

Passport Photos



A





Center for Battered
 Women's Legal Services
 30 Wall Street, 8th Fl.
 New York, NY 10005
 Tel: 212.349.6009
 Fax: 212.566.0344
sanctuaryforfamilies.org

July 23, 2019

USCIS
 Attn: I-131
 Vermont Service Center
 75 Lower Welden Street
 St. Albans, VT 05479-0001

**Re: Advanced Parole Travel Document, Form I-131 for [REDACTED]
 (A [REDACTED])**

Dear USCIS Officer:

On behalf of our client, Ms. [REDACTED], we submit the enclosed completed Advanced Parole Travel Document application on Form I-131. Ms. [REDACTED] has a pending I-485 (EAC [REDACTED]) based on her T-1 Nonimmigrant Status. She received T-1 Nonimmigrant Status on [REDACTED] 2017. USCIS' website states that Travel Document applications based on a pending I-485 should be sent to the Vermont Service Center if the I-485 is based on T Nonimmigrant Status. We respectfully request that the Vermont Service Center grant Ms. [REDACTED]'s I-131 Application.

Ms. [REDACTED] seeks to travel to China to see her elderly father, [REDACTED] whose Chinese name has been transliterated into English in different ways, including [REDACTED] and [REDACTED]. See Exhibits 1 & 2. Mr. [REDACTED] is 86-years-old and in failing health, and Ms. [REDACTED] hopes to visit him before he passes away. See Exhibit 1.

In support of the Advanced Parole Travel Document application on Form I-131, please find the following documents:

- G-28, Notice of Entry of Appearance;
- Form I-131, Application for Travel Document;
- Two passport photographs;
- Exhibit 1: Certification from Dr. [REDACTED] of Mr. [REDACTED]'s health issues, including fatty liver disease and signs of kidney damage, with certified English translation;

Hon. Judy Harris Kluger
Executive Director

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**in memoriam*

- Exhibit 2: Copy of birth certificate of Ms. [REDACTED], showing familial relationship between Mr. [REDACTED] and Ms. [REDACTED] with certified English translation;
- Exhibit 3: Copy of the Receipt Notice for Form I-485 (EAC [REDACTED]);
- Exhibit 4: Copy of the Ms. [REDACTED]'s I-914 Approval Notice for T-1 Nonimmigrant Status; *and*
- Exhibit 5: Copy of Ms. [REDACTED]'s valid passport page.

Please note, as per page 13 of Form I-131 Instructions, *no filing fee* is required because Ms. [REDACTED] has already submitted the required filing fee for her pending adjustment of status application and she is currently applying for an Advance Parole Document to allow her to return to the United States after temporary foreign travel.

Thank you for your time and attention to this matter. Please do not hesitate to contact me with any questions or concerns. I may be reached by email at [REDACTED]

Sincerely,

[REDACTED]

Anti-Trafficking Initiative



Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)
▶

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

Address of Attorney or Accredited Representative

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number

5. Mobile Telephone Number (if any)

6. Email Address (if any)

7. Fax Number (if any)

Part 2. Eligibility Information for Attorney or Accredited Representative

Select all applicable items.

1.a. I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in Part 6. Additional Information.

Licensing Authority

1.b. Bar Number (if applicable)

1.c. I (select only one box) am not am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in Part 6. Additional Information to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

2.a. I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

2.c. Date of Accreditation (mm/dd/yyyy)

3. I am associated with , the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate



Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

1.a. U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

I-131

2.a. U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

3.a. U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

4. Receipt Number (if any)

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

- Applicant Petitioner Requestor Beneficiary/Derivative Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

6.a. Family Name (Last Name)

6.b. Given Name (First Name)

6.c. Middle Name

7.a. Name of Entity (if applicable)

7.b. Title of Authorized Signatory for Entity (if applicable)

8. Client's USCIS Online Account Number (if any)

9. Client's Alien Registration Number (A-Number) (if any)

Client's Contact Information

10. Daytime Telephone Number

11. Mobile Telephone Number (if any)

12. Email Address (if any)

Mailing Address of Client

NOTE: Provide the client's mailing address. Do not provide the business mailing address of the attorney or accredited representative unless it serves as the safe mailing address on the application or petition being filed with this Form G-28.

13.a. Street Number and Name: SFF 30 Wall Street

13.b. Apt. Ste. Flr. 8

13.c. City or Town: New York

13.d. State: NY 13.e. ZIP Code: 10005

13.f. Province

13.g. Postal Code

13.h. Country: USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.



Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.


