

Legal Aid Sacramento
12 Harrison Blvd. Suite 40
Sacramento, CA 94232
(916) 789-0123

ATTN: I-730

August 9, 2023

USCIS Texas Service Center
Attn: I-730
6046 N. Belt Line Rd. Suite 730
Irving, TX 75038-0019
via USPS certified mail

****NOTE: All Form I-730 petitions should be filed at the Texas Service Center and must be mailed to << this address.**

Petitioner's Name: Aisha Ghulam
DOB: 06/07/2002
Country of Birth: Afghanistan
A#: 241-987-654

Beneficiary's Name: Ahmad Ali Abdul
DOB: 01/25/2000
Country of Birth: Afghanistan
A#: N/A

To whom it may concern,

The above-named petitioner, Aisha Ghulam, respectfully submits her Form I-730, Refugee/Asylee Relative Petition on behalf of her relative beneficiary, Ahmad Ali Abdul.

Enclosed for your consideration, please find:

1. Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative
2. Form I-730, Refugee/Asylee Relative Petition
3. Supporting Documents:
 - Form I-797C, Petitioner's Approval Notice on I-589 - Application for Asylum and or Withholding of Removal;
 - Marriage Certificate between Petitioner and Beneficiary, with English translation ;
 - Beneficiary's *Tazkira*, with English translation;
 - Certificate of Translation for Marriage Certificate and *Tazkira*;
 - Two passport photos of Beneficiary

Sincerely,



Wendy Thomas, Esq.
Legal Aid Sacramento



Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)
▶

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name)
2.b. Given Name (First Name)
2.c. Middle Name

Address of Attorney or Accredited Representative

3.a. Street Number and Name
3.b. Apt. Ste. Flr.
3.c. City or Town
3.d. State
(USPS ZIP Code Lookup)
3.f. Province
3.g. Postal Code
3.h. Country

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number
5. Mobile Telephone Number (if any)
6. Email Address (if any)
7. Fax Number (if any)

Part 2. 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 extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

1.b. Bar Number (if applicable)

1.c. I (select **only one** box) am not am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

2.a. I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

2.c. Date of Accreditation (mm/dd/yyyy)

3. I am associated with , 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 for a limited purpose is at his or her request.

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).

4.b. Name of Law Student or Law Graduate



Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

1.a. U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

I-730

2.a. U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

3.a. U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

4. Receipt Number (if any)

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

- Applicant Petitioner Requestor Beneficiary/Derivative Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

6.a. Family Name (Last Name) GHULAM

6.b. Given Name (First Name) Aisha

6.c. Middle Name

7.a. Name of Entity (if applicable)

7.b. Title of Authorized Signatory for Entity (if applicable)

8. Client's USCIS Online Account Number (if any)

9. Client's Alien Registration Number (A-Number) (if any)

A- 2 4 1 9 8 7 6 5 4

Client's Contact Information

10. Daytime Telephone Number

9161234567

11. Mobile Telephone Number (if any)

12. Email Address (if any)

aghulam@gmail.com

Mailing Address of Client

NOTE: Provide the client's mailing address. Do not provide the business mailing address of the attorney or accredited representative unless it serves as the safe mailing address on the application or petition being filed with this Form G-28.

13.a. Street Number and Name 1789 Fordham Dr

13.b. Apt. Ste. Flr. 1

13.c. City or Town Sacramento

13.d. State CA 13.e. ZIP Code 94206

13.f. Province

13.g. Postal Code

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

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 U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

****NOTE: This form should be filled out on behalf of the PETITIONER, not beneficiary.**



Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents


USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

- 1.a. I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).


NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**
- 1.c. I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

- 2.a. Signature of Client or Authorized Signatory for an Entity
➔ 
- 2.b. Date of Signature (mm/dd/yyyy) 08/09/2023

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 DHS. 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. a. Signature of Attorney or Accredited Representative

- 1.b. Date of Signature (mm/dd/yyyy) 08/09/2023
- 2.a. Signature of Law Student or Law Graduate
- 2.b. Date of Signature (mm/dd/yyyy)



Part 6. Additional Information

If you need extra space to provide any additional information within this form, 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 form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate 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

2.a Page Number 2.b Part Number 2.c Item Number

2.d _____

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

3.d _____

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

4.d _____

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 _____



I-730, Refugee/Asylee Relative Petition

FOR USCIS OFFICE ONLY

Section of Law <input type="checkbox"/> 207 (c)(2) Spouse <input type="checkbox"/> 207 (c)(2) Child <input type="checkbox"/> 208 (b)(3) Spouse <input type="checkbox"/> 208 (b)(3) Child Reserved	Action Stamp <p style="color: blue; font-weight: bold;">**NOTE: The 12/08/21 edition of the I-730 should be used. USCIS is also currently accepting the 09/17/19 edition.</p>	Receipt <p style="color: blue; font-weight: bold;">**NOTE: When printing this form, you must ensure that the form edition is visible on the bottom of the pages. You must use the same form edition for all pages of the I-730 petition.</p>
		Remarks
<input type="checkbox"/> Beneficiary Not Previously Claimed <input type="checkbox"/> Beneficiary Previously Claimed On: _____ (e.g., Form I-590, Form I-589, etc.)		
CSPA Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

START HERE - Type or print legibly in black ink.

My Status: Refugee Lawful Permanent Resident based on previous Refugee status
 Asylee Lawful Permanent Resident based on previous Asylee status

The beneficiary is my: Spouse
 Unmarried child who is a (n): Biological Child Stepchild Adopted Child

Number of relatives for whom I am filing separate Form I-730s: 1 (1 of 1)

<p>Part 1. Information About You, the Petitioner (USPS ZIP Code Lookup)</p> Family Name (Last name), Given Name (First name), Middle Name: GHULAM, Aisha Address of Residence (Where you physically reside) Street Number and Name: <u>1515 Smith Ave</u> Apt. Number <u>12</u> City: <u>Sacramento</u> State or Province: <u>CA</u> Country: <u>USA</u> Zip/Postal Code: <u>94204</u> Mailing Address (If different from residence) - C/O: KHALIL, Taara Street Number and Name: <u>1789 Fordham Dr</u> Apt. Number: <u>1</u> City: <u>Sacramento</u> State or Province: <u>CA</u> Country: <u>USA</u> Zip/Postal Code: <u>94206</u> Telephone Number including Country and City/Area Code: <u>916-123-4567</u> Your E-Mail Address, if available: <u>aghulam@gmail.com</u> Gender: a. <input type="checkbox"/> Male b. <input checked="" type="checkbox"/> Female Date of Birth (mm/dd/yyyy): <u>06/07/2002</u> Country of Birth: <u>Afghanistan</u> Country of Citizenship/Nationality: <u>Afghanistan</u> U.S. Alien Registration Number: <u>A- 2 4 1 9 8 7 6 5 4</u> U.S. Social Security Number (If applicable): <u>0 1 2 3 4 5 6 7 8</u>	<p>Part 2. Information About Your Alien Relative, the Beneficiary</p> Family Name (Last name), Given Name (First name), Middle Name: ABDUL, Ahmad Ali Address of Residence (Where the beneficiary physically resides) Street Number and Name: <u>Ali Chopan (Neighborhood)</u> Apt. Number _____ City: <u>Mazar-i-Sharif</u> State or Province: <u>Balkh</u> Country: <u>Afghanistan</u> Zip/Postal Code: <u>1702</u> Mailing Address (If different from residence) - C/O: <u>N/A</u> Street Number and Name: _____ Apt. Number _____ City: _____ State or Province: _____ Country: _____ Zip/Postal Code: _____ Telephone Number including Country and City/Area Code: <u>93-123-456-7890</u> The Beneficiary's E-Mail Address, if available: <u>ahmadabdul@gmail.com</u> Gender: a. <input checked="" type="checkbox"/> Male b. <input type="checkbox"/> Female Date of Birth (mm/dd/yyyy): <u>01/25/2000</u> Country of Birth: <u>Afghanistan</u> Country of Citizenship/Nationality: <u>Afghanistan</u> U.S. Alien Registration Number: <u>A- N / A</u> U.S. Social Security Number (If applicable): <u>N / A</u>
---	--

