Freedom of Information/Privacy Act Request

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

USCIS
Form G-639
OMB No. 1615-0102
Expires 06/30/2022

NOTE: Use of this form is optional. USCIS accepts any written request, regardless of format, provided that the request complies with the applicable requirements under the FOIA and the Privacy Act. However, using this form can help ensure we have the appropriate information to handle your request.

▶ **START HERE - Type or print in black ink.**

Part 1. Type of Request

Select **only one** box.

NOTE: If you are filing this request on behalf of another individual, respond as it would apply to that individual.

1.a. ☒ Freedom of Information Act (FOIA)/Privacy Act (PA)

1.b. ☐ Amendment of Record (PA only)

Part 2. Requestor Information

1. Are you the Subject of Record for this request?
☐ Yes ☒ No

If you answered "Yes" to **Item Number 1.**, skip to **Part 3.** If you answered "No" to **Item Number 1.**, provide the information requested in **Part 2., Item Numbers 2.a. - 3.c.**

Representative Role to the Subject of Record

Select your representative role to the Subject of the Record.

2.a. ☒ An Attorney

2.b. ☐ An Accredited Representative of a Qualified Organization

2.c. ☐ A Family Member

Select the appropriate box to provide further information regarding your representative role to the Subject of the Record.

3.a. ☐ I am requesting information on behalf of my child or a minor I have guardianship over.

3.b. ☐ I am requesting information on behalf of someone who is deceased.

3.c. ☒ I am requesting information on behalf of someone for whom I have power of attorney.

Requestor's Full Name

4.a. Family Name (Last Name): KIAM-ABRAHAM

4.b. Given Name (First Name): ROCHELLE

4.c. Middle Name:

Requestor's Mailing Address

5.a. In Care Of Name (if any):

5.b. Street Number and Name: PO BOX 93

5.c. ☐ Apt. ☐ Ste. ☐ Flr.

5.d. City or Town: CHESTER

5.e. State: NJ **5.f.** ZIP Code: 07930

5.g. Province:

5.h. Postal Code:

5.i. Country: USA

Requestor's Contact Information

6. Requestor's Daytime Telephone Number: 9739754842

7. Requestor's Mobile Telephone Number (if any):

8. Requestor's Email Address (if any): ROCHELLE@KIAMLAW.COM

Requestor's Certification

By my signature, I consent to pay all costs incurred for search, duplication, and review of documents up to $25. (See the **What Is the Filing Fee** section in the Form G-639 Instructions for more information.)

9.a. Requestor's Signature ➡

9.b. Date of Signature (mm/dd/yyyy): 6/29/2020

Part 3. Description of Records Requested

While you are not required to respond to every **Item Number** in **Part 3.**, failure to provide complete and specific information may delay processing of your request or prevent U.S. Citizenship and Immigration Services (USCIS) from locating the records or information requested.

1. State the purpose of your request.

   NOTE: This field is optional. However, providing this information may assist USCIS in locating the records and information needed to respond to your request.

   ALLIEN'S A FILE AND APPREHENSION,
   REMOVAL RECORDS IF ANY.

Full Name of the Subject of Record

2.a. Family Name (Last Name): VARGAS ALVARADO

2.b. Given Name (First Name): JOSE

2.c. Middle Name: SENUET

Other Names Used by the Subject of Record (if any)

Provide all other names the Subject of Record has ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information.**

3.a. Family Name (Last Name): SAME AS ABOVE

3.b. Given Name (First Name):

3.c. Middle Name:

4.a. Family Name (Last Name): NONE

4.b. Given Name (First Name):

4.c. Middle Name:

Full Name of the Subject of Record at Time of Entry into the United States

5.a. Family Name (Last Name): VARGAS ALVARADO

5.b. Given Name (First Name): JOSE

5.c. Middle Name: SENUET

Other Information About the Subject of Record

6.a. Form I-94 Arrival-Departure Record Number

▶

6.b. Passport or Travel Document Number

7. Alien Registration Number (A-Number) (if any)

▶ A- 0 9 4 3 5 2 1 9 3

8. USCIS Online Account Number (if any)

▶

9. Application or Petition Receipt Number

▶

Information About Family Members that May Appear on Requested Records

For example, provide the requested information about a spouse or children. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information.**

