| Law Office of Willian | m Jang, PLLC                          | Consular Inf        | formation S                                      | neet for M-1        |                   | (512) 323-2333       |
|-----------------------|---------------------------------------|---------------------|--|---------------------|-------------------|----------------------|
| A) Fill o             | out one for I                         | Each Applic         | ant (incl  | uding child         | ren) M-1 a        | and M-2              |
| 1) Full               | Name                                  | 2) National ID      | ) # (if any)                                     | 3) Date of Travel   | 4) Curren         | t Occupation         |
|                       |                                       |                     |  |                     |                   |                      |
| 5) Name o             | f Current Employer                    | or School           | 6) E   | mployer/School A    | ddress (include : | zip code)            |
|                       |                                       |                     |  |                     |                   |                      |
|                       |                                       | 7) Current Job De   | escription                                       |                     |                   | 8) Yearly Pay        |
|                       |                                       |                     |  |                     |                   |                      |
|                       | 9) Ho                                 | ome address in you  | r home country                                   | (including zip code | e)                |                      |
|                       |                                       |                     |  |                     |                   |                      |
|                       | 10) Addr                              | ess in US where the | e applicant will                                 | stay (including zip | code)             |                      |
|                       |                                       |                     |  |                     |                   |                      |
| 11) Name of           | Person Applicant is                   | staying with:       | 12) That perso                                   | n's home number:    | 13) That pers     | on's cell number:    |
|                       |                                       |                     |  |                     |                   |                      |
| 14) Marital Status    | (married, single, wi                  | dowed, divorced)    | 15) Spouse                                       | s Name (if any)     | 16) Spous         | e's Birth Date       |
|                       |                                       |                     |  |                     |                   |                      |
| 17) Father's Name:    |                                       |                     | 18) Father                                       | s Date of Birth     |                   |                      |
| 19) Motherr's Name    |                                       |                     | 20) Mother                                       | 's Date of Birth    |                   |                      |
|                       | -                                     |                     | -  |                     |                   |                      |
| 21) List All profess  | ional, social, charita                | •                   | ribes, and/or cl<br>ow or in past .              | ans that you belon  | g(ed), contribute | (d), or work(ed) for |
|                       |                                       |                     |  |                     |                   |                      |
|                       | 22                                    | ) Have you ever los | st your passpor                                  | t or had it stolen? |                   |                      |
|                       |                                       |                     |  |                     |                   |                      |
|                       |                                       | 23) Who is payin    | g for your trave                                 | l expenses?         |                   |                      |
|                       |                                       |                     |  |                     |                   |                      |
|                       |                                       |                     |  |                     |                   |                      |
|                       | · · · · · · · · · · · · · · · · · · · | re any of the follo | <del>'                                    </del> |                     |                   |                      |
| Relationship          | Yes/No                                | Immigra. Status     |  | tionship            | Yes/No            | Immigra. Status      |
| Husband/Wife          |                                       |                     |  | e/Fiancee           |                   |                      |
| Father/Mother         |                                       |                     |  | Daughter            |                   |                      |
| Brother/Sister        |                                       |                     | Othe   | Relative            |                   |                      |

| B) Addi               | tional Inform          | ation for Mal          | es Betwee         | <mark>n the Age o</mark> t | <sup>:</sup> 16 to 45 ye | ears old         |
|-----------------------|------------------------|------------------------|-------------------|----------------------------|--------------------------|------------------|
| 1) Please lis         | st the last three en   | nployers (starting     | with current) a   | nd any other em            | ployments that           | are related.     |
| Name                  |                        | Iress                  | Tel. No.          | Job Title                  | Supervisor               | Dates of Emplo.  |
|                       |                        |                        | <del> </del>      |                            |                          |                  |
|                       |                        |                        |                   |                            |                          |                  |
|                       |                        |                        |                   |                            |                          |                  |
|                       |                        |                        |                   |                            |                          |                  |
|                       |                        |                        |                   |                            |                          |                  |
|                       |                        |                        |                   |                            |                          |                  |
| 0) 11 /               |                        |                        |                   |                            |                          |                  |
|                       | ALL (except eleme      | entary) current and    | d past Education  |                            | •                        |                  |
| Name                  |                        | Address                |                   | Course                     | or Study                 | Dates of Attend. |
