

APPLICATION FOR IMMIGRANT VISA AND ALIEN REGISTRATION

PART I - BIOGRAPHIC DATA

INSTRUCTIONS: Complete one copy of this form for yourself and each member of your family, regardless of age, who will immigrate with you. Please print or type your answer to all questions. Questions that are Not Applicable should be so marked. If there is insufficient room on the form, answer on a separate sheet using the same numbers as appear on the form. Attach the sheet to this form.

WARNING: Any false statement or concealment of a material fact may result in your permanent expulsion from the United States.

This form (OF-230 PART I) is Part I of two parts which, together with Optional Form OF-230 PART II, constitute the complete Application for Immigrant Visa and Alien Registration.

1. FAMILY NAME

O DEH

FIRST NAME

RASMIEH

MIDDLE NAME

+
+

2. OTHER NAMES USED OR BY WHICH KNOWN (if married woman, give maiden name)

None

3. FULL NAME IN NATIVE ALPHABET (If Roman letters not used)

أسماء مهلا

4. DATE OF BIRTH

(Day) (Month) (Year)

22 5 - 1947

5. AGE

47

6. PLACE OF BIRTH

(City or town)

LIFTA

(Province)

(Country)

JORDAN

7. NATIONALITY (If dual national, give both)

JORDANIAN

8. SEX

Male
 Female

9. MARITAL STATUS

Single (Never married) Married Widowed Divorced Separated

Including my present marriage, I have been married

times.

10. PERSONAL DESCRIPTION

a. Color of hair BLACK

c. Height 162

b. Color of eyes BROWN

d. Complexion medium

11. OCCUPATION

UNEMPLOYED

12. MARKS OF IDENTIFICATION

None

13. PRESENT ADDRESS

P. O. Box 184588
Amman, Jordan

Telephone number: Home _____ Office _____

14. NAME OF SPOUSE (Maiden or family name)

(First name)

(Middle name)

Date and place of birth of spouse:

Address of spouse (If different from your own):

N/A

GOVERNMENT

EXHIBIT

21

15. LIST NAME, DATE AND PLACE OF BIRTH, AND ADDRESSES OF ALL CHILDREN

NAME

DATE AND PLACE OF BIRTH

ADDRESS (If different from your own)

N/A

16. PERSON(S) NAMED IN 14 AND 15 WHO WILL ACCOMPANY OR FOLLOW ME TO THE UNITED STATES.

N/A

17. NAME OF FATHER, DATE AND PLACE OF BIRTH, AND ADDRESS (If deceased, so state, giving year of death)

Yousef
Joseph Odeh El Birch -
Palestine West Bank

18. MAIDEN NAME OF MOTHER, DATE AND PLACE OF BIRTH, AND ADDRESS (If deceased, so state, giving year of death)

AYSHEH Odeh, Palestine - Dead 1984

19. IF NEITHER PARENT IS LIVING PROVIDE NAME AND ADDRESS OF NEXT OF KIN (nearest relative) IN YOUR HOME COUNTRY:

N/A

20. LIST ALL LANGUAGES YOU CAN SPEAK, READ, AND WRITE

LANGUAGE

SPEAK

READ

WRITE

Arabic



21. LIST BELOW ALL PLACES YOU HAVE LIVED FOR SIX MONTHS OR LONGER SINCE REACHING THE AGE OF 16.
BEGIN WITH YOUR PRESENT RESIDENCE.

CITY OR TOWN

PROVINCE

COUNTRY

OCCUPATION

DATES (FROM/TO)

AMMAN

Jordan

1948

22. LIST ANY POLITICAL, PROFESSIONAL, OR SOCIAL ORGANIZATIONS AFFILIATED WITH COMMUNIST, TOTALITARIAN, TERRORIST OR NAZI ORGANIZATIONS WHICH YOU ARE NOW OR HAVE BEEN A MEMBER OF OR AFFILIATED WITH SINCE YOUR 16TH BIRTHDAY.

NAME AND ADDRESS

FROM/TO

TYPE OF MEMBERSHIP

None

23. LIST DATES OF ALL PREVIOUS RESIDENCE IN OR VISITS TO THE UNITED STATES. (If never, so state) GIVE TYPE OF VISA STATUS IF ANY.
GIVE I.N.S. "A" NUMBER IF ANY.

LOCATION

FROM/TO

VISA

I.N.S. FILE NO. (If any)

Pet., Mich

5 month 1980

F-2

X

X

SIGNATURE OF APPLICANT

Bard

DATE

NOTE: Return this completed form immediately to the consular office address on the covering letter. This form will become part of your immigrant visa and your visa application cannot be processed until this form is complete.

*Public reporting burden for this collection of information is estimated to average 24 hours per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: Department of State (O/S/PA/DR) Washington, D.C. 20520-0284, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (1405-0015), Washington, D.C. 20503.



