Number and Name

5.b. ☐ Apt. ☐ Ste. ☐ Flr.

5.c. City or Town

5.d. State 5.e. ZIP Code

5.f. Province

5.g. Postal Code

5.h. Country

Other Information

6. Date of Birth (mm/dd/yyyy)

7.a. Town or City of Birth

7.b. Country of Birth

8. Alien Registration Number (A-Number) (if any)
► A-

9. U.S. Social Security Number (if any)
►

10. USCIS Online Account Number (if any)
►

Citizenship or Residency or Status

If you are not a U.S. citizen based on your birth in the United States, or a non-citizen U.S. national based on your birth in American Samoa (including Swains Island), answer the following as appropriate:

11.a. ☐ I am a U.S. citizen through naturalization. My Certificate of Naturalization number is

11.b. ☐ I am a U.S. citizen through parent(s) or marriage. My Certificate of Citizenship number is

Part 1. Information About You (the Sponsor)
(continued)

- 11.c. ☐ I derived my U.S. citizenship by another method.
(Provide an explain in **Part 7. Additional Information.**)
- 11.d. ☐ I am a lawful permanent resident of the United States. My A-Number is
- 11.e. ☒ I am a lawfully admitted nonimmigrant. My Form I-94, Arrival-Departure Record Number is
12. I am years of age and have resided in the United States since (Date) (mm/dd/yyyy)

Part 2. Information About the Beneficiary

This affidavit is executed on behalf of the following person:

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name
2. Date of Birth (mm/dd/yyyy)
3. Gender ☐ Male ☒ Female
4. A-Number (if any)
5. Country of Citizenship or Nationality
6. Marital Status ☒ Single or Single, Never Married ☐ Married ☐ Divorced ☐ Widowed ☐ Legally Separated ☐ Marriage Annulled ☐ Other
7. Relationship to Sponsor

Beneficiary's Physical Address

- 8.a. Street Number and Name
- 8.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 8.c. City or Town
- 8.d. State 8.e. ZIP Code
- 8.f. Province
- 8.g. Postal Code
- 8.h. Country

Beneficiary's Spouse (accompanying or following to join beneficiary)

- 9.a. Family Name (Last Name)
- 9.b. Given Name (First Name)
- 9.c. Middle Name
10. Date of Birth (mm/dd/yyyy)
11. Gender ☐ Male ☐ Female

Beneficiary's Children

Child 1

- 12.a. Family Name (Last Name)
- 12.b. Given Name (First Name)
- 12.c. Middle Name
13. Date of Birth (mm/dd/yyyy)
14. Gender ☐ Male ☐ Female

Child 2

- 15.a. Family Name (Last Name)
- 15.b. Given Name (First Name)
- 15.c. Middle Name
16. Date of Birth (mm/dd/yyyy)
17. Gender ☐ Male ☐ Female

If you need additional space to complete this section, use the space provided in **Part 7. Additional Information**.

Part 3. Other Information About the Sponsor

Employment Information

I am currently:

1.a. ☒ Employed as a/an

1.a.1. Name of Employer (if applicable)

1.b. ☐ Self employed as a/an

N/A

Current Employer Address (if employed)

2.a. Street Number and Name

2.b. ☐ Apt. ☐ Ste. ☐ Flr.

2.c. City or Town

2.d. State

NY

2.e. ZIP Code

2.f. Province

2.g. Postal Code

2.h. Country

USA

Income and Asset Information

3. My annual income is

(If self-employed, I have attached a copy of my last income tax return or report of commercial rating concern which I certify to be true and correct to the best of my knowledge and belief. See Instructions for nature of evidence of net worth to be submitted.)

4. Balance of all my savings and checking accounts in United States-based financial institutions

5. Value of my other personal property

6. Market value of my stocks and bonds

I have listed my stocks and bonds in **Part 7. Additional Information** (or attached a list of them), which I certify to be true and correct to the best of my knowledge and belief.

7.a. I have life insurance in the sum of \$

7.b. With a cash surrender value of

Real Estate Information

8.a. I own real estate valued at

8.b. I have mortgages or other debts amounting to

My real estate is located at:

9.a. Street Number and Name

9.b. ☐ Apt. ☐ Ste. ☐ Flr.

9.c. City or Town

9.d. State

9.e. ZIP Code

Dependents' Information

The following persons are dependent upon me for support. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.

10.a. Family Name (Last Name)

10.b. Given Name (First Name)

10.c. Middle Name

11. Relationship to Me:

Husband

12. Date of Birth (mm/dd/yyyy)

13. This person is:

☐ Wholly Dependent On Me For Support

☒ Partially Dependent On Me For Support

14.a. Family Name (Last Name)

14.b. Given Name (First Name)

14.c. Middle Name

15. Relationship to Me:

Daughter

16. Date of Birth (mm/dd/yyyy)

Part 3. Other Information About the Sponsor
(continued)

17. This person is:

- ☐ Wholly Dependent On Me For Support
☒ Partially Dependent On Me For Support

18.a. Family Name (Last Name) [REDACTED]

18.b. Given Name (First Name) [REDACTED]

18.c. Middle Name N/A

19. Relationship to Me:

Son

20. Date of Birth (mm/dd/yyyy) [REDACTED]

21. This person is:

- ☒ Wholly Dependent On Me For Support
☐ Partially Dependent On Me For Support

I have previously submitted affidavit(s) of support for the following person(s). (If none, write "None" in the space for name below.)

22.a. Family Name (Last Name) None

22.b. Given Name (First Name) N/A

22.c. Middle Name N/A

23. Date Submitted (mm/dd/yyyy) N/A

24.a. Family Name (Last Name) None

24.b. Given Name (First Name) N/A

24.c. Middle Name N/A

25. Date Submitted (mm/dd/yyyy) N/A

I have submitted a visa petition(s) to U.S. Citizenship and Immigration Services on behalf of the following persons. (If none, write "None" in the space for name below.)

26.a. Family Name (Last Name) [REDACTED]

26.b. Given Name (First Name) [REDACTED]

26.c. Middle Name N/A

27. Relationship to Me:

Husband

28. Date of Birth (mm/dd/yyyy) [REDACTED]

29. Date of Filing (mm/dd/yyyy) [REDACTED]

30.a. Family Name (Last Name) [REDACTED]

30.b. Given Name (First Name) [REDACTED]

30.c. Middle Name N/A

31. Relationship to Me:

Daughter

32. Date of Birth (mm/dd/yyyy) [REDACTED]

33. Date of Filing (mm/dd/yyyy) [REDACTED]

34.a. Family Name (Last Name) [REDACTED]

34.b. Given Name (First Name) [REDACTED]

34.c. Middle Name N/A

35. Relationship to Me:

Son

36. Date of Birth (mm/dd/yyyy) [REDACTED]

37. Date of Filing (mm/dd/yyyy) [REDACTED]

38. I ☒ intend ☐ do not intend to make specific contributions to the support of the person(s) named in Part 2.

(If you select "intend," indicate the exact nature and duration of the contributions you intend to make in Part 7. Additional Information. For example, if you intend to furnish room and board, state for how long and, if money, state the amount in U.S. dollars and whether it is to be given in a lump sum, weekly or monthly, and for how long.)