**Part 1. Information About You, the Petitioner
(Continued)**

Other Names Used (Including maiden name):

N/A

If married, Name of Spouse, Date (mm/dd/yyyy), and Place of Present Marriage:

Ahmad Abdul 07/27/2021 Afghanistan

If previously married, names of prior spouses:

N/A

Dates (mm/dd/yyyy) and Places Previous Marriages Ended: Please provide documentation indicating how marriages ended (e.g., death certificate, divorce certificate, etc.):

Date (mm/dd/yyyy) and Place Asylee Status was granted in the United States

12/11/2022 Sacramento, CA

OR

Date (mm/dd/yyyy) and Place you received your approval for Refugee Status while living abroad

If You Were Approved for Refugee Status, Date (mm/dd/yyyy) and Place Admitted to the United States as a Refugee:

Part 2. Information About Your Alien Relative, the Beneficiary (Continued)

Other Names Used (Including maiden name):

N/A

If married, Name of Spouse, Date (mm/dd/yyyy), and Place of Present Marriage:

Aisha Ghulam 07/27/2021 Afghanistan

If previously married, names of prior spouses:

N/A

Dates (mm/dd/yyyy) and Places Previous Marriages Ended: Please provide documentation indicating how marriages ended (e.g., death certificate, divorce certificate, etc.):

- Beneficiary is currently in the United States.
 Beneficiary is outside the United States and will apply for travel authorization at a USCIS Office or a U.S. Embassy or consulate in:

Islamabad, Pakistan

City and Country

**To Be Completed By
Attorney or Representative, if any.**

- Fill in box if G-28 is attached to represent the petitioner.

Volag Number:

Attorney State License
Number:

98765432

Part 2. Information About Your Alien Relative, the Beneficiary (Continued)

Name and mailing address of the beneficiary written in the language of the country where he or she now resides:

Family Name:

عبدال

Given Name:

احمد علی

Middle Name:

Address - C/O:

نشته

Street Number and Name:

علی چوپان سیمه

Apt. Number:

City/State or Province:

مزار شریف، بلخ

Country:

افغانستان

Zip/Postal Code:

۱۷۰۲

Check the box, a. through d., that applies:

- a. The beneficiary has never been in the United States
b. The beneficiary is now in immigration court proceedings in the United States Where? _____
c. The beneficiary has never been in immigration court proceedings in the United States
d. The beneficiary is not now in immigration court proceedings in the United States, but has been in the past. Where? _____

What is the beneficiary's native language?

Pashto

Is the beneficiary fluent in English?

No Yes

What other languages does the beneficiary speak fluently:

Dari

Part 2. Information About Your Alien Relative, the Beneficiary (Continued)

List Each of the beneficiary's entries into the United States, if any, beginning with the most recent entry. Submit a copy of each I-94 and/or copy of the beneficiary's passport showing all the entry and exit stamps for each entry. Attach an additional sheet if the beneficiary has more than two entries into the United States:

Date of Arrival (mm/dd/yyyy): N/A	Place (City and State): N/A	Status: N/A
I-94 Number: N / A	Date Status Expires (mm/dd/yyyy): N/A	Passport Number:
Travel Document Number: N/A	Expiration Date for Passport or Travel Document: N/A	Country of Issuance for Passport or Travel Document: N/A
Date of Arrival (mm/dd/yyyy): N/A	Place (City and State): N/A	Status: N/A
I-94 Number: N / A	Date Status Expires (mm/dd/yyyy): N/A	Passport Number: N/A
Travel Document Number: N/A	Expiration Date for Passport or Travel Document: N/A	Country of Issuance for Passport or Travel Document: N/A

