Law Office of William Jang, PLLC E-2 Visa/Status Information Sheet						(512) 323-2333					
		Part A - Prin	cipal Beneficiar		<u> </u>						
1) Full Name			2) City and Country of Birth		3) City of Last Entry to U.S.						
4) All Oil Al											
4) All Other Names Used			5) A Number (if any)		6) Social Security # (if any)						
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7) Home Phone	8) Cell Phone	9) Office Phone	10) Fax	11) E-mail							
40\ C	draga										
12) Current U.S. Ad	uress										
13) Foreign Address	14) Desired Consulate										
13) Foreigh Address)				14) Desired Consulate						
15) List prior stays i	na Offered	17) Proposed Wages/Salary									
10) List prior stays i	TI E OI II Statas (II IIo	ne, whie hone)	TO) T CONTOTT DOI	Being Offered 17) Proposed Wages/Salary							
	Part B - Family In	formation (if family	is also in U.S.) -	if none please w	rite none						
1) Full Name (maiden name)	2) Relation		ountry of Birth	4) SS # (if any)	5) A # (if any)					
i) i dii itailio (india on manio,	Spouse	of only a country of Biran		i) co ii (ii ariy)	O) / (II (II CITY)					
		Child									
		Child									
		Child									
		Child									
	F	Part C - Questions to	Beneficiary an	d Family							
1) Has anyone serv	ed in a military? (if ye	es, provide, name of	military (army, na	avy), dates locati	on and nature of	service).					
	, ,		• , •	,		,					
2) Has anyone use,	sold, provided, or tra	ansported any weapo	ns? (if yes, pleas	se provide informat	tion)						
				•							
3) Has anyone beer	removed or deporte	ed or had any other ir	nmigration proble	ems? (if yes, pleas	e provide inform	ation)					
Has anyone viola	ted the terms of thei	r immigration status o	or violated any ot	her immigration lav	ws? (if yes, provi	ide details)					
5) Has an immigration (green card) application been filed for any one? (if yes, please provide information)											
6) Has anyone beer	n arrested, charged,	or had dealings with	police or had oth	er criminal problen	ns? (if yes provid	le details)					
7) Has anyone beer	n previously employe	d in the U.S.? (If yes	, please provide i	information)							
8) Does anyone have or have had any communicable diseases or dangerous physical or mental disorder or drug/alcohol											
0) Diana liat all and		and status.									
9) Please list all pre	viously issued visas	and status:									
10) Diagon list all pr	oviously refused vise	and status									
10) Please list all pr	eviously refused visa	as and status:									
	D	art D. II S. Potitioni	na Company In	formation							
1) Name of the Com	Part D - U.S. Petitioning Company Information										
1) Name of the Company 2) Company Address											
3) Manager/Officer's Name and Title (contact person) 4) Type of Business											
o) managenomicer's marile and thie (contact person) 4) Type or Dusiness											
5) Company Phone	6) Company Fax	7) Year Established	8) Activity to be performed by beneficiary in U.S.								
o) company i none	o) Company Lax	1) Teal Established	o) Notivity to be	periorifica by belie	onolary in O.O.						
9) Company E-mail	Address	10) Gross Income	11) Net Income	12) Number of En	nplovees	13) EIN #					
o, company E man		10, 01000 111001110	, 1100 111001110	,		.5) =					
14) Total Assets	15) Net Worth	16) Initial Investmen	t Amount	17) Total Amount of	f Investment						
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		L									

	18) Owner	s) of the Comp	any				
Name of Owner(s)	% of ownersh	% of ownership		Nationality			
. ,		1					
19) Total Number of Managers & Executives in U.S.							
20) Number of Managers & Executives Nationals of Treaty Country in E or L Status in U.S.							
21) Total Number of Specialized Qualifcations or Knowledge Employees in U.S.							
22) Number of Specialized Qualification							
	mation about Affi		outside of U.S.	(if any)			
1) Name of the Company	2) Company Addr	ess					
		•		T-1 -			
3) Manager/Officer's Name and Title (co	ontact person)	4) Phone	5) Fax	6) E-mail			
7) Total Number of Employees	8) Type of Busine	SS		9) Beneficiary	9) Beneficiary's position title		
]		
10) Number of years worked	11) Beneficiary's [Duties					
	40) 0(-)	(4) - 5					
Name of Owner(a)	12) Owner(s) o	f the Foreing Co		Immi. Status	Nietienelite		
Name of Owner(s)		% of ownersn	% of ownership		Nationality		
	Part F - Needed I	Ocuments:			Check List		
1. Copy of I-94 and Passports for all ind		ocaments.			Officer List		
		nin (Birth Certific:	ate Marriage Cer	tificates)			
 Copy of Government Document proving family relationship (Birth Certificate, Marriage Certificates) Copies of Wire Transfer Receipts, Certified Checks, evidencing investment has been committed. 							
	Copies of write Transfer Receipts, Certified Checks, evidencing investment has been committed. Sale and Purchase Agreement (if purchasing a business)						
•	Sale and Purchase Agreement (if purchasing a business) Certificate & Articles of Formation or of Incorporation (if Petitioner is a corporation or LLC)						
6. Share Certificate or Unit Certificate (if Petitioner is a corporation or LLC)							
7. Partnership Agreement (if Petitioner is a partnership)							
8. Assumed Name Certificate (if any)							
9. Lease Agreement and Assignment of Lease							
10. Pictures of the Business/Office/Factory							
11. Bank Statements (last three months)							
12. Copies of Employer's Quarterly Reports (from former operation if purchasing a business)							
13. Copies of Receipts and Invoices (from former operation if purchasing a business)							
14. Copies of Advertisements (if any)							
15. Tax Returns (from former operation if purchasing a business)							
16. Utility Bills (from former operation if purchasing a business)							
17. Latest Company Financial Statements (Income Statement/Balance Sheet)							
18. Business Plan (if new business) with at least 5 years projection							
19. Copies of all prior applications and approval notices and denial notices, I-20, etc.							
20. Criminal Documents (if any)							
21. Two passport photographs of spouse if applying for employment authorization							
22. Copy of Prior Employment Authorization Card(s) (if any).							
23. Evidence that the Beneficiary is qualified to perform essential work or manage the investment							