Family Member 1

10.a. Family Name (Last Name): NONE

10.b. Given Name (First Name):

10.c. Middle Name:

11. Relationship:

Family Member 2

12.a. Family Name (Last Name): NONE

12.b. Given Name (First Name):

12.c. Middle Name:

13. Relationship:

Parents' Names for the Subject of Record

Father

14.a. Family Name (Last Name): VARGAS RODRIGUEZ

14.b. Given Name (First Name): JOSE

14.c. Middle Name: TOMAS

Part 3. Description of Records Requested (continued)

Mother

15.a. Family Name (Last Name): ALVARADO

15.b. Given Name (First Name): REYNA

15.c. Middle Name: ISABEL

15.d. Maiden Name (if applicable): SAME AS ABOVE

16. Describe the records you are seeking. If you need additional space, use the space provided in **Part 6. Additional Information.**

Part 4. Verification of Identity and Subject of Record Consent

Provide the information requested in **Item Numbers 1.a. - 7.** In addition, the Subject of Record **MUST** sign in **Item Numbers 8.a. - 8.c.**

Full Name of the Subject of Record

1.a. Family Name (Last Name): VARGAS ALVARADO

1.b. Given Name (First Name): JOSE

1.c. Middle Name: SENUET

Other Information for the Subject of Record

2. Date of Birth (mm/dd/yyyy): 08/27/1975

3. Country of Birth: HONDURAS

Mailing Address for the Subject of Record

4.a. In Care Of Name (if any):

4.b. Street Number and Name: PO BOX 93

4.c. ☐ Apt. ☐ Ste. ☐ Flr.

4.d. City or Town: CHESTER

4.e. State: NJ 4.f. ZIP Code: 07930

4.g. Province:

4.h. Postal Code:

4.i. Country: USA

Contact Information for the Subject of Record

NOTE: Providing this information is optional.

5. Daytime Telephone Number: 9739754842

6. Mobile Telephone Number (if any):

7. Email Address (if any): ROCHELLE@KIAMLAW.COM

Part 4. Verification of Identity and Subject of Record Consent (continued)

Signature of the Subject of Record

Select **only one** box.

NOTE: The Subject of Record **MUST** provide a signature in **Item Number 8.a. OR Item Number 8.b.** If the Subject of Record is deceased, select **Item Number 8.c.** and attach an obituary, death certificate, or other proof of death.

8.a. ☐ **Notarized Affidavit of Identity**

IMPORTANT: Do **NOT** sign and date below until the notary public provides instructions to you.

By my signature, I consent to USCIS releasing the requested records to the requestor (if applicable) named in **Part 2.** If filing this request on my own behalf, I also consent to pay all costs incurred for search, duplication, and review of documents up to **$25.** (See the **What Is the Filing Fee** section in the Form G-639 Instructions for more information.)

_____
Signature of Subject of Record

_____
Date of Signature (mm/dd/yyyy)

Subscribed and sworn to before me on this _____

day of _____ in the year _____.

Daytime Telephone Number _____

_____
Signature of Notary

_____
My Commission Expires on (mm/dd/yyyy)

8.b. ☒ **Declaration Under Penalty of Perjury**

By my signature, I consent to USCIS releasing the requested records to the requestor (if applicable) named in **Part 2.** If filing this request on my own behalf, I also consent to pay all costs incurred for search, duplication, and review of documents up to **$25.** (See the **What Is the Filing Fee** section in the Form G-639 Instructions for more information.)

I certify, swear, or affirm, under penalty of perjury under the laws of the United States of America, that the information in this request is complete, true, and correct.

Jose Vargas
Signature of Subject of Record

6-24-2020
Date of Signature (mm/dd/yyyy)

8.c. ☐ **Deceased Subject of Record**

Part 5. Processing Information

1. Indicate if any of these circumstances apply to your request (Select all that apply).

☐ Circumstances in which the lack of expedited treatment could reasonably be expected to pose an imminent threat to the life or physical safety of the individual.

