Law Office of Willian	m Jang, PLLC	F-1 Status Information Sheet			(512) 323-2333		
Dout A. Dringing! Applicant							
Part A - Principal Applicant 1) City and Country of Right 12) City of Last Entry to LLS							
1) Full Name			2) City and Country of Birth		3) City of Last Entry to U.S.		
4) All Other Names Used			5) A Number (if any)		6) Social Security # (if any)		
4) All Other Hames Osca			o, / (ranibor (ii arry)		(ii dily)		
7) Home Phone	8) Cell Phone	9) Office Phone	10) Fax	11) E-mail			
9, 50, 7, 10, 10			. 67 : 62.	,			
12) Current U.S. Address							
13) Foreign Address							
Part B - Family Information (if family is also in U.S.) - if none please write none							
4) Full Name						E) A // ('C)	
1) Full Name ((maiden name)	2) Relation	3) City & Co	ountry of Birth	4) SS # (if any)	5) A # (If any)	
		Spouse Child					
		Child					
		Child					
		Child					
		Part C - Questions	to Applicant and	d Family	L		
1) Has anyone served in a military? (if yes, provide, name of military (army, navy), dates location and nature of service).							
, ,							
2) Has anyone use, sold, provided, or transported any weapons? (if yes, please provide information)							
3) Has anyone been removed or deported or had any other immigration problems? (if yes, please provide information)							
4) Has anyone violated the terms of their immigration status or violated any other immigration laws? (if yes, provide details)							
5) Has an immigration (green card) application been filed for any one? (if yes, please provide information)							
6) Has appeared been arrested oberged or had declines with police or had other eximinal problems 2. (force provide details)							
6) Has anyone been arrested, charged, or had dealings with police or had other criminal problems? (if yes provide details)							
7) Has anyone been previously employed in the U.S.? (If yes, please provide information)							
7 Has anyone seen previously employed in the o.o.: (ii yes, piease provide information)							
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 visas and status:							
Part D - Information about Person in the U.S. helping the Applicant (if any)							
1) Full Norse	Part D - Informa	tion about Person i		, 		(C) A Ni	
1) Full Name			2) Gender	3) Birth Date	4) Citizenship	5) A Number	
C) Address			7) City and Cou	otry of Pirth	8) Social Secur	ity # (if apy)	
6) Address			7) City and Coul	illy Of Billii	o) Social Secul	ity # (ii ariy)	
9) Phone Number 10) Fax 11) E-mail					12) Relationsh	n to Applicant	
o, i none i valibel	10) 1 4	, =a			12) Rolationsii	p to Applicant	
Part E - Needed Documents:						Check List	
1. Copy of I-94 and Passports for all individuals applying						5.135.1 E.O.	
2. Copy of Government Document proving family relationship (Birth Certificate, Marriage Certificates, etc.)							
3. Evidence of financial arrangement. (Bank Statements, Income Tax Returns, Wire Transfer Receipts, etc.)							
	Including one for the		mily members)				
5. Receipt showing payment of SEVIS fee							
Prior Approval No	6. Prior Approval Notices, I-20, etc showing current and prior legal status						