Part 3. Two-Year Filing Deadline

Are you filing this application more than two years after the date you were admitted to the United States as a refugee or granted asylee status? Yes No

If you answered "Yes" to the previous question, explain the delay in filing and submit evidence to support your explanation (Attach additional sheets of paper if necessary):

Part 4. Warning

WARNING: Any beneficiary who is in the United States illegally is subject to removal if Form I-730 is not granted by USCIS. Any information provided in completing this petition may be used as a basis for the institution of, or as evidence in, removal proceedings, even if the petition is later withdrawn. Unexcused failure by the beneficiary to appear for an appointment to provide biometrics (such as fingerprints and photographs) and biographical information within the time allowed may result in denial of Form I-730. Information provided on this form and biometrics and biographical information provided by the beneficiary may also be used in producing an Employment Authorization Document if the beneficiary is granted derivative refugee or asylee status.

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

NOTE: Read the **Penalties** section of the Form I-730 Instructions before completing this part.

Petitioner'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 I understand every question and instruction on this petition and my answer to every question.
- 1.b. The interpreter named in **Part 7.** read to me every question and instruction on this petition and my answer to every question in , a language in which I am fluent, and I understood everything.
2. At my request, the preparer named in **Part 8.**, , prepared this petition for me based only upon information I provided or authorized.

Petitioner's Contact Information

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

Petitioner'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 of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this petition, in supporting documents, and in my USCIS 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 provided or authorized all of the information contained in, and submitted with, my petition;
- 2) I reviewed and understood all of the information in, and submitted with, my petition; and
- 3) 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 petition 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 petition, and that all of this information is complete, true, and correct.

Petitioner's Signature

6.a. Petitioner's Signature

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

NOTE TO ALL PETITIONERS: If you do not completely fill out this petition or fail to submit required evidence listed in the Instructions, USCIS may deny your petition.

Part 6. Beneficiary's Statement, Contact Information, Declaration, Certification, and Signature if in the United States

NOTE: Read the information on penalties in the **Penalties** section of the Form I-730 Instructions before completing this part.

NOTE: If the beneficiary is not currently in the United States, or is not 14 years of age or older, this section should be left blank.

****NOTE:** Only fill out this page if the beneficiary is in the United States.

Beneficiary'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 I understand every question and instruction on this petition and my answer to every question.
- 1.b. The interpreter named in **Part 7.** read to me every question and instruction on this petition and my answer to every question in , a language in which I am fluent, and I understood everything.
- 2. At my request, the preparer named in **Part 8.**, , prepared this petition for me based only upon information I and the petitioner provided or authorized.

Beneficiary's Contact Information

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

Beneficiary'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 of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this petition, in supporting documents, and in my USCIS 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 provided or authorized all of the information contained in, and submitted with, my petition;
- 2) I reviewed and understood all of the information in, and submitted with, my petition; and
- 3) 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 petition 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 petition, and that all of this information is complete, true, and correct.

Beneficiary's Signature

- 6.a. Beneficiary's Signature
- 6.b. Date of Signature (mm/dd/yyyy)

NOTE: This petition must be completely filled out and all required evidence submitted or USCIS may deny this petition.

Part 7. Contact Information, Certification and Signature of the Person Interpreting this Petition, if Other Than the Petitioner or Beneficiary

Provide the following information about the interpreter used to complete this petition. **NOTE:** If you did not use an interpreter to help you complete this petition, leave this section blank.

Interpreter's Full Name

- 1.a. Interpreter's Family Name (Last Name) 1.b. Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

3. Street Number and Name Apt. Ste. Flr. Number
- City or Town State ZIP Code + 4 -
- Province Postal Code Country

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 , which is the same language specified in **Part 5.** or **Part 6., Item Number 1.b.**, and I have read to this petitioner, beneficiary, or to them both (if the beneficiary is in the United States and 14 years of age or older) in the identified language, every question and instruction on this petition and the petitioner's or the beneficiary's answer to every question. The petitioner and/or beneficiary informed me that he and/or she understand every instruction, question, and answer on the petition, including the **Petitioner's Declaration and Certification**, and the **Beneficiary's Declaration and Certification**, and have verified the accuracy of every answer.