If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

- 1.a. I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**


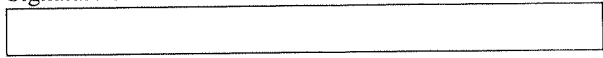
- 1.c. I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

- 2.a. Signature of Client or Authorized Signatory for an Entity

- 2.b. Date of Signature (mm/dd/yyyy)

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

- 1. a. Signature of Attorney or Accredited Representative

- 1. b. Date of Signature (mm/dd/yyyy)
- 2. a. Signature of Law Student or Law Graduate

- 2. b. Date of Signature (mm/dd/yyyy)



Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2.a. Page Number 2.b. Part Number 2.c. Item Number

2.d. _____

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d. _____

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d. _____

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d. _____

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d. _____





Application for Travel Document

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-131
OMB No. 1615-0013
Expires 04/30/2022

For USCIS Use Only	Receipt	Action Block	To Be Completed by an Attorney/ Representative, if any.	
	<input type="checkbox"/> Document Hand Delivered By: _____ Date: ____/____/____			<input checked="" type="checkbox"/> Fill in box if G-28 is attached to represent the applicant.
	Document Issued <input type="checkbox"/> Re-entry Permit (<i>Update "Mail To" Section</i>) <input type="checkbox"/> Refugee Travel Document (<i>Update "Mail To" Section</i>) <input type="checkbox"/> Single Advance Parole <input type="checkbox"/> Multiple Advance Parole (<i>Valid Until: ____/____/____</i>)			
<input type="checkbox"/> Address in <i>Part I</i> <input type="checkbox"/> US Consulate at: _____ <input type="checkbox"/> Intl DHS Ofc at: _____		Attorney State License Number: 5660568		

► **Start Here.** Type or Print in Black Ink

Part 1. Information About You

1.a. Family Name (Last Name) [Redacted]

1.b. Given Name (First Name) [Redacted]

1.c. Middle Name [Redacted]

Physical Address

2.a. In Care of Name [Redacted] - SFF

2.b. Street Number and Name: 30 Wall Street

2.c. Apt. Ste. Flr. 8

2.d. City or Town: New York

2.e. State: NY 2.f. ZIP Code: 10005

2.g. Postal Code: _____

2.h. Province: _____

2.i. Country: USA

Other Information

3. Alien Registration Number (A-Number) ► A- [Redacted]

4. Country of Birth: China

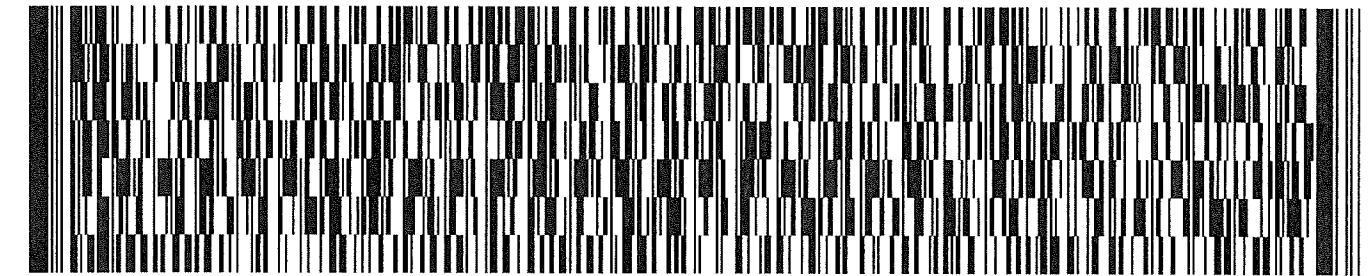
5. Country of Citizenship: China

6. Class of Admission: T-1

7. Gender Male Female

8. Date of Birth (mm/dd/yyyy) ► [Redacted]

9. U.S. Social Security Number (if any) ► [Redacted]



Part 2. Application Type

- 1.a. I am a permanent resident or conditional resident of the United States, and I am applying for a reentry permit.
- 1.b. I now hold U.S. refugee or asylee status, and I am applying for a Refugee Travel Document.
- 1.c. I am a permanent resident as a direct result of refugee or asylee status, and I am applying for a Refugee Travel Document.
- 1.d. I am applying for an Advance Parole Document to allow me to return to the United States after temporary foreign travel.
- 1.e. I am outside the United States, and I am applying for an Advance Parole Document.
- 1.f. I am applying for an Advance Parole Document for a person who is outside the United States.

If you checked box "1.f." provide the following information about that person in 2.a. through 2.p.

- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name
- 2.d. Date of Birth (mm/dd/yyyy) ▶

2.e. Country of Birth

2.f. Country of Citizenship

2.g. Daytime Phone Number () -

Physical Address (If you checked box 1.f.)

2.h. In Care of Name

2.i. Street Number and Name

2.j. Apt. Ste. Flr.

2.k. City or Town

2.l. State

2.m. ZIP Code

2.n. Postal Code

2.o. Province

2.p. Country

Part 3. Processing Information

1. Date of Intended Departure (mm/dd/yyyy) ▶
2. Expected Length of Trip (in days)
- 3.a. Are you, or any person included in this application, now in exclusion, deportation, removal, or rescission proceedings? Yes No
- 3.b. If "Yes", Name of DHS office:

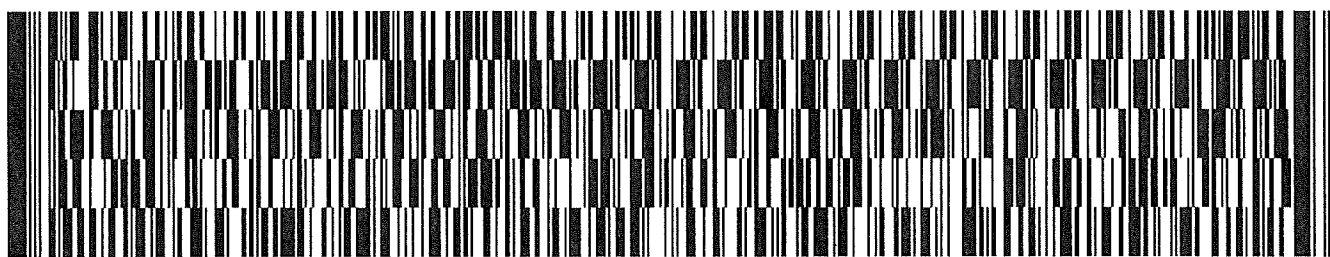
4.a. Have you ever before been issued a reentry permit or Refugee Travel Document? (If "Yes" give the following information for the last document issued to you):

Yes No

4.b. Date Issued (mm/dd/yyyy) ▶

4.c. Disposition (attached, lost, etc.):

If you are applying for a non-DACA related Advance Parole Document, skip to Part 7; DACA recipients must complete Part 4 before skipping to Part 7.



Part 3. Processing Information (continued)

Where do you want this travel document sent? (Check one)

5. To the U.S. address shown in Part 1 (2.a through 2.i.) of this form.

6. To a U.S. Embassy or consulate at:

6.a. City or Town

6.b. Country

7. To a DHS office overseas at:

7.a. City or Town

7.b. Country

If you checked "6" or "7", where should the notice to pick up the travel document be sent?

8. To the address shown in Part 2 (2.h. through 2.p.) of this form.

9. To the address shown in Part 3 (10.a. through 10.i.) of this form.:

10.a. In Care of Name

10.b. Street Number and Name

10.c. Apt. Ste. Flr.

10.d. City or Town

10.e. State 10.f. ZIP Code

10.g. Postal Code

10.h. Province

10.i. Country

10.j. Daytime Phone Number () -

Part 4. Information About Your Proposed Travel

1.a. Purpose of trip. (If you need more space, continue on a separate sheet of paper.)

I intend to visit my ailing father before he passes. He suffers from liver disease, kidney damage, and other serious health issues.

1.b. List the countries you intend to visit. (If you need more space, continue on a separate sheet of paper.)

China

Part 5. Complete Only If Applying for a Re-entry Permit

Since becoming a permanent resident of the United States (or during the past 5 years, whichever is less) how much total time have you spent outside the United States?

1.a. less than 6 months

1.d. 2 to 3 years

1.b. 6 months to 1 year

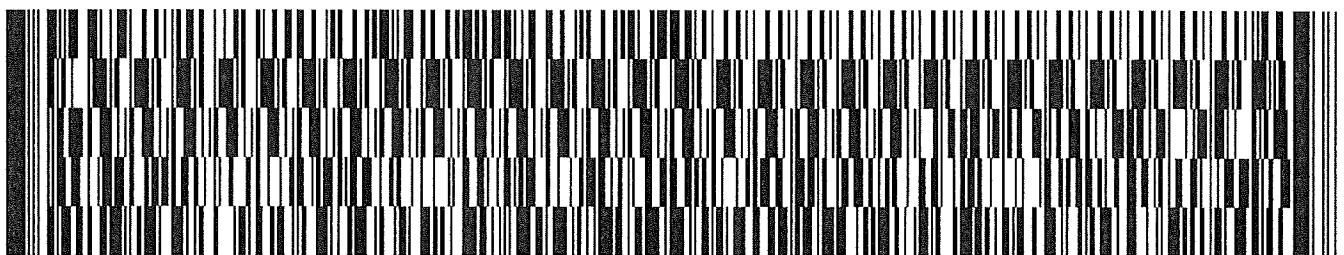
1.e. 3 to 4 years

1.c. 1 to 2 years

1.f. more than 4 years

2. Since you became a permanent resident of the United States, have you ever filed a Federal income tax return as a nonresident or failed to file a Federal income tax return because you considered yourself to be a nonresident? (If "Yes" give details on a separate sheet of paper.)

Yes No



Part 6. Complete Only If Applying for a Refugee Travel Document

1. Country from which you are a refugee or asylee:

If you answer "Yes" to any of the following questions, you must explain on a separate sheet of paper. Include your Name and A-Number on the top of each sheet.

2. Do you plan to travel to the country named above? Yes No

Since you were accorded refugee/asylee status, have you ever:

3.a. Returned to the country named above? Yes No

3.b. Applied for and/or obtained a national passport, passport renewal, or entry permit of that country? Yes No

3.c. Applied for and/or received any benefit from such country (for example, health insurance benefits)? Yes No

Since you were accorded refugee/asylee status, have you, by any legal procedure or voluntary act:

4.a. Reacquired the nationality of the country named above? Yes No

4.b. Acquired a new nationality? Yes No

4.c. Been granted refugee or asylee status in any other country? Yes No

Part 7. Complete Only If Applying for Advance Parole

On a separate sheet of paper, explain how you qualify for an Advance Parole Document, and what circumstances warrant issuance of advance parole. Include copies of any documents you wish considered. (See instructions.)

1. How many trips do you intend to use this document?
 One Trip More than one trip

If the person intended to receive an Advance Parole Document is outside the United States, provide the location (City or Town and Country) of the U.S. Embassy or consulate or the DHS overseas office that you want us to notify.

