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C

B-1 Status Extension Information Sheet

(512) 323-2333

		Part A - I	Principal Applica	ant				
1) Full Name		2) City and Country of Birth		3) Country of Citizenship/Nationality				
					of oddrifty of onizensing/Nationality			
4) All Other Names	Used (including main	5) A Number (if	anv)	6) Social Securi	ity Number (if any)			
4) All Other Names Used (including maiden name)								
7) Home Phone	8) Cell Phone	9) Office Phone	10) Fax	11) E-mail				
12) Current US Address								
13) Current Foreign	Address							
Part E	B - Family Information	on (if family is als	o in US or comi	ng to US) - if I	none please wri	te none		
1) Full Name (maid	len name)	2) Relation	3) City & Countr	ry of Birth	4) SS # (if any)	5) A # (if any)		
		Spouse						
		Child						
		Child						
		Child						
		Child Child						
				un de Franciska				
	ed in a military? (if ye	Part C - Question			location and nat	ure of service)		
T) Has anyone serv		es, provide, name (or military (army,	navy), uates				
2) Has anvone used	d, sold, provided, or t	ransported any we	apons? (if ves. p	lease provide	information)			
_)	, cela, pre l'aca, el t							
3) Has anyone been removed or deported or had any other immigration problems? (if yes, please provide information):								
	•				•			
 Has anyone viola 	ated the terms of their	r immigration statu	s or violated any	other immigra	tion laws? (if yes	, provide details)		
5) Has an immigration (green card) application been filed for any one? (if yes, please provide information):								
6) Has anyone been arrested, charged, or had dealings with police or had other criminal problems? (if yes provide details):								
0) has anyone been	Tallesleu, chargeu, c	or had dealings wit	in police of flad o	uner chiminar p		provide details).		
7) Has anvone beer	n previously employe	d in the US? (If ve	es, please provide	e information):				
7) Has anyone been previously employed in the US? (If yes, please provide information):								
8) Does anyone hav	ve or have had any c	ommunicable dise	ases or dangerou	is physical or i	mental disorder o	r drug/alcohol		
8) Does anyone have or have had any communicable diseases or dangerous physical or mental disorder or drug/alcohol problems (if so please provide information):								
9) Please list all previously issued visas and status:								
10) Please list all previously refused, revoked, cancelled visas and status and information about any denied entry into US:								
Part D - Information about Company Outside of US								
1) Name of the Con		1		Outside of U	5			
1) Name of the Company 2) Company Address								
3) Manager/Officer's	s Name and Title (co	ntact person)	4) Phone	5) Fax	6) E-mail			
of Manager, ember e Name and Thie (contact percent)								
7) Type of Business	8) Activity being	performed by	beneficiary in US	6.				
			*					

Part E - II	nformation abou	ut Client Compa	any inside of l	JS (if any)			
1) Name of the Company	2) Company Address						
3) Manager/Officer's Name and Title (contact person)		4) Phone	5) Fax	6) E-mail			
Part F - Information about Affiliated Company inside of US (if any)							
1) Name of the Company	2) Company Address						
Manager/Officer's Name and Title (co	4) Phone	5) Fax	6) E-mail				
Pa	Check List						
1. Copy of I-94 and Passports for all individuals applying.							
	2. Copy of Government Document proving family relationship (Birth Certificate, Marriage Certificates)						
3. Documentation showing activity (letters, contracts, agenda for meeting)							
Copy of plane ticket(s) to home country showing return dates within requested extension.							
5. Evidence of employment with the company outside of United States.							
Documents showing source of money	vs to pay for expe	enses while in U.	.S.				