☐ An urgency to inform the public about an actual or alleged Federal government activity, if made by a person primarily engaged in disseminating information.

☐ The loss of substantial due process rights.

☐ A matter of widespread and exceptional media interest in which there exists possible questions about the government's integrity which affects public confidence.

Submit a certified, detailed statement regarding the basis for your request with your Form G-639.

2. Do you have a pending Immigration Court hearing date?

☐ Yes ☒ No

If you answered "Yes" to **Item Number 2.**, submit a copy of one of the following documents with your Form G-639: I-862, Notice to Appear; Form I-122, Order to Show Cause; Form I-863, Note of Referral to Immigration Judge, or submit a written notice of continuation of a future scheduled hearing before the immigration judge.

Part 6. Additional Information

If you need extra space to provide any additional information within this request, 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 request or attach a separate sheet of paper. Type or print the Subject of Record's name and his or her A-Number (if any) 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. Subject of Record's Family Name (Last Name)

KIAM-ABRAHAM

1.b. Subject of Record's Given Name (First Name)

ROCHELLE

1.c. Subject of Record's Middle Name

2. Subject of Record's A-Number (if any)

▶ A- 0 9 4 3 5 2 1 9 3

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.

7.a. Page Number **7.b.** Part Number **7.c.** Item Number

7.d.

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): KIAM-ABRAHAM

2.b. Given Name (First Name): ROCHELLE

2.c. Middle Name:

Address of Attorney or Accredited Representative

3.a. Street Number and Name: PO BOX 93

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town: CHESTER

3.d. State: NJ 3.e. ZIP Code: 07930

3.f. Province:

3.g. Postal Code:

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 9739754842

5. Mobile Telephone Number (if any):

6. Email Address (if any): ROCHELLE@KIAMLAW.COM

7. Fax Number (if any): 9733870340

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: NJ

1.b. Bar Number (if applicable):

1.c. I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbarring, 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.

g-639

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): VARGAS ALVARADO

6.b. Given Name (First Name): JOSE

6.c. Middle Name: S

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)

▶ A- 094352193

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: PO BOX 93

13.b. ☐ Apt. ☐ Ste. ☐ Flr.

13.c. City or Town: CHESTER

13.d. State: NJ **13.e.** ZIP Code: 07930

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

➡ [signature]

2.b. Date of Signature (mm/dd/yyyy) 6-24-2020

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

[signature]

1.b. Date of Signature (mm/dd/yyyy) 6/24/2020

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): VARGAS ALVARADO

1.b. Given Name (First Name): JOSE

1.c. Middle Name: S

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.