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

NOTE: Read the Penalties section of the Form I-134 Instructions before completing this part.

Sponsor'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 affidavit and my answer to every question.
- 1.b. ☒ The interpreter named in **Part 5.** read to me every question and instruction on this affidavit and my answer to every question in

Mandarin Chinese

,
a language in which I am fluent and I understood everything.
2. ☒ At my request, the preparer named in **Part 6.**,

Alexander Zbrozek

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

Sponsor's Contact Information

3. Sponsor's Daytime Telephone Number
4. Sponsor's Mobile Telephone Number (if any)
5. Sponsor's Email Address (if any)

Sponsor's Certification

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

I further authorize release of information contained in this affidavit, in supporting documents, and in my USCIS or the Department of State records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

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

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

I certify, under penalty of perjury, that I provided or authorized all of the information in my affidavit, I understand all of the information contained in, and submitted with, my affidavit, and that all of this information is complete, true, and correct.

That this affidavit is made by me to assure the U.S. Government that the person named in **Part 2.** will not become a public charge in the United States.

That I am willing and able to receive, maintain, and support the person named in **Part 2.** I am ready and willing to deposit a bond, if necessary, to guarantee that such persons will not become a public charge during his or her stay in the United States, or to guarantee that the above named persons will maintain his or her nonimmigrant status, if admitted temporarily, and will depart prior to the expiration of his or her authorized stay in the United States.

That I understand that Form I-134 is an "undertaking" under section 213 of the Immigration and Nationality Act, and I may be sued if the persons named in **Part 2.** become a public charge after admission to the United States.

That I understand that Form I-134 may be made available to any Federal, State, or local agency that may receive an application from the persons named in **Part 2.** for Food Stamps, Supplemental Security Income, or Temporary Assistance to Needy Families.

That I understand that if the person named in **Part 2.** does apply for Food Stamps, Supplemental Security Income, or Temporary Assistance for Needy Families, my own income and assets may be considered in deciding the person's application. How long my income and assets may be attributed to the persons named in **Part 2.** is determined under the statutes and rules governing each specific program.

I acknowledge that I have read the section entitled **Sponsor and Beneficiary Liability** in the Instructions for this affidavit, and am aware of my responsibilities as a sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended.

Sponsor's Signature

6.a. Sponsor's Signature



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

NOTE TO ALL SPONSORS: If you do not completely fill out this affidavit or fail to submit required documents listed in the Instructions, USCIS or the Department of State may deny your affidavit.

Part 5. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

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

Zhu

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

Wendy

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

Gibson Dunn and Crutcher LLP

Interpreter's Mailing Address

- 3.a. Street Number and Name

- 3.b. ☐ Apt. ☐ Ste. ☒ Flr.

- 3.c. City or Town

- 3.d. State **NY** 3.e. ZIP Code

- 3.f. Province

- 3.g. Postal Code

- 3.h. Country

USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and Mandarin Chinese, which is the same language provided in **Part 4, Item Number 1.b.**, and I have read to this sponsor in the identified language every question and instruction on this affidavit and his or her answer to every question. The sponsor informed me that he or she understands every instruction, question, and answer on the affidavit, including the **Sponsor's 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)

11/15/2017

Part 6. Contact Information, Statement, Declaration, and Signature of the Person Preparing this Affidavit, if Other Than the Sponsor

Provide the following information about the preparer.

Preparer's Full Name

- 1.a. Preparer's Family Name (Last Name)

Zbrozek

- 1.b. Preparer's Given Name (First Name)

Alexander

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

Gibson Dunn and Crutcher LLP

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

USA

Part 6. Contact Information, Statement, Declaration, and Signature of the Person Preparing this Affidavit, if Other Than the Sponsor (continued)

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

[REDACTED]

5. Preparer's Fax Number

[REDACTED]

6. Preparer's Email Address (if any)

[REDACTED]

Preparer's Statement

7.a. ☐ I am not an attorney or accredited representative but have prepared this affidavit on behalf of the sponsor and with the sponsor's consent.

7.b. ☒ I am an attorney or accredited representative and my representation of the sponsor in this case
☒ extends ☐ does not extend beyond the preparation of this affidavit.

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this affidavit, you may be obliged 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 affidavit at the request of the sponsor. The sponsor then reviewed this completed affidavit and informed me that he or she understands all of the information contained in, and submitted with, his or her affidavit, including the **Sponsor's Certification**, and that all of this information is complete, true, and correct. I completed this affidavit based only on information that the sponsor provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature

[Handwritten Signature]

8.b. Date of Signature (mm/dd/yyyy)

11/15/2017

If you need extra space to provide any additional information within this affidavit, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this affidavit or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; type or print the **Page Number, Part Number, and Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

► A-

3.a. Page Number	3.b. Part Number	3.c. Item Number
4	3	

Family Name: [REDACTED]
Given Name: [REDACTED]
Relationship to Me: Granddaughter
Date of Birth: [REDACTED]
This person is partially dependent on
me for support.

4.a.	Page Number	4.b.	Part Number	4.c.	Item Number
	4		3		38

4.d. I intend to provide for the room,
board, and all other support for
[REDACTED] [REDACTED] and her mother when they
arrive.

5.a. Page Number **5.b.** Part Number **5.c.** Item Number

5.d.

6.a. Page Number **6.b.** Part Number **6.c.** Item Number

6.d.

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d.



We Do Care Early Childhood Development Program
111-10 77th Ave, Forest Hills, NY 11375

10/28/2017

To Whom it may concern,

This letter is to notify you that [REDACTED] has been working in WE DO CARE Early Childhood Development Program as a full time permanent provider's assistant since [REDACTED]; her salary status is \$22,000 annually. She is a hard working employee and a responsible caregiver. Her work ability has been admitted by all my parents, and our children love her very much.

Thank you so much!

Sincerely,

Jie Gao

Provider of We Do Care ECDP, INC.



Deposit Account Balance Summary

10/27/2017

Requestor information:

[REDACTED]

[REDACTED]

Summary of Deposit Account				
Account Number	Account Type	Open Date	Current Balance	Avg Balance (12 mos)
[REDACTED]	Chase Plus Savings	[REDACTED]	[REDACTED]	[REDACTED]
Customer Information				
[REDACTED]		Sole Owner		

Deposit Account Balance Summary request completed by:

JORGE I SANCHEZ
(718) 575-8981
QUEENS

PLEASE NOTE THAT THE INFORMATION PROVIDED IN THIS LETTER WILL BE THE ONLY INFORMATION RELEASED BY JPMorgan Chase, N.A.

