Law Office of William Jang, PLLC K-1 Information Sheet (512) 323-23						512) 323-2333			
4) F. II N	Р	art A - Beneficiary (In a second				
1) Full Name			2) City and Country of Birth			3) Has Beneficiary been in U.S.?			
4) All Other News	llaad (in disdinas nadi	-1	C\ A Nicosala an /if						
4) All Other Names	Used (including mai	den name) 5) A Number (if a		any)	6) Social Security # (if any)				
7) Desired Consular Office (City)		10) Name and Address in notice language if m		uaga if nativa lang	Lucac is not rome	20			
1) Desired Consular	Office (City)	o) Name and Addre	8) Name and Address in native language, if native langu						
9) Home Phone	10) Cell Phone	11) Office Phone	12) Fax	13) E-mail					
9) Home Phone	10) Cell Phone	11) Office Priorie	12) Fax	13) E-IIIali					
14) Eather's full name		15) Father's Date, City and Country of Birth			16) City and Country of residence				
14) Father's full name		15) Father's Date, City and Country of Birth			10) Only and Country of residence				
17) Mother's full nar	me (maiden)	18) Mother's Date, City and Country of Birth			19) City and Country of residence				
17) Wolfiel 3 Idii Hai	ne (maiden)	16) Mother's Date, City and Country of Birth			10) Only and Ocumny of residence				
20) Former spouse's full name (maiden)		21) Former spouse's Date, City and Country of Birth			22) Date and Place of Marriage				
20) 1 0111101 300030 3 1	dir riarric (maideri)	21) Former spouse's Date, City and Country of Birth			22) Bate and Flace of Marriage				
					+				
					+				
					+				
23) Beneficiary's res	sidence last five year	rs. List present addre	ess first.		From	То			
	d Number	City	State/Country	Zip Code	month/year	month/year			
		J,	State, Stating			Present			
					1				
24) Beneficiary's las	st address outside th	e United States of me	ore than one yea	r.	From	То			
Street an	d Number	City	State/Country	Zip Code	month/year	month/year			
25) Beneficiary's Emp		(if none, so state). Lis	t present employm	ent first.	From	То			
Full name and address of employer Occi					month/year	month/year			
						Present			
20) 01					 	_			
26) Show below last	t occupation abroad			I o	From	To			
Full name and address of employer Occupa					month/year	month/year			
07) 1 '- (- 11 (1 - 1	27) List all the beneficiary's children's names, birth dates and birth countries.								
27) List all the bene	ficiary's children's na	ames, birth dates and	i birth countries.						
20) Has the beneficiar	ny haan ramayad ar da	norted or had any other	ar immigration prob	lama? (if you place	a nravida informati	on)			
28) Has the beneficiary been removed or deported, or had any other immigration problems? (if yes, please provide information)									
20) Has an immigration (green card) application been filed for the honoficiary in the past? (if year places provide information)									
29) Has an immigration (green card) application been filed for the beneficiary in the past? (if yes, please provide information)									
30) Has the beneficiary been arrested, charged, or had any dealings with police or had other criminal problems?									
sy, nas are sensitivity seem arrected, enarged, or had any dealings with police of had other chilinal problems:									
31) Has the beneficiary been previously employed in the U.S.? (If yes, please provide information)									
or) has the beneficial	y peen previously emp	noyeu iii iile U.S.! (II y	co, picase provide	inionnation)					
32) Please list all previously issued visas and status:									
oz, i lodoc ilot dii piev	iodoly looded vioas all	a otatuo.							

33) Please list all pr	eviously refused visas a	nd status:					
34) Has the benefic	iary previously applied fo	or employment authori	ization? If so, when	and where? Was it	approved?		
.,	, p						
35) List all organizat	tions and clubs that the b	oeneficiary has belong	ged to in the past or	belongs to currently	·.		
26) Dogariba baw th	e Petitioner and the Ber	oficiary mot Mos a r	marriaga brakar inya	lyod2			
36) Describe flow th	le Petitioner and the ber	ienciary met. was a r	namage broker invo	iveu :			
37) Has anyone vi	iolated the terms of the	eir immigration statu	us or violated any i	mmigration laws?	(if yes, provide of	details)	
	have or have had any ease provide information		eases or dangerou	s physical or men	tal disorder or dr	ug/alcohol	
			o of military (army	navv) dates les	eation and natura	of convice)	
39) Has benencial	ry been in a military? (ii yes provide, name	e or military (army,	navy) dates loc	alion and nature	or service).	
1) Full Name		Part	B - Petitioner 2) City and Cou	ntry of Rirth	3) Related to fi	ance(e)?	
1) I dii Ivailie			2) Oity and Ood	ntry or birth	3) Related to fiance(e)?		
4) All Other Names Used (including maiden name)			5) A Number (if any)		6) Social Security # (if any)		
7) Home Phone	8) Cell Phone	9) Office Phone	10) Fax	11) E-mail			
40) Eath and full in		40) Fatharia Data	Oit and On other	of Direth	144) 0%, and 0		
12) Father's full na	ame	13) Father's Date,	City and Country of	OI BIRTH	14) City and Count	try of residence	
15) Mother's full n	ame (maiden)	16) Mother's Date,	City and Country	of Birth	18) City and Count	try of residence	
18) Former spouse's	s full name (maiden)	19) Former spouse	9) Former spouse's Date, City and Country of Birth			20) Date and Place of Marriage	
24) Detitionerle re-	aidenaa laat fiya yaana	list present addre	a a first		France	T ==	
21) Petitioner's residence last five years Street and Number		City	State/Country	Zip Code	From month/year	To month/year	
0001.0		O.I.y	State/ Scarrily	2.5 0000	month, you	Present	
					+		
					_	_	
,	st address outside the and Number			Zip Code	From	To	
Sileet a	and Number	City	State/Country	Zip Code	month/year	month/year	
23) Petitioner's Emp	oloyment last five years (if none, so state). Lis	t present employme	nt first.	From	То	
	Full name and add	ress of employer		Occupation	month/year	month/year	
						Present	
					+		
24) Show below la	ast occupation abroad	if not shown above		1	From	То	
	Full name and add	Occupation	month/year	month/year			

Part C - Needed Documents:						
Beneficiary (and accompanying children):						
Copy of I-94 and Passports for all individuals applying						
2. Birth Certificate (or other Government issued Document showing birth record) of all applicants						
3. Copies of all prior applications and approval notices and denial notices, I-20, etc. of all applicants						
4. Criminal Documents (if any) of all applicants						
5. Passport Photographs of all applicants						
6. Divorce Decree of the Beneficiary						
7. Court or Government issued Document showing name change (if any)						
Petitioner:						
8. Employment Verification Letters from the Petitioner's employers						
9. Petitioner' Bank Statements (last three months)						
10. Income Tax Returns (last three years)						
11. W-2, Paystubs, and Checks (last year)						
12. Proof of U.S. Citizenship (Birth Certificate, Naturalizaiton Certificate, etc.)						
13. Passport Picture						
14. Divorce Decree						
Documents showing that the Petitioner and the Beneficiary met and Documents showing relationship:						
15. Plane Tickets, Flight Itenary, Boarding Passes, Passports						
6. Pictures of the Petitioner and the Beneficiary together						
17. Letters, e-mails, telephone records						
9. If the couple have not physically met in the last two years, evidence of extreme hardship or cultural practice						