|                       |                        |                        |                   |                            |                          |                  |
|                       |                        |                        |                   |                            |                          |                  |
|                       |                        |                        |                   |                            |                          |                  |
|                       |                        |                        |                   |                            |                          |                  |
|                       |                        |                        |                   |                            |                          |                  |
|                       |                        |                        |                   |                            |                          |                  |
|                       | i '                    | current and prior      | 1                 | •                          | •                        | T                |
| Country               | Branch                 | Rank/Position          | S                 | specialty (Specialti       | es)                      | Dates of Service |
|                       |                        |                        | <u> </u>          |                            |                          |                  |
|                       |                        |                        |                   |                            |                          |                  |
| 4) List all Countries | that ever issued a r   |                        | licant            |                            |                          |                  |
| +) List all Courtiles | that ever issued a p   | 2035port to the Appl   | iloant.           |                            |                          |                  |
| 5) List all Countries | ever visited includir  | ng dates of visits.    |                   |                            |                          |                  |
|                       |                        |                        |                   |                            |                          |                  |
| 6) Has the Applicant  | t ever lost a passpo   | ort or had one stoler  | າ?                |                            |                          |                  |
|                       |                        |                        |                   |                            |                          |                  |
| 7) Does Applicant h   | ave skills or training | g, including firearms  | s, explosives, nu | ıclear, biological, d      | or chemical expe         | erience?         |
|                       |                        |                        |                   |                            |                          | <u> </u>         |
| 8) Has the Applican   | t participated in arm  | ned conflict either as | s a participant o | or victim? It so ple       | ase provide deta         | ails.            |
| 9) Please provide tra | aval arrangements      | including arrival/do   | enartura datas f  | light information I        | acations of visit        |                  |
| 9) Flease provide ita | avei arrangements,     | including arrival/de   | parture dates, i  | iigni iiiioimation, i      | ocations of visit.       |                  |
| 10) Provide the nam   | ne and phone numb      | er of the contact pe   | erson in the US   | Organization (if ar        | ny):                     |                  |
| ,                     | '                      | •                      |                   | `                          | ,                        |                  |

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|         | 7              |       | nation for the esses of all Childre        |                               |                        |                    |
|---------|----------------|-------|--|-------------------------------|------------------------|--------------------|
| Full    | Name           | ĺ     | Address                                    | •                             | Relationship           | Phone Numbe        |
|         |                |       |  |                               |                        |                    |
| _       |                |       |  |                               |                        |                    |
| _       |                |       |  |                               |                        |                    |
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|         |                |       |  |                               |                        |                    |
|         |                |       |  |                               |                        |                    |
|         |                |       |  |                               |                        |                    |
|         | O) Diagon lint |       | teet these seconds.                        | - 4-4                         | 41                     |                    |
| \ Namo  | •              |       | ne last three employ<br>Tel. No.           | ers (starting wi<br>Job Title | th current) Start Date | End Date           |
| ) Name  | Address        |       | i ei. No.                                  | JOD 1 ITIE                    | Start Date             | End Date           |
|         |                |       | Duties                                     |                               | 1                      |                    |
|         |                |       |  |                               |                        |                    |
|         |                |       |  |                               |                        |                    |
| o) Name | Add            | lress | Tel. No.                                   | Job Title                     | Start Date             | End Date           |
| o) Name | Add            | lress |  | Job Title                     | Start Date             | End Date           |
| o) Name | Add            | Iress | Tel. No.  Duties                           | Job Title                     | Start Date             | End Date           |
|         |                |       | Duties                                     |                               |                        |                    |
|         |                | lress |  | Job Title  Job Title          | Start Date  Start Date | End Date  End Date |
|         |                |       | Duties                                     |                               |                        |                    |
| b) Name |                |       | Duties  Tel. No.  Duties                   | Job Title                     |                        |                    |
|         | Add            |       | Duties Tel. No.                            |                               |                        |                    |
| c) Name | Add            | iress | Duties  Tel. No.  Duties  Tel. No.         | Job Title                     | Start Date             | End Date           |
| c) Name | Add            | iress | Duties  Tel. No.  Duties                   | Job Title                     | Start Date             | End Date           |
| c) Name | Add            | iress | Duties  Tel. No.  Duties  Tel. No.  Duties | Job Title  Job Title          | Start Date Start Date  | End Date  End Date |