2.a. City or Town

2.b. Country

If the travel document will be delivered to an overseas office, where should the notice to pick up the document be sent?:

3. To the address shown in Part 2 (2.h. through 2.p.) of this form.

4. To the address shown in Part 7 (4.a. through 4.i.) of this form.

4.a. In Care of Name

4.b. Street Number and Name

4.c. Apt. Ste. Flr.

4.d. City or Town

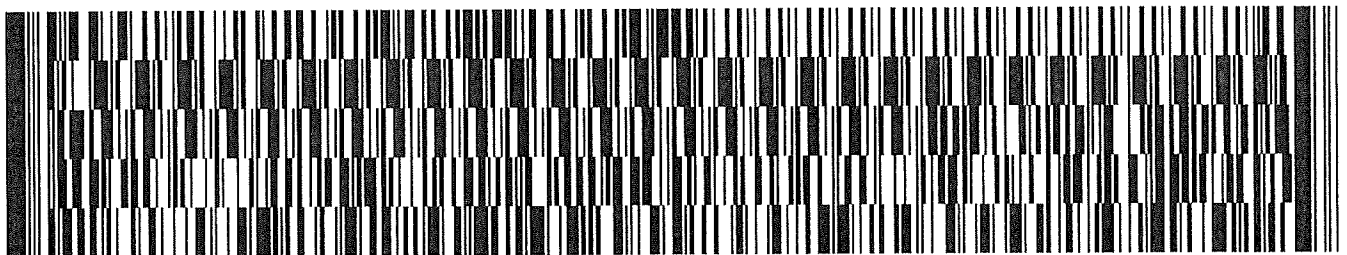
4.e. State 4.f. ZIP Code

4.g. Postal Code

4.h. Province

4.i. Country

4.j. Daytime Phone Number () -



Part 8. Signature of Applicant (Read the information on penalties in the Form instructions before completing this Part.) If you are filing for a Re-entry Permit or Refugee Travel Document, you must be in the United States to file this application.

1.a. I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it is all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.

1.b. Date of Signature (mm/dd/yyyy) ▶ 07/16/2019

2. Daytime Phone Number () -

NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, your application may be denied.

Signature of Applicant

→ [Redacted Signature]

Part 9. Information About Person Who Prepared This Application, If Other Than the Applicant

NOTE: If you are an attorney or representative, you must submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with this application.

Preparer's Contact Information

4. Preparer's Daytime Phone Number Extension

[Redacted Phone Number]

5. Preparer's E-mail Address (if any)

[Redacted Email Address]

Preparer's Full Name

Provide the following information concerning the preparer:

1.a. Preparer's Family Name (Last Name)

[Redacted Last Name]

1.b. Preparer's Given Name (First Name)

[Redacted First Name]

2. Preparer's Business or Organization Name

Sanctuary for Families

Declaration

To be completed by all preparers, including attorneys and authorized representatives: I declare that I prepared this benefit request at the request of the applicant, that it is based on all the information of which I have knowledge, and that the information is true to the best of my knowledge.

6.a. Signature of Preparer

[Redacted Signature]

6.b. Date of Signature (mm/dd/yyyy) ▶

07/22/2019

NOTE: If you require more space to provide any additional information, use a separate sheet of paper. You must include your Name and A-Number on the top of each sheet.

Preparer's Mailing Address

3.a. Street Number and Name 30 Wall Street

3.b. Apt. Ste. Flr. 8

3.c. City or Town New York

3.d. State NY 3.e. ZIP Code 10005

3.f. Postal Code

3.g. Province

3.h. Country USA

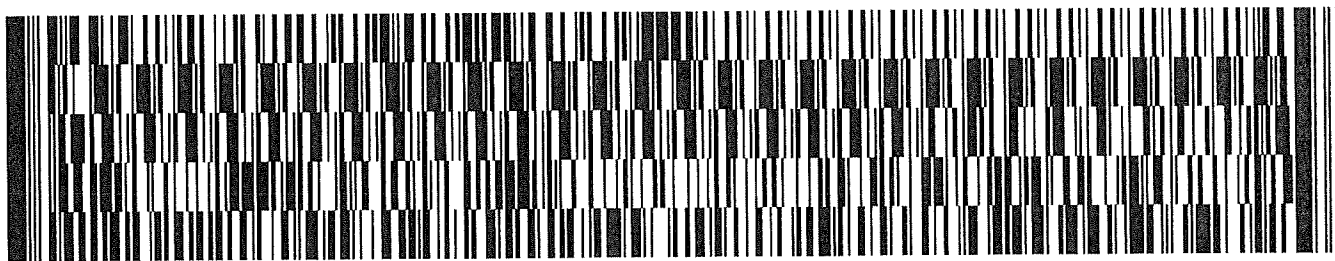


EXHIBIT 1

雅安市雨城区华兴街社区卫生服务中心病情证明书

[REDACTED]

Medical Certificate from Huaxing Community Health Service Center, Yucheng District, Ya'an

0007219

Employer:

Name: [Redacted] Gender: Male Age: 86 Department:

Patient's condition:

The patient had a medical examination at this Center on [Redacted]. The medical examination reveals: 1. fatty liver disease; 2. sinus bradycardia; 3. alanine transaminase in serum (ALT) 6m/L is low, and serum creatinine (CREA): 122 umol/L is high.