This letter is written as a matter of business courtesy, without prejudice, and is intended for the confidential use of the addressee only. No consideration has been paid or received for the issuance of this letter. The sources and contents of this letter are not to be divulged and no responsibility is to attach to this bank or any of its officers, employees or agents by the issuance or contents of the letter which is provided in good faith and in reliance upon the assurances of confidentiality provided to this bank. Information and expressions of opinion of any type contained herein are obtained from the records of this bank or other sources deemed reliable, without independent investigation, but such information and expressions are subject to change without notice and no representation or warranty as to the accuracy of such information or the reliability of the sources is made or implied or vouched in any way. This letter is not to be reproduced, used in any advertisement or in any way whatsoever except as represented to this bank. This bank does not undertake to notify of any changes in the information contained in this letter. Any reliance is at the sole risk of the addressee.



Deposit Account Balance Summary

10/27/2017

Requestor information:

[REDACTED]
[REDACTED]

Summary of Deposit Account				
Account Number	Account Type	Open Date	Current Balance	Avg Balance (12 mos)
[REDACTED]	Chase Premier Plus Checking	[REDACTED]	[REDACTED]	[REDACTED]
Customer Information				
[REDACTED]		Sole Owner		

Deposit Account Balance Summary request completed by:

JORGE I SANCHEZ
(718) 575-8981
QUEENS

PLEASE NOTE THAT THE INFORMATION PROVIDED IN THIS LETTER WILL BE THE ONLY INFORMATION RELEASED BY JPMorgan Chase, N.A.

This letter is written as a matter of business courtesy, without prejudice, and is intended for the confidential use of the addressee only. No consideration has been paid or received for the issuance of this letter. The sources and contents of this letter are not to be divulged and no responsibility is to attach to this bank or any of its officers, employees or agents by the issuance or contents of the letter which is provided in good faith and in reliance upon the assurances of confidentiality provided to this bank. Information and expressions of opinion of any type contained herein are obtained from the records of this bank or other sources deemed reliable, without independent investigation, but such information and expressions are subject to change without notice and no representation or warranty as to the accuracy of such information or the reliability of the sources is made or implied or vouched in any way. This letter is not to be reproduced, used in any advertisement or in any way whatsoever except as represented to this bank. This bank does not undertake to notify of any changes in the information contained in this letter. Any reliance is at the sole risk of the addressee.

V

[IFA Plan](#) | [Loans](#) | [Card](#) | [CRM](#) | [Folder Info](#) | [Customer Setup](#) | [Contact Hist](#) | [Tasks & Appts](#) | [Notes](#) | [Alerts](#) | [DDA](#) | [Say/Time Dep](#)

[Redacted]
 [Redacted]
 [Redacted]

RM Number: [Redacted]
 Security Code: [Redacted]
 SSN/TIN: [Redacted]
 Date of Birth: [Redacted]
 Language Pref: Chinese
☒ Online Banking ☐ Employee
 Home Phone: [Redacted]

Contact Preference: Home
 Best Time to Contact: Weekdays
 Email Address:
 [Redacted]

What brought you into the Bank today?

[Redacted] ▼

Account Detail

Appl	Prod Description	Account Number	Balance	Status	Open Date	Rel
IM	TD Convenience Checki	[Redacted]	\$10,279.87	NORMAL	[Redacted]	PRI
ST	TD Simple Savings Stmt		\$11,010.95	NORMAL		PRI
RF	VISA Debit Card		\$0.00	ACTIVE		PRI
CC	TD Cash		\$0.00	CLOSE...		PRI
CC	TD Cash		\$0.00	OPEN...		PRI

Search

Close

Product Offers

Launch SOCall

TD BANK N.A.

[Redacted]
 [Redacted]
 [Redacted]

Encore Platform

File Edit Sales Contact Management Bank Info Transactions Charge Off Inq Miscellaneous Admin Window Help



Bank

Consumer Checking Selector
Consumer Savings Selector
Small Business Checking Selector

IRA Plan | Loans | Card | CBVM |
Folder Info | Customer Setup | Contact Hist | Links & Apps | Notes | Alerts | DQA | Say/Time Dep



RM Number:
Security Code:
SSN/TIN:
Date of Birth:
Language Pref:
☒ Online Banking
Home Phone:



Contact Preference: Home
Best Time to Contact: Weekdays
Email Address:



What brought you into the Bank today?

Account Detail

Appl	Prod Description	Account Number	Balance	Status	Open Date	Rel
ST	TD Simple Savings Stmt			NORMAL	4/1/2014	PRI
RF	VISA Debit Card			ACTIVE		PRI
CC	TD Cash			CLOSE...		PRI
CC	TD Cash			OPEN...		PRI

Product Offers: Assessment Question:

Customer Experi... TD Bank is Passionately Pink about breast cancer awareness and family wellness!

Search
Close
Product Offers
Launch SOCol

10/27/2017 12:30 PM User: NERETTNB ENT BRN ONL API ONL T



TD BANK, N.A.



EXHIBIT E

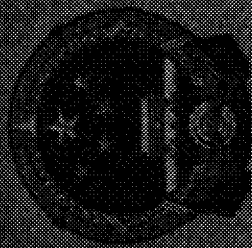


中华人民共和国
People's Republic of China

护 照

PASSPORT





中华人民共和国
PEOPLE'S REPUBLIC OF CHINA



中华人民共和国外交部请各国军
政机关对持照人予以通行的便利和必
要的协助。

*The Ministry of Foreign Affairs of
the People's Republic of China
requests all civil and military
authorities of foreign countries to
allow the bearer of this passport to
pass freely and afford assistance in
case of need.*

中华人民共和国

PEOPLE'S REPUBLIC OF CHINA

护 照
PASSPORT

类型 / Type

P

国家码 / Country Code

CHN

护照号码 / Passport No.

姓名 / Name

梁梓萌

性别 / Sex 国籍 / Nationality

女 / F 中国 / CHINESE

出生地 / Place of birth

签发地 / Place of issue

签发机关 / Authority

公安部出入境管理局
MPS Exit & Entry Administration

出生日期 / Date of birth

签发日期 / Date of issue

有效期至 / Date of expiry

持照人签名 / Bearer's signature

无签名 / NO SIGNATURE

0764917768

EXHIBIT F

IMMIGRATION COURT

In the Matter of

Case No.:

Respondent

IN REMOVAL PROCEEDINGS

ORDER OF THE IMMIGRATION JUDGE

This is a summary of the oral decision entered on [REDACTED]. This memorandum is solely for the convenience of the parties. If the proceedings should be appealed or reopened, the oral decision will become the official opinion in the case.