Interpreter's Signature

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

Part 8. Contact Information, Certification and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Beneficiary

Provide the following information about the preparer. If you filled out this petition yourself (without a preparer), please leave this section blank.

Preparer's Full Name

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

THOMAS

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

Wendy

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

Legal Aid Sacramento

Preparer's Mailing Address

3. Street Number and Name

12 Harrison Blvd

Apt. Ste. Flr. Number

40

City or Town

Sacramento

State

CA

ZIP Code + 4

94232 - 5678

Province

Postal Code

Country

USA

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

916-789-0123

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

916-789-0123

6. Preparer's Email Address (if any)

WendyT@legalaidsac.org

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.
- 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 be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or Form G-281, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this petition.

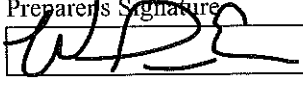
Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner and/or the beneficiary. The petitioner and beneficiary (if the beneficiary is in the United States and 14 years of age or older) then reviewed this completed petition and informed me that he and/or she understands all of the information contained in, and submitted with, his and/or her petition, including the **Petitioner's Declaration and Certification**, and the **Beneficiary's Declaration and Certification** that all of this information is complete, true, and correct. I completed this petition based only on information that the petitioner and beneficiary provided to me or authorized me to obtain or use.

Part 8. Contact Information, Certification and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Beneficiary (Continued)

Preparer's Signature

8.a. Preparer's Signature



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

07/25/2023

Part 9. To Be Completed at Interview of Beneficiary, If Applicable (14 years of age or older)

Beneficiaries in the United States will be interviewed by USCIS officers. Their petitioners may also be interviewed. Beneficiaries living overseas will be interviewed by a USCIS officer or a Department of State (DOS) consular officer.

I swear (affirm) that I know the contents of this petition that I am signing, including the attached documents and supplements, and that they are all true or not all true to the best of my knowledge and that corrections numbered _____ to _____ were made by me or at my request. With these corrections, the information on this form is now true.

Signed and sworn before me by the beneficiary named herein on: _____

Date (mm/dd/yyyy)

Signature of Beneficiary

Write your Name in your Native Alphabet

Signature of USCIS Officer or DOS Consular Officer

Beneficiary Approved for Travel, Admission Code: _____

Petition Returned to Service Center via NVC

CBP Action Block

Receipt Number [REDACTED]		Case Type I589 - APPLICATION FOR ASYLUM AND FOR WITHHOLDING OF REMOVAL
Received Date 11/16/2015	Priority Date	Applicant [REDACTED]
Notice Date 05/26/2020	Page 1 of 3	

****NOTE:** It should be noted that this is a sample approval notice, dated 05/26/2020. The petitioner should be filing this form **WITHIN TWO YEARS** of being granted asylum.

Notice Type: Approval Notice

ORIGINAL

Asylum Approval

Applicants:

As of 05/26/2020, you have been granted asylum in the United States pursuant to section 208 of the Immigration and Nationality Act (INA). Your derivative family member(s) listed above - who are present in the United States, who were included in your asylum application, and for whom you have established a qualifying relationship - are granted derivative asylum. Enclosed with this letter you will find a completed Form I-94, *Arrival-Departure Record*, for you and each of your derivative family members listed above. Please retain this document.

Asylum is authorized for an indefinite period, but asylum status does not give you the right to remain permanently in the United States. Asylum status may be terminated pursuant to section 208(c)(2) of the INA if you no longer have a well-founded fear of persecution because of a fundamental change in circumstances, you have obtained protection from another country, or you have committed certain crimes or engaged in other activity that makes you ineligible to retain asylum status in the United States.