Head of Department: [Redacted]

Physician: [Illegible] (sealed)

July 11, 2019

CERTIFICATION OF TRANSLATION

I, [REDACTED], hereby certify that I am competent in the English and Mandarin languages, and that I have translated the attached Mandarin language Medical Certificate into English to the best of my abilities.

[REDACTED]

NAME

Signed and sworn before me this 15th day of July 2019

[REDACTED]

[REDACTED]

Commission Expires Apr. 1, 2023

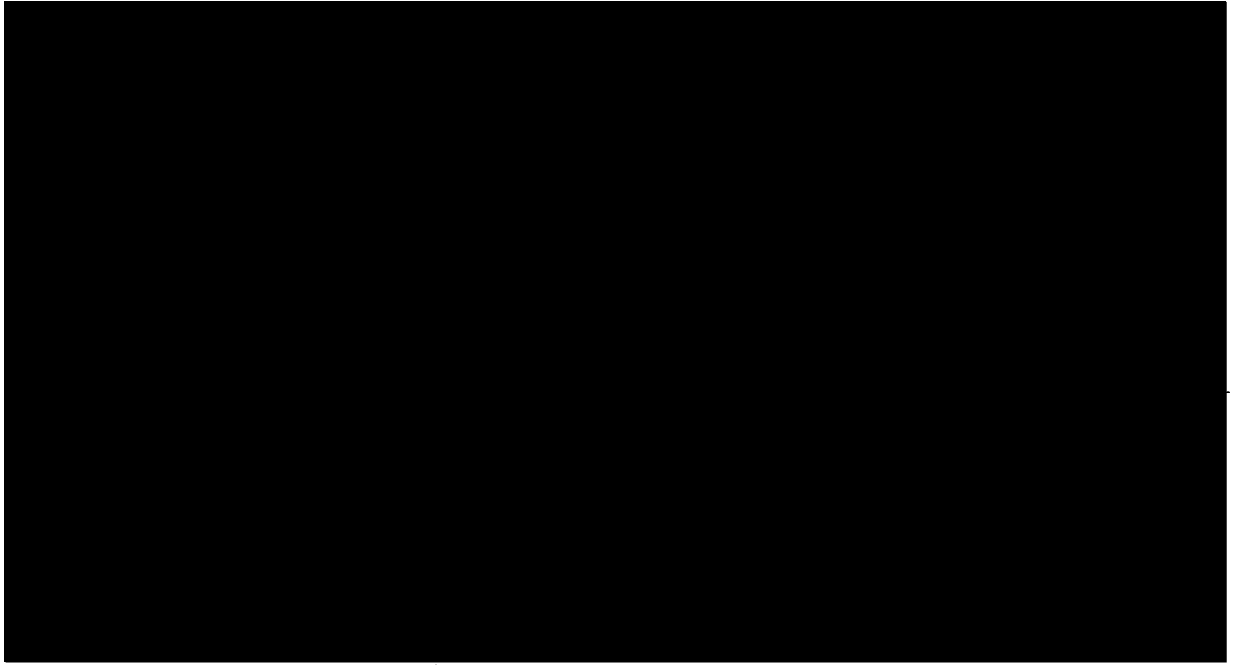
Notary Public

EXHIBIT 2

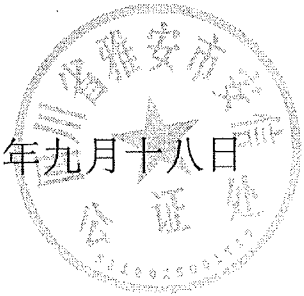
公 证 书

中华人民共和国四川省雅安市安信公证处

公 证 书



二〇一三年九月十八日



11 33557239

NOTARIAL CERTIFICATE

(2013) Yaan Anxin Zi №.3306

Applicant: [REDACTED] female, born on [REDACTED] ID Card
[REDACTED]

Issue under notarization: Birth

This is to certify that [REDACTED] was born in [REDACTED]

[REDACTED] on [REDACTED] and that

Her father is [REDACTED] (ID Card No. [REDACTED]) and

Her mother is [REDACTED] (ID Card No. [REDACTED]).

Anxin Notary Public Office of Ya'an City,
Sichuan Province, People's Republic of China