- ☐ The respondent was ordered removed from the United States to or in the alternative to CHINA.
- ☐ Respondent's application for voluntary departure was denied and respondent was ordered removed to or in the alternative to CHINA.
- ☐ Respondent's application for voluntary departure was granted until upon posting a bond in the amount of \$ _____ with an alternate order of removal to .

Respondent's application for:

- ☒ Asylum was (☒ granted () denied () withdrawn.
- ☒ Withholding of removal was () granted () denied (☒ withdrawn.
- ☐ A Waiver under Section _____ was () granted () denied () withdrawn.
- ☐ Cancellation of removal under section 240A(a) was () granted () denied () withdrawn.

Respondent's application for:

- ☐ Cancellation under section 240A(b)(1) was () granted () denied () withdrawn. If granted, it is ordered that the respondent be issued all appropriate documents necessary to give effect to this order.
- ☐ Cancellation under section 240A(b)(2) was () granted () denied () withdrawn. If granted it is ordered that the respondent be issued all appropriated documents necessary to give effect to this order.
- ☐ Adjustment of Status under Section _____ was () granted () denied () withdrawn. If granted it is ordered that the respondent be issued all appropriated documents necessary to give effect to this order.
- ☒ Respondent's application of (☒ withholding of removal () deferral of removal under Article III of the Convention Against Torture was () granted () denied (☒ withdrawn.
- ☐ Respondent's status was rescinded under section 246.
- ☐ Respondent is admitted to the United States as a _____ until _____.
- ☐ As a condition of admission, respondent is to post a \$ _____ bond.
- ☐ Respondent knowingly filed a frivolous asylum application after proper notice.
- ☐ Respondent was advised of the limitation on discretionary relief for failure to appear as ordered in the Immigration Judge's oral decision.
- ☐ Proceedings were terminated.
- ☐ Other:

Date: Nov 22, 2016

Appeal: Waived/Reserved Appeal Due By: [REDACTED]

EXHIBIT G

出生医学证明

MEDICAL CERTIFICATE OF BIRTH



新生儿姓名

Neonatal Name

出生孕周

Gestational Age

出生地点

Birth Place

性别

Gender

出生时间

Time of Birth

出生体重

Birth Weight

克

g

出生身长

Birth Length

厘米

cm

年 月 日 时 分
Year Month Day Hour Minute

省

市

市北

县(区)

医疗机构名称

青岛坤如玛丽妇产医院

母亲姓名

Mother's Name

年龄

Age

国籍

Nationality

民族

Ethnic Group

住址

Address

有效身份证件类别

Valid Identification

居民身份证

Identity Card

护照

Passport

其他

Others

有效身份证件号码

Valid Identification No.

父亲姓名

Father's Name

年龄

Age

国籍

Nationality

民族

Ethnic Group

住址

Address

有效身份证件类别

Valid Identification

居民身份证

Identity Card

护照

Passport

其他

Others

有效身份证件号码

Valid Identification No.

签发机构(盖章用章)

Issued Authority

签发日期

Date Issued

年

月

日

编号

No.

EXHIBIT H

公 证 书

中华人民共和国山东省即墨市公证处

公 证 书

即证外字第989号

申请人：梁文路，女，一九九四年六月十八日出生，公民身份号码：[REDACTED]

关系人：梁梓萌，女，二〇一四年三月七日出生，公民身份号码：[REDACTED]

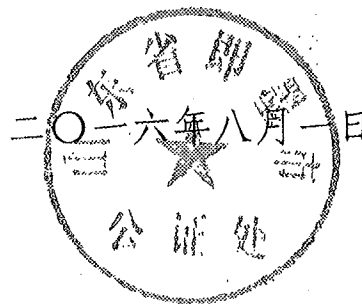
公证事项：亲属关系

兹证明梁文路是梁梓萌的母亲。

中华人民共和国山东省即墨市公证处

公证员

刘瑞博



NOTARIAL CERTIFICATE

The People's Republic of China, Shandong Province, Jimo City, Notary

NOTARIAL CERTIFICATE

(TRANSLATION)

(2016) This certificate is for foreign document [REDACTED]

Applicant: [REDACTED] female, born on [REDACTED] Citizen ID

No.: [REDACTED]

Person concerned: [REDACTED] female, born on [REDACTED]

Citizen ID No.: [REDACTED]

Notarization Items: Family Relationship

This is to certify that [REDACTED] is [REDACTED]'s mother.

The People's Republic of China, [REDACTED]
Notary Office .

Notary: [REDACTED]

[REDACTED]

[Seal: [REDACTED]
Notary Office]

公 证 书

■即证外字第990号

申请人：梁文路，女，一九九四年六月十八日出生，公民身份号码：■

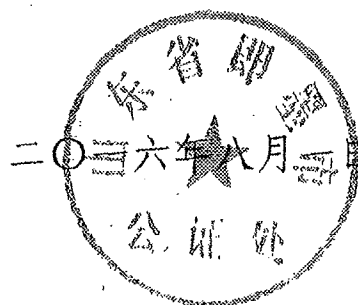
公证事项：译本与原本相符

兹证明前面的■即证外字第■的英文译本内容与该公证书中文原本相符。

中华人民共和国山东省即墨市公证处

公证员

刘瑞德



NOTARIAL CERTIFICATE

(TRANSLATION)

(2016) This certificate is for foreign document [REDACTED]

Applicant: [REDACTED] female, born on [REDACTED] Citizen

ID No.: [REDACTED]

Notarization Items: Translation is in conformity with the original.

This is to certify that the English Translation for (2016) This certificate is for foreign document No. 989 before this certificate is in conformity with the original Chinese Notarial Certificate.

The People's Republic of China, [REDACTED]

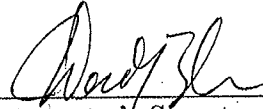
Notary Office

Notary: [REDACTED]

[REDACTED]
[Seal: [REDACTED]
Notary Office]

CERTIFICATE OF TRANSLATION

I, Wendy Zhu, am fluent in both English and Mandarin, and I am competent to translate and interpret from Mandarin into English and from English into Mandarin. I certify that the translation of the Certificate of Family Relationship from Mandarin to English is complete and accurate.