Now that you are an asylee, you may apply for certain benefits listed below. You are responsible for complying with applicable laws and regulations explained in this letter. In addition to your Form I-94, *Arrival-Departure Record*, we recommend that you retain the original of this letter as proof of your status and that you submit copies of this letter when applying for any of the benefits or services listed below.

You may obtain any of the U.S. Citizenship and Immigration Services (USCIS) forms mentioned in this letter on the USCIS website at www.uscis.gov, through the National Customer Service Center at 1-800-375-5283, or at a local USCIS office.

Benefits

1. Employment Authorization

You are authorized to work in the United States for as long as you remain in asylum status. Your derivative family member(s) listed above are also authorized to work in the United States, so long as they retain derivative asylum status. You are authorized to work in the United States whether or not you have an Employment Authorization Document (EAD). To demonstrate employment authorization to employers, you must show certain documentation such as an unrestricted Social Security card, a state-issued driver's license, or an unexpired EAD issued by USCIS. For a list of all documents that employers may accept as proof of employment authorization, consult the USCIS Form I-9, *Employment Eligibility Verification*, on the USCIS website at <http://www.uscis.gov/i-9-central>. Many employers also use E-Verify to electronically check your employment eligibility. You can learn your E-Verify rights and responsibilities by visiting <http://www.uscis.gov/e-verify>.

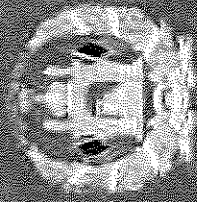
USCIS will mail to the last address you provided to USCIS a secure Form I-766, *Employment Authorization Document (EAD)*, which will be valid for two years. USCIS will also mail EADs for each of your derivative family members listed above who previously submitted their biometrics (e.g., fingerprints, photo, and signature) at a USCIS Application Support Center (ASC). If you or your derivative family member(s) do not receive the EAD(s) in the mail within 14 business days of the issuance of your asylum approval letter, please contact the Asylum Office listed above that issued your grant of asylum.

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

Chicago Asylum Office
U.S. CITIZENSHIP & IMMIGRATION SVC
181 W. Madison Street, Suite 3000
Chicago IL 60602

USCIS Contact Center: www.uscis.gov/contactcenter





جمهوری اسلامی افغانستان
(ستره محکمه)

ولایت
«نکاح خط»

Marriage Certificate

محکمه اداره ثبت اسناد و ولایت سفارت پاکستان

Court, Office of Registration, Embassy
of Afghanistan

قیمت (۳۰۰) افغانی

15308

Registration No :

و ۱۷۱
م ۷۳۰۳

نمبر عمومی
نمبر خصوصی

شماره

تاریخ صدور :

Date of Issue

تاریخ عقد نکاح :

Date of marriage Contract:

محل وقوع عقد نکاح :

place of marriage Contract:

اسم منکوحه :

Bride's name :

اسم ناکح :

Groom's name :

SPFCIMEN

این نکاح خط بدون امضاء و مهر محکمه . اداره ثبت اسناد و وثایق ، سفارت و یا قونسلگری فاقد اعتبار است .

Note: This marriage certificate shall be deemed invalid without the signature and seal of the court, registrar officer and Consular station.

عقد (الزواج منعقدان) (نكاح اور)
 منقولان در حالیکه هر از عواید تنان موانع قانونی و شرعی وجود ندارد بحضور شهود
 نزد ما حاضرین مجلس عقد نكاح که دارای شهرت دین میباشدیم بتاريخ / /
 صورت گرفت .
 شهرت محل الفت ، المضاعفیا نشان شصت حاضرین مجلس .

محکمہ یا ادارہ ثبت اسناد و شقی (داد نكاح مضامیر)
 ومضمر (یا که شهرت نشان درین خط لیب شد ، ومضمر)
 اظهار شریعت اسلامی صورت گرفت تصدیق وتامید نمود .
 محل امضاء

Handwritten signatures and notes in Persian/Arabic script, including names like "مجلس امضاء" and "شهرت دین".