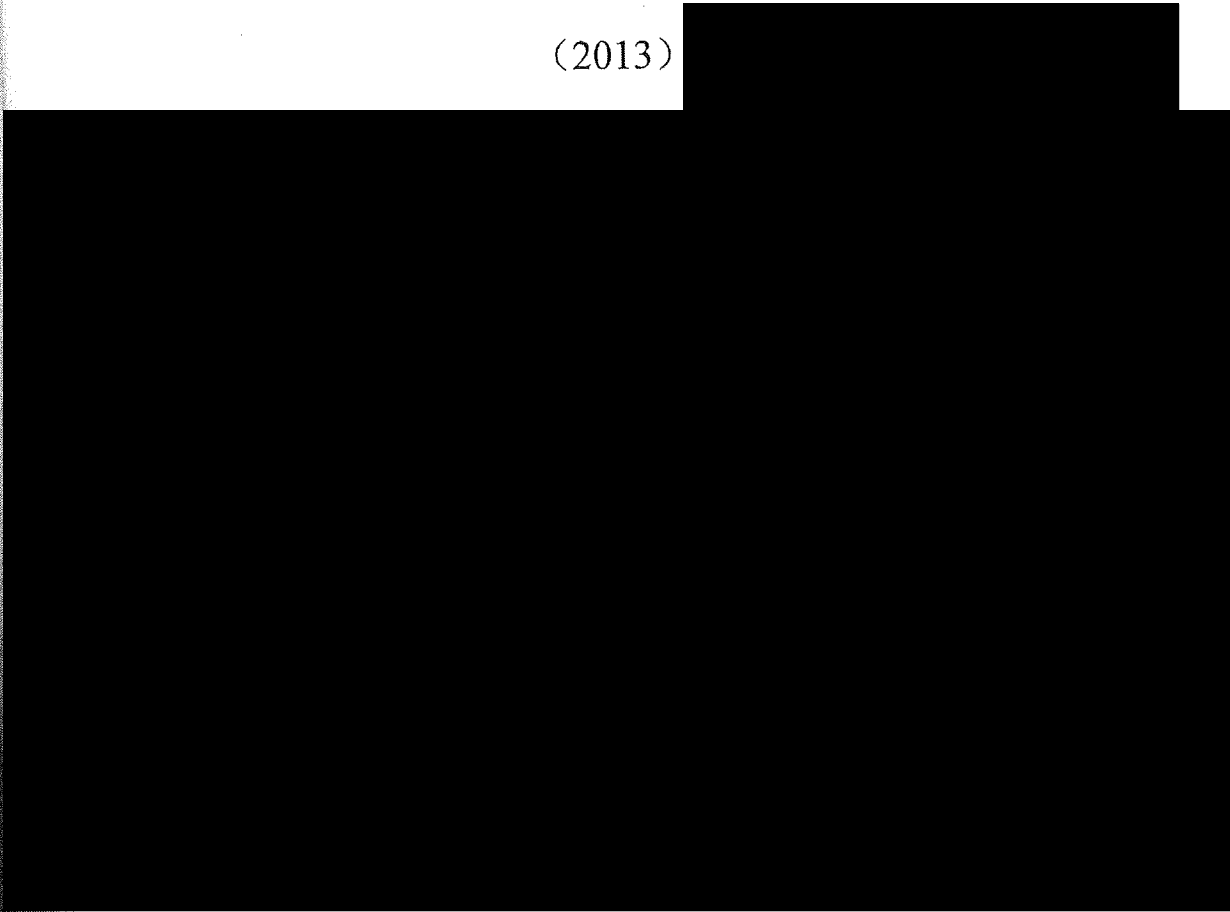
Notary: Lei Ming (*seal*)

September 18, 2013

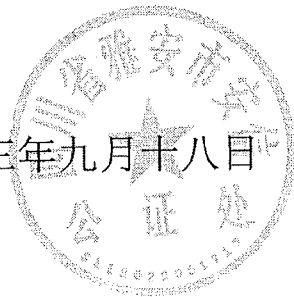
Anxin Notary Public Office of Ya'an City,
Sichuan Province (*seal*)

公 证 书

(2013)



二〇一三年九月十八日



NOTARIAL CERTIFICATE

(2013) Yaan Anxin Zi №.3307

Applicant: [REDACTED] female, born on [REDACTED] ID Card
No. [REDACTED]

Issue under notarization: True and English translation

This is to certify that the English translation attached hereto is
in conformity with the Chinese original copy of the Notarial
Certificate of (2013) Ya'an Anxin Zi №.3306.

Anxin Notary Public Office of Ya'an City,
Sichuan Province, People's Republic of
China

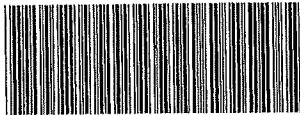
Notary: Lei Ming (*seal*)

September 18, 2013

Anxin Notary Public Office of Ya'an City,
Sichuan Province (*seal*)