Interpreter's Signature

Wendy Zhu

Interpreter's Printed Name

Interpreter's Address: Street Address

Interpreter's Address: City, State Zip

Interpreter's Telephone Number

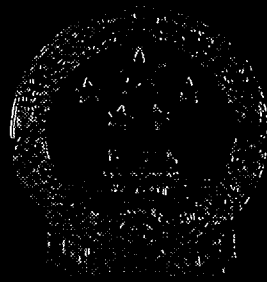
Date

EXHIBIT I

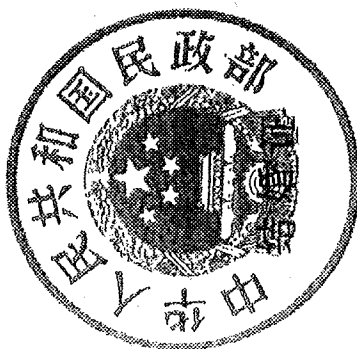
公 证 书

中华人民共和国山东省即墨市公证处

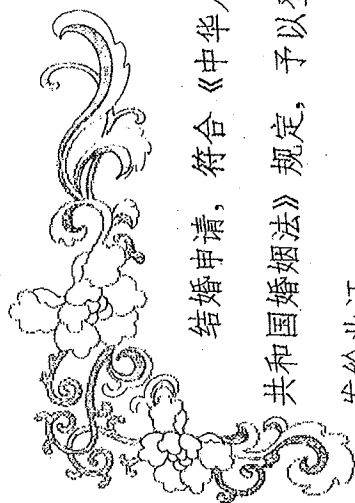
中華人民共和國



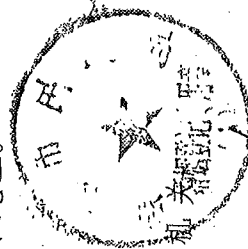
郵票冊



中华人民共和国民政部监制

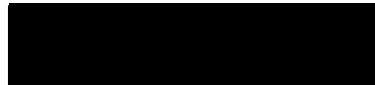


结婚申请，符合《中华人民共和国婚姻法》规定，予以登记，发给此证。



登记机关

婚姻登记员



登记日期



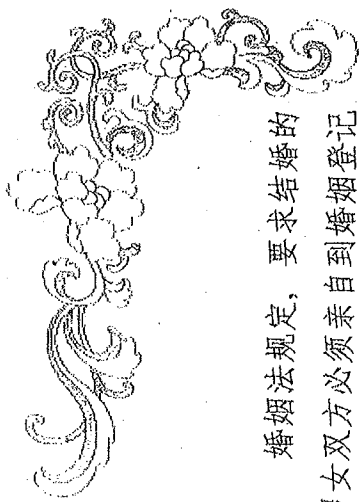
结婚证字号



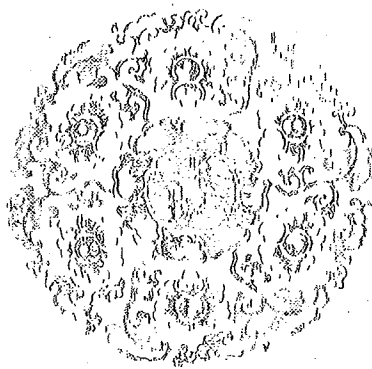
备注

姓名 荣秀勤 性别 女
国籍 中国 出生日期 [REDACTED]
身份证件号 [REDACTED]

姓名 梁桂郁 性别 男
国籍 中国 出生日期 [REDACTED]
身份证件号 [REDACTED]



婚姻法规定，要求结婚的男女双方必须亲自到婚姻登记机关进行结婚登记。符合本法规定的，予以登记，发给结婚证。取得结婚证，即确立夫妻关系。



NO0023958870

The People's Republic of China
Marriage Certificate

Ministry of Civil Affairs of the People's
Republic of China (seal)

Marriage Certificate

Made under the supervision of Ministry of
Civil Affairs of the People's Republic of
China.

Their application for marriage is in
conformity with the provisions of the
*Marriage law of the People's Republic of
China* and the certificate is thereby issued
for evidence.

Registration Authority:

Special seal for Marriage Registration of
Jimo Civil Affairs Bureau (seal)

Marriage Registrar: (signature)

Holder: [REDACTED]

Registration Date: [REDACTED]

Marriage certificate No.: [REDACTED]

Photo

Name: [REDACTED]

Nationality: Chinese

ID Card No. [REDACTED]

Sex: Female

Birthday: [REDACTED]

Name: [REDACTED]

Nationality: Chinese

ID Card No. [REDACTED]

Sex: Male

Birthday: [REDACTED]

No.: [REDACTED]

CERTIFICATE OF TRANSLATION

I, Wendy Zhu, am fluent in both English and Mandarin, and I am competent to translate and interpret from Mandarin into English and from English into Mandarin. I certify that the translation of the Marriage Certificate of [REDACTED] from Mandarin to English is complete and accurate.



Interpreter's Signature



Interpreter's Printed Name

[REDACTED]

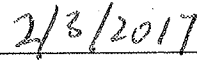
Interpreter's Home Address: Street Address

[REDACTED]

Interpreter's Home Address: City, State Zip

[REDACTED]

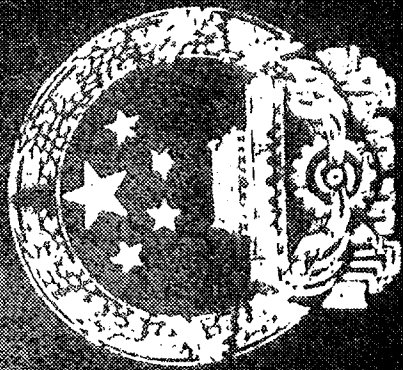
Interpreter's Telephone Number



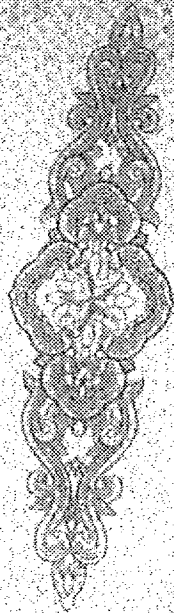
Date

EXHIBIT J

中华人民共和国
ZHONGHUA RENMIN GONGHEGUO



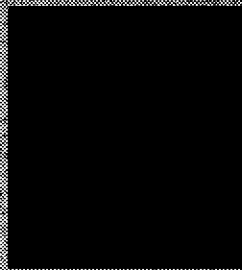
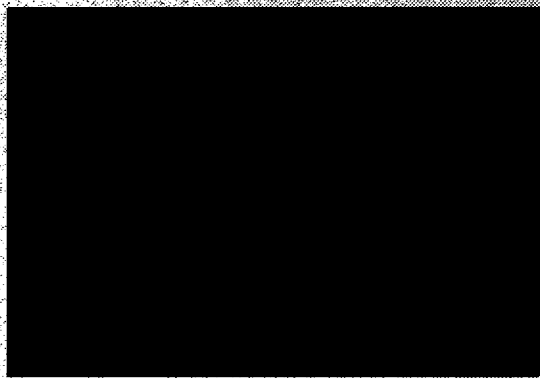
离婚证
LIHUNZHENG



一九五六年

中华人民共和国民政部监制

持证人



郝

[Redacted]