WITNESSES
 The marriage of the contracting parties (persons) and the
 bride () is concluded in the presence of witnesses on the
 day of _____ in the year _____ CE, corresponding to the _____ of
 _____ in the year _____ while there are no legal or Sharia related
 obstacles to this marriage. We, the participants in the marriage
 ceremony (Majless Aqde Nekaah), whose particulars are stipulated
 below, give our testimony for the conclusion of this marriage.
 Particulars, place of stay, signature and fingerprints of the participants
 in the marriage ceremony:

The () department of recording this marriage
 certificate stresses the marriage of Mrs. ()
 and Mr. () that their full particulars, have been
 recorded in this certificate, according to Islamic rules.
 Signature

Handwritten signatures and stamps at the bottom of the page.

Particulars of the groom:

Name:	اسم:
Family name:	تخلص:
Father's name:	پست نام:
Grand father's name:	ولایت:
Nationality:	قوم:
Place of birth:	محل تولد:
Date of birth:	تاریخ تولد:
Place of residence:	محل اقامت:
Marital status:	حالت مدنی:
ID Card No.	مشخصات مذکورہ
	پشاور
طے	نمبر عدوسی
	تاریخ صدور
محل صدور	محل صدور
	محل صدور

اینجاب (زوج مرحومہ) دارای اهلیت قانونی و تصرفات شرعیہ خود میباشد در حقیقہ امر ازدواج من موالی قانونی و شرعی وجود ندارد به رضا و رغبت در بدل مهریہ در سنون مهر ذکر شدہ و یا شرایط مندرج این نکاح نامہ محضرتہ () را بہ حیث زوجہ قبول نمودم و یا ہم با احترام متقابل با رعایت احکام قانون و شریعت بہ امور زوجیت دوام میدہم . بر اقرار خود صادق میباشد .
محل اشخاص
محل نشانی انگشت

Particulars of the bride:

Name:	اسم:
Family name:	تخلص:
Father's name:	پست نام:
Grand father's name:	ولایت:
Nationality:	قوم:
Place of birth:	محل تولد:
Date of birth:	تاریخ تولد:
Place of residence:	محل اقامت:
Marital status:	حالت مدنی:
ID Card No.	مشخصات مذکورہ
	پشاور
طے	نمبر عدوسی
	تاریخ صدور
محل صدور	محل صدور
	محل صدور

اینجاب (زوجہ مرحومہ) دارای اهلیت قانونی و تصرفات شرعیہ خود میباشد در حقیقہ امر ازدواج من موالی قانونی و شرعی وجود ندارد به رضا و رغبت در بدل مهریہ در سنون مهر ذکر شدہ و یا شرایط مندرج این نکاح خط محضرتہ () را بہ زوجیت قبول نمودم و یا ہم با احترام متقابل با رعایت احکام قانون و شریعت بہ امور زوجیت دوام میدہم در اقرار خود صادق میباشد .
محل اشخاص
محل نشانی انگشت

Particulars of the bride's Attorney:

شهرت وکیل
زوجہ:



Name:	(نام)
Family name:	خانگی نام
Father's name:	والد
Grand father's name:	والدیت
Nationality:	قوم
Place of birth:	محل تولد
Date of birth:	تاریخ تولد
Place of residence:	محل اقامت
ID Card No.	مشخصات پاسپورٹ
	صفحہ
	جسٹس
	تاریخ صدور
	محل صدور

اپنی جگہ () کہ شہرت میں درگفتی شدہ در حالیہ کارائی اہلیت قانونی خود ہوئے و میثاق بہ اسباب و وقت خط شماره () مورخ / / مرتبہ () تلقین محترمہ مسما () ہوئے خود را در بدل مهر مندرج سفروں بھیر و کائنات بہ نکاح صحیح شرعی یا شریعہ مندرج این نکاح نامہ پر امان مندرج () زوج مذکور نامہ و موطنہ مذکورہ با زوج مندرج یار رعایت احکام قانونی و شریعت و احترام متقابل بہ امور زوجیت درام بندہ بدر اقرار خود صادق میباشم.