EXHIBIT 3

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

Receipt Number [REDACTED]		Case Type 1485 - APPLICATION TO REGISTER PERMANENT RESIDENCE OR ADJUST STATUS
Received Date 02/27/2019	Priority Date [REDACTED]	
Notice Date 03/04/2019	Page 1 of 2	
[REDACTED] c/o SANCTUARY FOR FAMILIES 30 WALL ST SFF FL 8 NEW YORK NY 10005		Notice Type: Receipt Notice Amount received: \$1225.00 U.S. Section: Human Trafficking Victim (T Nonimmigrant)
We have mailed an official notice about this case (and any relevant documentation) according to the mailing preferences you chose on Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative. This is a courtesy copy, not the official notice.		
What the Official Notice Said		
We have received the application or petition ("your case") listed above. This notice only shows that your case was filed on the "Received Date" listed above. It does NOT grant you any immigration status or immigration benefit, and it is not evidence that your case is still pending. We will notify you in writing when we make a decision on your case or if we need additional information.		
Please save this and any other notices about your case for your records. You should also keep copies of anything you send us, as well as proof of delivery. Have these records available when you contact us about your case.		
If any of the above information is incorrect or you have any questions about the status of your case, please call the USCIS National Customer Service Center (NCSC) at 1-800-375-5283 or visit the USCIS website at www.uscis.gov (if you are hearing impaired, the NCSC TDD number is 1-800-767-1833). If you call us, please have your Alien Registration Number (A-Number) and/or the receipt number shown above. The receipt number is a tracking number for your case and will help with inquiries.		
Processing time - Processing times vary by case type. Go to www.uscis.gov to see the current processing times listed by case type and office.		
<ul style="list-style-type: none"> • View your case status on our website's Case Status Online page. • You can also sign up to receive free email updates as we process your case. • Most of the time your case is pending, the process status will not change. This is because we are working on cases that were filed before your case. • When we make a decision on your case or if we need something from you, we will notify you by mail and update our systems. • If you do not receive an initial decision or update from us within our current processing time, contact the NCSC at 1-800-375-5283 or visit our website at www.uscis.gov. 		
Biometrics - We require biometrics (fingerprints, a photo, and a signature) for some types of cases. If we need biometrics from you, we will send you a SEPARATE appointment notice with a specific date, time and place for you to go to a USCIS Application Support Center (ASC) for biometrics processing. You must wait for that separate appointment notice and take it (NOT this receipt notice) to your ASC appointment along with your photo identification. Acceptable kinds of photo identification are:		
<ul style="list-style-type: none"> • A passport or national photo ID issued by your country, • A driver's license, • A military photo ID, or • A state-issued photo ID card. 		
If you receive more than one ASC appointment notice (even for different cases), take them both to the first appointment date.		
If your address changes - If your mailing address changes while your case is pending, please update your address with us using the Online Change of Address option at www.uscis.gov or by calling the NCSC at 1-800-375-5283. Otherwise, you might not receive notices about this case.		
Return of Original Documents - Use Form G-884 to request the return of original documents submitted to establish eligibility for an immigration or citizenship benefit. You only need to submit one Form G-884 if you are requesting multiple documents contained in a single USCIS file. However, if the requested documentation is in more than one USCIS file, you must submit a separate request for each file. (For example: If you wish to obtain your mother's birth certificate and your parents' marriage certificate, both of which are in the USCIS file that pertains to her, submit one Form G-884 with your mother's information.)		
Please see the additional information on the back. You will be notified separately about any other cases you filed.		
Vermont Service Center U. S. CITIZENSHIP & IMMIGRATION SVC 75 Lower Welden Street Saint Albans VT 05479-0001 USCIS Contact Center: www.uscis.gov/contactcenter		

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

Receipt Number [REDACTED]		Case Type I485 - APPLICATION TO REGISTER PERMANENT RESIDENCE OR ADJUST STATUS	
Received Date 02/27/2019	Priority Date [REDACTED]		
Notice Date 03/04/2019	Page 2 of 2		

NOTICE: Under the Immigration and Nationality Act (INA), the information you provide on and in support of applications and petitions is submitted under the penalty of perjury. USCIS and the U.S. Department of Homeland Security reserve the right to verify this information before and/or after making a decision on your case so we can ensure that you have complied with applicable laws, rules, regulations, and other legal authorities. We may review public information and records, contact others by mail, the internet or phone, conduct site inspections of businesses and residences, or use other methods of verification. We will use the information obtained to determine whether you are eligible for the benefit you seek. If we find any derogatory information, we will follow the law in determining whether to provide you (and the legal representative listed on your Form G-28, if you submitted one) an opportunity to address that information before we make a formal decision on your case or start proceedings.

Please see the additional information on the back. You will be notified separately about any other cases you filed.

Vermont Service Center
U. S. CITIZENSHIP & IMMIGRATION SVC
75 Lower Welden Street
Saint Albans VT 05479-0001
USCIS Contact Center: www.uscis.gov/contactcenter



EXHIBIT 4



RECEIPT NUMBER [REDACTED]		CASE TYPE I914 APPLICATION FOR T NONIMMIGRANT STATUS	
RECEIPT DATE September 2, 2016	PRIORITY DATE [REDACTED]	[REDACTED]	
NOTICE DATE May 19, 2017	PAGE 1 of 2	[REDACTED]	
SANCTUARY FOR FAMILIES 30 WALL STREET FLR 8 NEW YORK NY 10005		Notice Type: Approval Notice Class: T1 Valid from 05/19/2017 to 05/18/2021	

Your application for T-1 Nonimmigrant Classification has been approved. Attached below please find a completed Form I-94, Arrival-Departure Record, indicating that you have been granted T Nonimmigrant Classification for a period of 4 years.

EMPLOYMENT AUTHORIZATION:

You are authorized to work in the United States for the validity period of your T Nonimmigrant Classification. Your Employment Authorization Document will be mailed to you separately.

ADJUSTMENT OF STATUS:

Federal law provides that you may be eligible to adjust your status to that of a lawful permanent resident. A T-1 nonimmigrant may submit an application for adjustment of status after he/she has been physically present in the United States for a continuous period of at least 3 years after the date he/she was admitted as a T-1 Nonimmigrant or after he/she has been physically present in the United States for a continuous period during the investigation or prosecution of the acts of trafficking, provided that the Attorney General has determined the investigation or prosecution is complete.