姓

性

出

生 日

身 份 证 件 号

姓

性

出

生 日

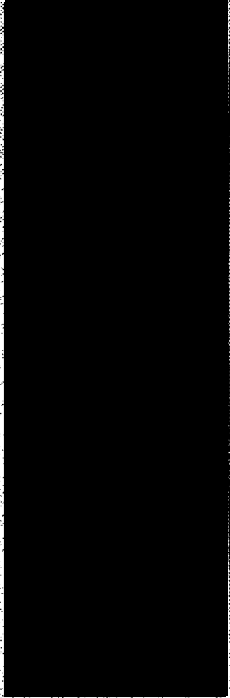


身 份 证 件 号

申请离婚，经审查符合
《中华人民共和国婚姻法》
关于双方自愿离婚的规定，准
予登记，发给此证。



发证机关：

发证日期：

协 议 内 容	
子女安排	
财 产 处 理	
其他协议	

说 明

1. 凡标明照片的地方须
按规定贴有照片并加盖婚姻登

记专用章。



婚姻登

	<p>People's Republic of China</p> <p>[REDACTED]</p> <p><i>(logo)</i></p> <p>Divorce Certificate</p> <p>[REDACTED]</p>
--	---

*Ministry of
Civil Affairs of
the People's
Republic of
China*

*Seal Used by
the
Administration
of Marriage
Documents*

Under the supervision
of the Ministry of Civil Affairs
of the People's Republic of China

(photo)

Certificate Holder

<div>No.</div> <div>Name:</div> <div>Sex:</div> <div>Date of Birth:</div> <div>Identification No.</div> <div>Name:</div> <div>Sex:</div> <div>Date of Birth:</div> <div>Identification No:</div>	<div>Having applied for divorce, and fulfilled rules (marriage laws of the People's Republic of China) pertaining to voluntary divorce by both parties, registration is permitted and this certificate is issued.</div> <div>Issuing Organization:</div> <div><div>Ministry of Jimo City ----- (unclear)</div></div> <div>Date of Issue:</div>
--	--

Terms of Agreements		Remarks
Custody of Children	Daughter from marriage, [REDACTED] age [REDACTED] custody awarded to female (as per agreement)	<p>1. In places where photographs are required, photographs must be attached as per rule, and further sealed with seal used by Marriage Registry</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> <p><i>Office of Civil Affairs, Shandong Province</i></p> <p>----</p> <p><i>Seal Used by Marriage Registry</i></p> </div> <p>2. This certificate is effective if sealed with seal used by organization of marriage registry.</p>
Arrangements of Assets	Execute as per agreement	
Other Agreements	None	

CERTIFICATE OF TRANSLATION

I, Wendy Zhu, am fluent in both English and Mandarin, and I am competent to translate and interpret from Mandarin into English and from English into Mandarin. I certify that the translation of the Divorce Certificate of [REDACTED] from Mandarin to English is complete and accurate.



Interpreter's Signature

Wendy Zhu

Interpreter's Printed Name

[REDACTED]
Interpreter's Home Address: Street Address

[REDACTED]
Interpreter's Home Address: City, State Zip

[REDACTED]
Interpreter's Telephone Number

2/3/2017

Date

EXHIBIT K

公 证 书

中华人民共和国山东省即墨市公证处

公 证 书

申请人：梁文路，女，一九九四年六月十八日出生，公民身份号码：[REDACTED]

公证事项：出生

兹证明梁文路于一九九四年六月十八日在山东省即墨市出生。梁文路的父亲是梁桂郁，梁文路的母亲是荣秀勤。

中华人民共和国山东省即墨市公证处

公证员

逄承倩

二〇一〇年七月十八日



NOTARIAL CERTIFICATE

(TRANSLATION)

[REDACTED]

Applicant: [REDACTED] female, born on [REDACTED] Citizen ID

No.: [REDACTED]

Notarization Items: Birth

This is to certify that [REDACTED] was born on [REDACTED] in

[REDACTED] Province. [REDACTED] s father is [REDACTED]

[REDACTED] s mother is [REDACTED]

Notary: [REDACTED]

[REDACTED]

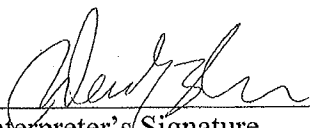
The People's Republic of China

July 18, 2013

[REDACTED]

CERTIFICATE OF TRANSLATION

I, Wendy Zhu, am fluent in both English and Mandarin, and I am competent to translate and interpret from Mandarin into English and from English into Mandarin. I certify that the translation of the Birth Certificate of [REDACTED] from Mandarin to English is complete and accurate.



Interpreter's Signature

[REDACTED]

Interpreter's Printed Name

[REDACTED]

Interpreter's Home Address: Street Address

[REDACTED]

Interpreter's Home Address: City, State Zip

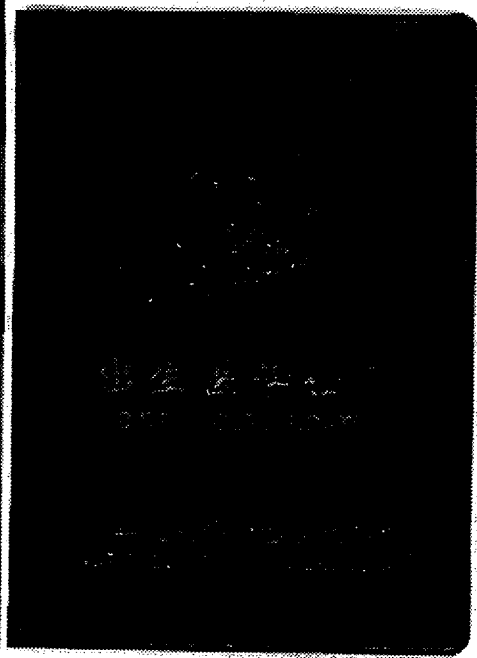
[REDACTED]

Interpreter's Telephone Number

[REDACTED]

Date

EXHIBIT L



出生医学证明

BIRTH CERTIFICATE

《出生医学证明》根据
《中华人民共和国母婴保
健法》制定，是在中华人
民共和国境内出生人口
的法定医学证明，由新生
儿父母或监护人妥善保
管，不得出卖、转让出借
和私自涂改，申报出生登
记时必须出示此证明。

"The Medical Certificate of
Birth" is formulated according
to "The law of the people's
Republic of China on Maternal
and Infant Health Care". It
is a legal medical certificate
of people born in the People's
Republic of China. It is taken
care of by the Newborn baby's
father and mother or guardian.
Cannot be sold, lent or altered
in private. And it is referred
to upon civil registration.