محل نشان شخصیت

محل امضاء

Particulars of the witnesses



شہرت شہوت
علاقہ نکاح:

Witnesses	First	second	شہادت اولیہ	شہادت دوم
Name:				
Family name:				
Father's name:				
Grand father's name:				
Nationality:				
Place of birth:				
Date of birth:				
Place of residence:				
ID Card No.	مشخصات پاسپورٹ			
	صفحہ			
	تاریخ صدور			
	محل صدور			

ما () شہادت در حالیہ کارائی اہلیت قانونی خودین میباشم اشہاد شہوتی مندرجہ کہ محترمہ زوجہ و محترمہ زوج منگورہ و معرفت کامل راہم در علاقہ نکاح شان ہیجگوتہ موطن قانونی و شرعی وجود ندارد عقد از نکاح اولشان بہ حضور ما صورت یافت .

محل نشان شخصیت

محل امضاء

محل نشان شخصیت



ID #: 981737

د افغانستان اسلامي جمهوریت
کابول ښار

کابل ښار

کابل ښار

کابل ښار

3 1-27-67

Province: Kabul
District: 1st district
Municipality: 1000 shah Wali

Islamic Republic of Afghanistan
Ministry of interior
Registration of Population Department

Price Af. (100)

1 general directorship

Identification					
Name		Height			
		Eye color			
Ft Name		Forehead			
		Skin color			
Qbr Name		Hair color			
		Other sign			
Place of Birth		Disability			
Date of Birth	6 months old of 1352 same to 6 months old of 1973				
Religion		Military Service		Residence in the seasons	
Nationality		Date of entry		Spring	
Occupation		Date of Completion		Winter	
Gender		Quarter		Autumn	
Marital Status		Other Identifications		Folk head	
Income		Vol No: 2 nd Q of 1352 Page No: 57 Reg No: 1183			
Identity	Native	Sotok No: 347833 Date:			
	Other				
Incharge's signature		Responsible signature		According to his father ID specification	
Name	Title	Name	Title	Duplicate	

[Handwritten signatures and stamps are present at the bottom of the form, including a large circular stamp and several rectangular stamps.]

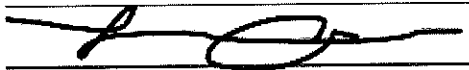
PASHTO – ENGLISH TRANSLATION CERTIFICATE

I, Bibi Hajira Orakzai, can read both Pashto and English and am competent to translate from Pashto to English.

I certify that the above translations of the:

- Tazkira of Ahmad Ali Abdul
- Marriage Certificate of Ahmad Ali Abdul and Aisha Ghulam

are true and accurate to the best of my abilities.



Orakzai

Signature of Translator

Bibi Hajira

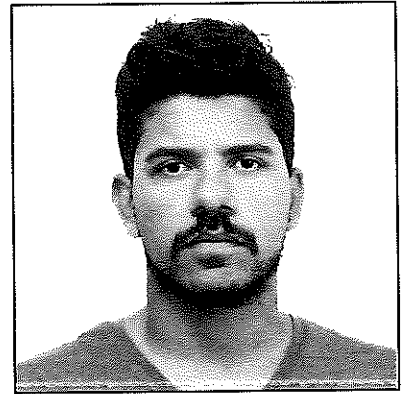
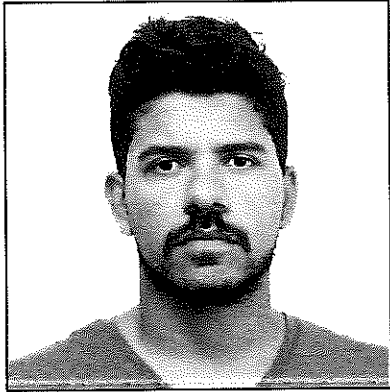
Printed Name Translator

7799 W. 25th St. Richmond, VA 23218-4321

Address of Translator

(804) 456-7890

Translator's phone number



Passport Photos of Beneficiary