APPLICATION FOR IMMIGRANT VISA AND ALIEN REGISTRATION

PART II - SWORN STATEMENT

INSTRUCTIONS: Complete one copy of this form for yourself and each member of your family, regardless of age, who will immigrate with you. Please print or type your answer to all questions. Questions that are Not Applicable should be so marked. If there is insufficient room on the form, answer on a separate sheet using the same numbers to appear on the form. Attach the sheet to this form. DO NOT SIGN this form until instructed to do so by the consular officer. The fee for filing this application is listed under tariff item No. 50. The fee should be paid in United States dollars or local currency equivalent, or by bank draft, when you appear before the consular officer.

WARNING: Any false statement or concealment of a material fact may result in your permanent exclusion from the United States. Even though you should be admitted to the United States, a fraudulent entry could be grounds for your prosecution and/or deportation.

This form (OF-230 Part II) is a continuation of Form OF-230 PART I, which together, constitute the complete Application for Immigrant Visa and Alien Registration.

24. FAMILY NAME ODEH	FIRST NAME RASMIH	MIDDLE NAME YOUSSEF
25. ADDRESS (Local) P.O. Box 184588 Amman Jordan Telephone No. 681634	26. FINAL ADDRESS TO WHICH YOU WILL TRAVEL IN THE UNITED STATES (Street address including ZIP code) MUSTAFA Odeh - 11950 Leek Rd Stockbridge, mi 49285 Jackson Telephone No. 5178518568	
27. PERSON YOU INTEND TO JOIN (Name, address, and relationship)	28. NAME AND ADDRESS OF SPONSORING PERSON OR EMPLOYER Mustafa Odeh and DR. YASSEN Odeh	
29. PURPOSE IN GOING TO THE UNITED STATES Immigration	30. LENGTH OF INTENDED STAY (If permanently go state)	
31. INTENDED PORT OF ENTRY Detroit airport	32. DO YOU HAVE A TICKET TO FINAL DESTINATION? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
33. United States laws governing the issuance of visas require each applicant to state whether or not he or she is a member of any class of individuals excluded from admission into the United States. The excludable classes are described below in general terms. You should read carefully the following list and answer YES or NO to each category. The answers you give will assist the consular officer to reach a decision on your eligibility to receive a visa.		
EXCEPT AS OTHERWISE PROVIDED BY LAW, ALIENS WITHIN THE FOLLOWING CLASSIFICATIONS ARE INELIGIBLE TO RECEIVE A VISA. DO ANY OF THE FOLLOWING CLASSES APPLY TO YOU?		
<p>a. An alien who has a communicable disease of public health significance, or has or has had a physical or mental disorder that poses, or is likely to pose a threat to the safety or welfare of the alien or others; an alien who is a drug abuser or addict. [212(a)(1)] <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>b. An alien convicted of, or who admits committing a crime involving moral turpitude, or violation of any law relating to a controlled substance; an alien convicted of 2 or more offenses for which the aggregate sentences were 5 years or more; an alien coming to the United States to engage in prostitution or commercialized vice, or who has engaged in prostitution or procuring within the past 10 years; an alien who is or has been an illicit trafficker in any controlled substance; an alien who has committed a serious criminal offense in the United States and who has asserted immunity from prosecution. [212(a)(2)] <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>c. Alien who seeks to enter the United States to engage in espionage, sabotage, export control violations, overthrow of the Government of the United States, or other unlawful activity; an alien who seeks to enter the United States to engage in terrorist activities; an alien who has been a member of or affiliated with the Communist or any other totalitarian party; an alien who under the direction of the Nazi government of Germany, or any area occupied by, or allied with the Nazi Government of Germany, ordered, incited, assisted, or otherwise participated in the persecution of any person because of race, religion, national origin, or political opinion; an alien who has engaged in genocide. [212(a)(3)] <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>d. An alien who is likely to become a public charge. [212(a)(4)] <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>e. An alien who seeks to enter for the purpose of performing skilled or unskilled labor who has not been certified by the Secretary of Labor; an alien graduate of a foreign medical school seeking to perform medical services who has not passed the NBME exam or its equivalent. [212(a)(5)] <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Not Applicable</p> <p>f. An alien previously deported within one year, or arrested and deported within 3 years; an alien who seeks or has sought a visa, entry into the United States, or any U.S. immigration benefit by fraud or misrepresentation; an alien who knowingly assisted any other alien to enter or try to enter the United States in violation of the law; an alien who is in violation of Section 274C of the Immigration Act. [212(a)(6)] <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>		

Previous editions obsolete

GSA FPMR (41 CFR) 101-11.2
0220-103

*Please report the burden for the collection of information is estimated to average 24 hours per response, including time required for searching, reading, and understanding the instructions, gathering the necessary data, preparing the information required, and completing the final collection. Send comments on the economy of the burdens of the burden and recommendations for reducing the burden to: Department of State FOISRA Unit, Washington, D.C. 20520-0754 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (1401-0215), Washington, D.C. 20503.