新生儿姓名
Full name of baby
出生地
Place of birth
健康状况
Health status
良好 ☒ Well
一般 ☐ Normal
差 ☐ Weak
出生日期
Date of birth
年 月 日
出生孕周
Township Gestation (week)
周 天

体重
Weight
公斤 公分
身长
Height
公分

母亲姓名
Full name of mother
国籍
Nationality
民族
Nationality

身份证号
Identity card NO.
父亲姓名
Full name of father
国籍
Nationality
民族
Nationality

出生地点分类
Type of place
接生机构名称
Name of facility
医院 ☒ 妇幼保健院 ☐ 家庭 ☐ 其它 ☐

出生证编号
Birth certificate NO.
签发日期
Date of issue



Birth Certificate

MINISTRY OF HEALTH OF THE PEOPLE'S REPUBLIC OF CHINA

BIRTH CERTIFICATE

PRODUCED BY THE MINISTRY OF HEALTH OF THE PEOPLE'S REPUBLIC OF CHINA

BIRTH CERTIFICATE

"The Medical Certificate of Birth" is formulated according to the "Laws of the People's Republic of China on Maternal and Infant Health Care." It is a legal medical certificate of people born in the People's Republic of China. It is taken care of by the Newborn baby's father and mother or guardian. It cannot be sold, lent, or altered in private. And it is referred to upon civil registration.

Full name of baby	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Date of Birth
Place of Birth	Gestation (week)	Height
Health Status	Well <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Weak <input type="checkbox"/>	Weight
Full Name of Mother	Age	Nationality China Ethnicity Han
Identification Card No.		
Full Name of Father	Age	Nationality China Ethnicity Han
Identification Card No.		
Type of Place of Birth	General Hospital <input checked="" type="checkbox"/> MCH Hospital <input type="checkbox"/> Home <input type="checkbox"/> Other <input type="checkbox"/>	
Name of Facility Laixi [illegible] Hospital		

Ministry of Health of the People's Republic of China (Sealed)

Birth Certificate No. Date of Issue

Medical Certificate of Birth of Shanghai
Qingdao Birth Certificate Stamp Laixi MCH Hospital (Stamped)

Issuing organization (Seal)

MINISTRY OF HEALTH OF
THE PEOPLE'S REPUBLIC
OF CHINA

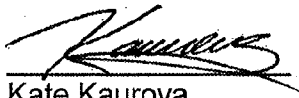


State of Minnesota)
) ss:
County of Hennepin)

Certificate of Accuracy

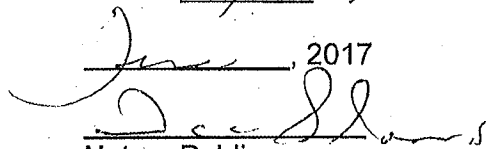
This is to certify that the attached file "*Shude Liang Birth Certificate*", originally written in *Chinese*, is to the best of our knowledge and belief, a true, accurate, and complete translation into *English*.

Dated: *June 7, 2017*


Kate Kaurova
Project Manager
United Language Group

Sworn to and signed before
Me this 7th day of

June, 2017


Notary Public

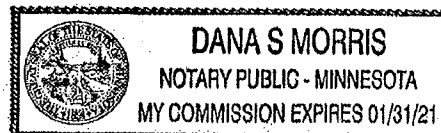


EXHIBIT M

Mailing/Express Mailing Address:
DHS/USCIS - U.S. Consulate General
43 Hua Jiu Road
Zhujiang New Town, Tianhe District
Guangzhou 510623 China
Fax: 8620-3814-5883

Street Address:
DHS/USCIS - U.S. Consulate General
43 Hua Jiu Road
Zhujiang New Town, Tianhe District
Guangzhou 510623 China

U.S. Department of Homeland Security
Guangzhou



**U.S. Citizenship
and Immigration
Services**

E-mail: CIS.Guangzhou@uscis.dhs.gov

October 25, 2017

Xiuqin RONG
148/20 60th AVE
FLUSHING NY 11355

NOTICE OF APPROVAL AND TRAVEL ELIGIBILITY

Form: I-730 Relative Petition
Petitioner: [REDACTED]
Beneficiary: [REDACTED]
Beneficiary A-Number: [REDACTED]
Receipt Number: [REDACTED]

We are pleased to inform you that the Form I-730, *Relative Petition*, filed by [REDACTED] for [REDACTED] is approved. This office is ready to issue a travel document to the beneficiary that will enable the beneficiary to travel to and enter the United States. The beneficiary is responsible for making all travel arrangements to the United States and must enter the United States prior to the travel document's expiration date.

INSTRUCTIONS TO THE BENEFICIARY TO PICK UP THE TRAVEL DOCUMENT AND PACKET:

The Beneficiary will be notified by USCIS Guangzhou regarding the date and time to return to the U.S. Consulate in Guangzhou, China to pick up his/her travel document.

This notice is not a travel document nor may it be used in place of a travel document.

Please bear in mind that if the beneficiary qualified for derivative status as an unmarried child of the petitioner, the beneficiary will no longer be eligible for that status if the beneficiary marries prior to traveling to the United States. If the beneficiary marries and does not disclose the marriage to this office before traveling to and entering the United States, the beneficiary's status may be terminated, and the beneficiary could be removed from the United States. In addition, if the beneficiary files a Form I-730, *Relative Petition*, on behalf of a spouse under these circumstances, USCIS will not approve the petition.

Sincerely,

Christina Tung

Acting Field Office Director

cc: Guiyu LIANG

cc: Alyssa KUHN

EXHIBIT N

Mailing/Express Mailing Address:
DHS/USCIS - U.S. Consulate General
43 Hua Jiu Road
Zhujiang New Town, Tianhe District
Guangzhou 510623 China
Fax: 8620-3814-5883

Street Address:
DHS/USCIS - U.S. Consulate General
43 Hua Jiu Road
Zhujiang New Town, Tianhe District
Guangzhou 510623 China

U.S. Department of Homeland Security

Guangzhou



**U.S. Citizenship
and Immigration
Services**

E-mail: CIS.Guangzhou@uscis.dhs.gov

NOTICE OF APPROVAL AND TRAVEL ELIGIBILITY

Form: I-730 Relative Petition
Petitioner: [REDACTED]
Beneficiary: [REDACTED]
Beneficiary A-Number: [REDACTED]
Receipt Number: [REDACTED]

We are pleased to inform you that the Form I-730, *Relative Petition*, filed by [REDACTED] for [REDACTED] is approved. This office is ready to issue a travel document to the beneficiary that will enable the beneficiary to travel to and enter the United States. The beneficiary is responsible for making all travel arrangements to the United States and must enter the United States prior to the travel document's expiration date.