3

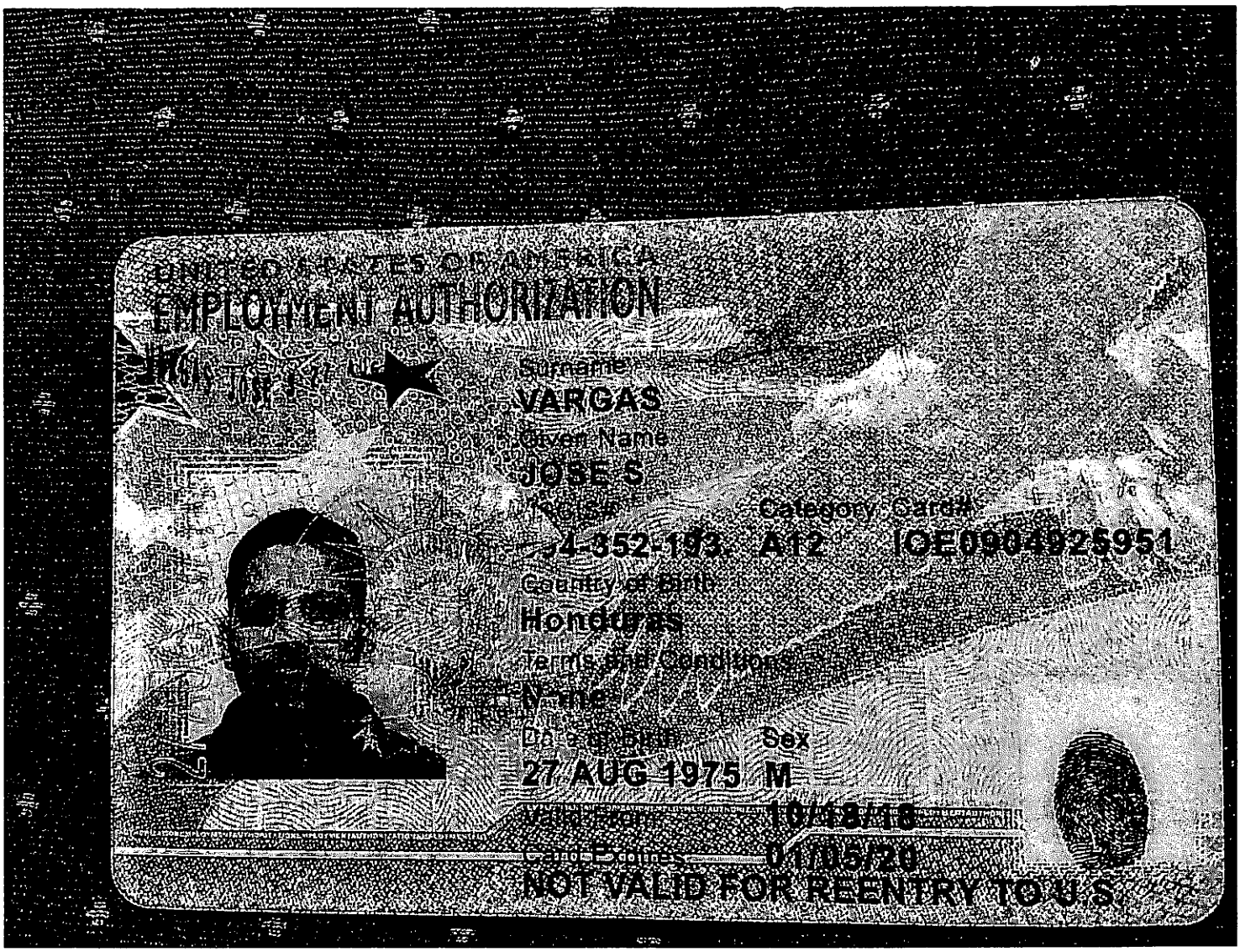
OBSERVACIONES
OBSERVATIONS

REPUBLICA DE HONDURAS

PASAPORTE
PASSPORT

Tipo / *Type*	País emisor / *Issuing State*	Pasaporte No. / *Passport No.*
P	HND	C412952
Apellidos / *Surname*		Nacionalidad / *Nationality*
VARGAS ALVARADO		HONDUREÑA
Nombres / *Given Names*		
JOSE SENUET		
Fecha de nacimiento / *Date of Birth*	Cédula de identidad / *I.D. No.*	Sexo / *Sex*
27 AGO/AUG 1975	0506-1975-01224	M
Fecha de emisión / *Date of Issue*	Lugar de nacimiento / *Place of Birth*	
05 ABR/APR 2008	HONDURAS	
Fecha de vencimiento / *Date of Expiry*	Autoridad emisora / *Authority of Issue*	
06 ABR/APR 2013	DIRECCION GENERAL DE MIGRACION	

P<HNDVARGAS<ALVARADO<<JOSE<SENUET<<<<<<<<<<<
C412952<<7HND7508273M1304060050619750122 4<62


UNITED STATES OF AMERICA
EMPLOYMENT AUTHORIZATION
Surname
VARGAS
Given Name
JOSE S
Category
A12
Card#
IOE0904925951
Country of Birth
Honduras
Terms and Conditions
None
Date of Birth
27 AUG 1975
Sex
M
Valid From
10/18/18
Card Expires
01/05/20
NOT VALID FOR REENTRY TO U.S.