OPTIONAL FORM 230 Part II (English)
REVISED 4-91
DEPT. OF STATE

- g. An alien who is permanently ineligible to U.S. citizenship; a person who has departed the United States to evade military service in time of war. [212(a)(8)] YES NO
- b. An alien who is coming to the United States to practice polygamy; an alien who is a guardian required to accompany an excluded alien; an alien who withholds custody of a child outside the United States from a United States citizen granted legal custody. [212(a)(9)] YES NO
- i. An alien who is a former exchange visitor who has not fulfilled the 2-year foreign residence requirement. [212(i)] YES NO
- If the answer to any of the foregoing questions is YES or if unsure, explain in the following space or on a separate sheet of paper.

34. Have you ever been arrested, convicted or ever been in a prison or笔house; have you ever been the beneficiary of a pardon or an amnesty; have you ever been treated in an institution or hospital or other place for insanity or other mental disease. [222(a)] YES NO

35. I am unlikely to become a public charge because of the following

- Personal financial resources (describe) Employment (attach) Affidavit of Support (attach)

I am ready to work, I could find a job

36. Have you ever applied for a visa to enter the United States? YES NO

(If answer is Yes, state where and when, whether you applied for a nonimmigrant or an immigrant visa, and whether the visa was issued or refused.)

Detroit, Mich from 6 Nov 1988 - 6 May 1989

37. Have you been refused admission to the United States? YES NO

(If answer is Yes, explain)

38. Were you assisted in completing this application? YES NO

(If answer is Yes, give name and address of person assisting you, indicating whether relative, friend, travel agent, attorney, or other) NAME ADDRESS RELATIONSHIP

39. The following documents are submitted in support of this application

- | | | |
|---|---|---|
| <input type="checkbox"/> Passport | <input type="checkbox"/> Military record | <input type="checkbox"/> Evidence of own assets |
| <input type="checkbox"/> Birth certificate | <input type="checkbox"/> Police certificates | <input type="checkbox"/> Affidavit of support |
| <input type="checkbox"/> Marriage certificate | <input type="checkbox"/> Medical records | <input type="checkbox"/> Offer of employment |
| <input type="checkbox"/> Death certificate | <input type="checkbox"/> Photographs | <input type="checkbox"/> Other (describe) |
| <input type="checkbox"/> Divorce decree | <input type="checkbox"/> Birth certificates of all children who will not be immigrating at this time. (List those for whom birth certificates are not available.) | |

DO NOT WRITE BELOW THE FOLLOWING LINE
The consular officer will assist you in answering Items 40 and 41.

40. I claim to be exempt from ineligibility to receive a visa and exclusion under Item _____ in Part 33 for the following reasons:
Beneficiary of a Waiver under 212(b)(5)

- | | | | |
|---|--|------------------------------------|---------------------------------|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> 212(a)(3)(D)(ii) | <input type="checkbox"/> 212(g) | <input type="checkbox"/> 212(h) |
| <input type="checkbox"/> Not Required | <input type="checkbox"/> 212(a)(3)(D)(iii) | <input type="checkbox"/> 212(g)(1) | <input type="checkbox"/> 212(i) |
| <input type="checkbox"/> Attached | <input type="checkbox"/> 212(a)(3)(D)(iv) | <input type="checkbox"/> 212(g)(2) | |

41. I claim to be:

- | | |
|--|--|
| <input type="checkbox"/> A Family-Sponsored Immigrant | <input type="checkbox"/> I derive foreign state chargeability under Sec. 202(b) through my _____ |
| <input type="checkbox"/> An Employment Based-Immigrant | |
| <input type="checkbox"/> A Diversity Immigrant | |
| <input type="checkbox"/> A Special Category (Specify) _____
(Returning resident, Hong Kong, Tibetan, Private Legislation, etc.) | |

I am subject to the following:

- Preference: E-1
 Numerical limitation: (CRDHN)
(foreign state)

I understand that I am required to surrender my visa to the United States Immigration Officer at the place where I apply to enter the United States, and that the possession of a visa does not entitle me to enter the United States if at that time I am found to be inadmissible under the immigrating laws.
I understand that any wilful false or misleading statement or willful concealment of a material fact made by me herein may subject me to permanent exclusion from the United States and, if I am admitted to the United States, may subject me to criminal prosecution and/or deportation.
I, the undersigned applicant for a United States immigrant visa, do solemnly swear (or affirm) that all statements which appear in this application, consisting of Optional Form 230 PART I and 230 PART II combined, have been made by me, including the answers to Items 1 through 41 inclusive, and that they are true and complete to the best of my knowledge and belief. I do further swear (or affirm) that, if admitted into the United States, I will not engage in activities which would be prejudicial to the best of my knowledge and belief, to the public interest, or endanger the welfare, safety, or security of the United States; in activities which would be prohibited by the laws of the United States relating to espionage, sabotage, public disorder, or in other activities subversive to the national security; in any activity a purpose of which is the opposition to or the control, or overthrow of, the Government of the United States, by force, violence, or other unconstitutional means.

I understand all the foregoing requirements, having asked for and obtained an explanation on every point which was not clear to me.

The relationship claimed in items 14 and 15 verified by documentation submitted to consular officer except as noted

(Signature of Applicant)

Subscribed and sworn to before me the 25th day of Dec, 1994 at Amman - Jordan.

(Consular Officer)

TARIFF ITEM NO. 20.