DERIVATIVE T NONIMMIGRANT CLASSIFICATION:

You may request derivative T Nonimmigrant Classification for qualifying family members. To request derivative status, you must submit a Form I-914 with Supplement A in accordance with the instructions printed on the form. If you included qualifying family members on your original application, a notice of decision on the derivative application(s) will be mailed to you separately.

Please see the additional information on the back. You will be notified separately about any other cases you filed.
VERMONT SERVICE CENTER
US CITIZENSHIP & IMMIGRATION SVCS
75 LOWER WELDEN STREET
SAINT ALBANS VT 05479-0001
Customer Service Telephone: (800) 375-5283
Form I797A (Rev. 10/31/05)N



PLEASE TEAR OFF FORM I-94 PRINTED BELOW, AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

Detach This Half for Personal Records

Receipt# [REDACTED]
I-94# [REDACTED]
NAME [REDACTED]
CLASS T1

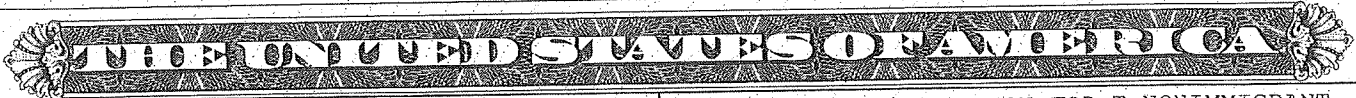
VALID FROM 05/19/2017 UNTIL 05/18/2021

PETITIONER [REDACTED]
30 WALL STREET FLR 8
NEW YORK NY 10005

[REDACTED]
Receipt Number [REDACTED]
United States Citizenship and Immigration Services

I-94 Departure Record
Petitioner: [REDACTED]

14. Family Name [REDACTED]	
15. First (Given) Name [REDACTED]	16. Date of Birth [REDACTED]
17. Country of Citizenship CHINA, PEOPLE'S REPUBLIC OF	



RECEIPT NUMBER [REDACTED]		CASE TYPE I-94 APPLICATION FOR T NONIMMIGRANT STATUS	
RECEIPT DATE September 2, 2016	PRIORITY DATE [REDACTED]		
NOTICE DATE May 19, 2017	PAGE 2 of 2		

(continued)

DEPARTING FROM THE UNITED STATES:

If you plan to depart the United States you must obtain permission to return to the United States before you leave this country by obtaining advance parole. If you do not obtain advance parole in advance of your departure, you may be unable to re-enter the United States, or you may be placed in removal proceedings before an immigration judge. You may apply for advance parole by submitting a Form I-131, Application for Travel Document, with the required fee or request for fee waiver to this office.

Contact the Vermont Service Center if you would like to be provided a list of nongovernmental organizations that may be of assistance to you.

NOTICE: Although this application/petition has been approved, USCIS and the U.S. Department of Homeland Security reserve the right to verify the information submitted in this application, petition and/or supporting documentation to ensure conformity with applicable laws, rules, regulations, and other authorities. Methods used for verifying information may include, but are not limited to, the review of public information and records, contact by correspondence, the internet, or telephone, and site inspections of businesses and residences. Information obtained during the course of verification will be used to determine whether revocation, rescission, and/or removal proceedings are appropriate. Applicants, petitioners, and representatives of record will be provided an opportunity to address derogatory information before any formal proceeding is initiated.

Please see the additional information on the back. You will be notified separately about any other cases you filed.

VERMONT SERVICE CENTER
US CITIZENSHIP & IMMIGRATION SVCS
75 LOWER WELDEN STREET
SAINT ALBANS VT 05479-0001



Customer Service Telephone: (800) 375-5283
Form I-797A (Rev. 10/31/05)N

PLEASE TEAR OFF FORM I-94 PRINTED BELOW, AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

Detach This Half for Personal Records

VOID	VOID	VOID
Receipt#	VOID	VOID
I-94#	VOID	VOID
NAME	VOID	VOID
CLASS	VOID	VOID
VOID	VOID	VOID
VOID	VOID	VOID
PETITIONER:	VOID	VOID
VOID	VOID	VOID
VOID	VOID	VOID
VOID	VOID	VOID
VOID	VOID	VOID

VOID	VOID	VOID
Receipt Number	VOID	VOID
United States Citizenship and Immigration Services	VOID	VOID
I-94	VOID	VOID
Departure Record	VOID	VOID
Petitioner	VOID	VOID
14. Family Name	VOID	VOID
15. First (Given) Name	VOID	16. Date of Birth
17. Country of Citizenship	VOID	VOID
VOID	VOID	VOID
VOID	VOID	VOID
VOID	VOID	VOID

EXHIBIT 5

中华人民共和国外交部请各国军政机关对持照人予以通行的便利和必要的协助。

The Ministry of Foreign Affairs of the People's Republic of China requests all civil and military authorities of foreign countries to allow the bearer of this passport to pass freely and afford assistance in case of need.

护 照
PASSPORT

类型 / Type
P

国家码 / Country Code
CHN

护照号 / Passport No.

[REDACTED]

[REDACTED]

39934605



公安部出入境管理局

Exit & Entry Administration
Ministry of Public Security

[REDACTED]