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Sincerely,

Christina Tung

Acting Field Office Director

cc:

cc:



EXHIBIT O

Mailing/Express Mailing Address:
DHS/USCIS - U.S. Consulate General
43 Hua Jiu Road
Zhujiang New Town, Tianhe District
Guangzhou 510623 China
Fax: 8620-3814-5883

Street Address:
DHS/USCIS - U.S. Consulate General
43 Hua Jiu Road
Zhujiang New Town, Tianhe District
Guangzhou 510623 China

U.S. Department of Homeland Security
Guangzhou



**U.S. Citizenship
and Immigration
Services**

E-mail: CIS.Guangzhou@uscis.dhs.gov

NOTICE OF APPROVAL AND TRAVEL ELIGIBILITY

Form: I-730 Relative Petition
Petitioner: [REDACTED]
Beneficiary: [REDACTED]
Beneficiary A-Number: [REDACTED]
Receipt Number: [REDACTED]

We are pleased to inform you that the Form I-730, *Relative Petition*, filed by [REDACTED] for [REDACTED] is approved. This office is ready to issue a travel document to the beneficiary that will enable the beneficiary to travel to and enter the United States. The beneficiary is responsible for making all travel arrangements to the United States and must enter the United States prior to the travel document's expiration date.

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Please bear in mind that if the beneficiary qualified for derivative status as an unmarried child of the petitioner, the beneficiary will no longer be eligible for that status if the beneficiary marries prior to traveling to the United States. If the beneficiary marries and does not disclose the marriage to this office before traveling to and entering the United States, the beneficiary's status may be terminated, and the beneficiary could be removed from the United States. In addition, if the beneficiary files a Form I-730, *Relative Petition*, on behalf of a spouse under these circumstances, USCIS will not approve the petition.

Sincerely,

Christina Tung
Acting Field Office Director

cc:

cc:

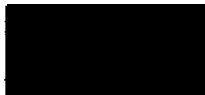


EXHIBIT P

AUTHORIZATION TO TRANSPORT ALIEN TO THE UNITED STATES

Date Issued:

This Document Valid Until:

Name of Bearer:

Date/Place of Birth:

Bearer's A-Number:

Gender:

Passport Number:

Shandong, CHINA MAINLAND

TO: TRANSPORTATION COMPANY

TO: U.S. CUSTOMS AND BORDER PROTECTION (CBP) OFFICER AT PORT-OF-ENTRY

The U.S. Department of Homeland Security, Citizenship and Immigration Services, has approved admission into the United States for the above named alien under Section 207(c) or Section 208(b)(3) of the Immigration and Nationality Act.

Presentation of this document will authorize a transportation line to accept the named bearer, whose photograph is attached, on board for travel to the United States on or before Jan 13, 2018 without liability under Section 273(b) of the Immigration and Nationality Act for transporting an alien without a visa to the United States.

The bearer whose photograph appears below has been instructed to present the original of this letter to the Transportation Company on which travel to the United States is intended. The above-named person has also been instructed to present the duplicate of this letter in a sealed envelope to the U.S. Customs and Border Protection (CBP) Officer at the port of entry used, where the sealed envelope should be opened.

Issued by:

Field Office Director
Guangzhou

Telephone:

Sincerely,

[Handwritten signature] *ao*

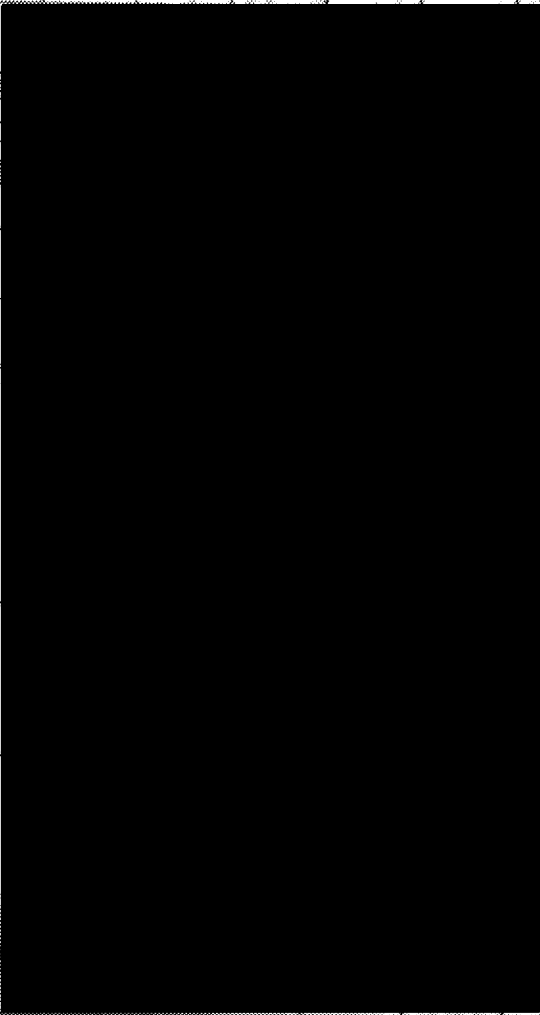
p [Redacted] Acting Field Office Director

cc: Wenlu LIANG

cc: Alyssa KUHN

EXHIBIT Q

常住人口登记卡索引表

姓 名	性 别	出生日期	户 口 性 质	人口变动情况	承办人签章
					

王 金 东

王 金 东

常住人口登记卡

姓名	梁梓萌	户主	与系	
曾用名		性别	别	
出生地		民族	族	
籍贯		出生日期		
本市(县)其他住址		宗教信仰		
公民身份号码		身高	血型	
文化程度		未婚		
服务处所				
何时由何地迁来本市(县)				
何时由何地迁来本址				

登记日期: 2017年 08 月 22 日

承办人签章: 黄金东

Permanent Resident Registration Card Index

Name	Gender	Date of Birth	Household Type	Population Change	Handler Signature/seal
	Male				
	Female				
	Male				
	Female				
	Feamle				

City Public Security Bureau, Police Station, Dedicated to [Seal]

Permanent Resident Registration Card

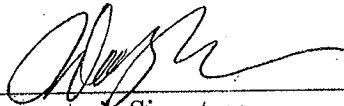
Name		Relationship to Household Owner	Granddaughter	
Former Name		Gender	Female	
Birth Location		Ethnic Group	Han	
Origin		Date of Birth		
Secondary Address in This City (County)		Religion	None	
ID Card No.		Height	Blood Type	
Education	Marital Status	Single	Military Service Status	None
Service Location		Occupation		
From When and Where Moved to this City (County)	Birth reported on			
From When and Where Moved to Current Location				

Registrar's Signature and Seal: [Seal]

Registered Date:
 City Public Security Bureau,
 Police Station, Dedicated to [Seal]

CERTIFICATE OF TRANSLATION


I, Wendy Zhu, am fluent in both English and Mandarin, and I am competent to translate and interpret from Mandarin into English and from English into Mandarin. I certify that the translation of the Household Registry from Mandarin to English is complete and accurate.




Interpreter's Signature

Wendy Zhu

Interpreter's Printed Name



Interpreter's Address: Street Address



Interpreter's Address: City, State Zip



Interpreter's Telephone Number



Date