Attachment A

CERTIFICATION FOR CONTINUED PRESENCE BY REQUESTING LAW ENFORCEMENT AGENCY

TO: Unit Chief
Parole and Law Enforcement Programs Unit
Homeland Security Investigations
U.S. Immigration and Customs Enforcement

FROM: [redacted]
FBI, New York Field Office

RE: Request for Continued Presence for [redacted]

I, [redacted]e, SAC, of the FBI New York Field Office concur in this request and certify, in accordance with the Department of Homeland Security (DHS)'s procedures for Continued Presence, that:

1. The justification and information concerning the request for Continued Presence are accurate and complete.

2. Documentation is attached certifying that the alien is a victim of a severe form of trafficking and may be a potential witness to that trafficking.

3. **Name checks** have been completed in the principle law enforcement databases on the person named in the request (National Crime Information Center and any other databases available) and, as appropriate, information from foreign law enforcement agencies. **Criminal history check results based on fingerprints** have been received and any identification issues resolved. [**For the FBI:** Coordination has also been effected with appropriate member agencies of the Intelligence Community.]

4. Copies of all database screens on the person named above, including negative responses, have been identified and forwarded to U.S. Immigration and Customs Enforcement, Homeland Security Investigations, Parole and Law Enforcement Programs Unit.

5. No promises have been made to the Victim that he or she will remain in the United States beyond the authorized period of Continued Presence.

6. An active investigation is underway by a law enforcement agency that requires the assistance of this subject.

Signature [of Authorizing Official] Date

Printed Name [of Authorizing Official]

Title [of Authorizing Official]

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

REQUEST FOR CONTINUED PRESENCE

Part A: Information on the Victim

1. Name:

[redacted] (Last) | [redacted]ia (First) | _____ (Middle)

2. Date of Birth *(mo., day, yr.)*
[redacted]

3. Country of Birth
[redacted]akia

4. Country of Citizenship
Slovakia

5. Alias(es)
[redacted]

6. Gender *(check one)*
☐ Male ☒ Female

7. Alien Number (A#)
A _____

8. Passport Number
[redacted]

9. Country of Issuance
Slovakia

10. Expiration Date *(mo., day, yr.)*
08/04/2020 & 05/14/2025

11. Social Security Number
[redacted]

Part B: Requesting Agency Information

Note: This information must be completed in order to receive consideration.

1. Lead Case Agent:
(First, Last)
[redacted]

2. Daytime telephone number
(include area code)
[redacted] **Ext.** _____

3. Fax number
_____

2. Case Agent where the Victim resides *(if the Victim resides in a jurisdiction other than that of the Lead Case Agent):*

(First, Last)
_____

2. Daytime telephone number
(include area code)
_____ **Ext.** _____

3. Fax number
_____

Supplemental Information:

Requesting Agency: Federal Bureau of Investigation

Group Supervisor's name *(First, Last)* [redacted]

Daytime telephone number *(including area cod* [redacted] **xt.** _____

Fax number _____

Victim-Witness Specialist's/Coordinator's name *(First, La* [redacted]

Daytime telephone number *(including area cod* [redacted] **xt.** _____

Fax number _____

Part C: Case Information

Note: Please complete all information below.

1. **Is the Victim currently in the United States** [redacted]
2. **The Victim's current immigration status:** [redacted]
3. **Is the Victim requesting Continued Presence based upon a pending civil action under 18 U.S.C. § 1595?**
   ☐ **Yes** ☒ **No**
   If yes, provide details of where and when the civil action was filed, and the status of the civil action.

4. **Has the Victim ever been deported/presently under deportation proceedings?** ☐ **Yes** ☒ **No**
   (if yes, where and when) **City, State:** _____
5. **When did the Victim enter the United States?** [redacted]
6. **Through which Port of Entry did the Victim enter the United States?** New York, New York
7. **How did the Victim enter the United States?** Flight

Part D: Specific Information Pertaining to the Victim

**** Please answer each question as completely as possible*** *(Attach additional sheet(s), if necessary.)*

1. **Significance and value of the Victim to this case:** *(Please provide a brief explanation of how the Victim meets the definition of "severe form of trafficking" under section 103(8), Victims of Trafficking and Violence Protection Act of 2000, Pub. L. No. 106-386.)*

   See attached sheet.

2. **The Victim's criminal involvement in this or any other case:** *(Please attach or describe criminal and/or arrest record listing ALL criminal convictions.)*

   No criminal convictions.

3. **Risk the Victim presents to public safety and/or to national security** *(i.e., has the alien ever engaged in a terrorist act, supported terrorist activities, or is a member of a known terrorist group? If so, explain.)* **List and explain proposed security precautions if necessary:** *(Attach copy of risk assessment report.)*

   No risk to public safety or national security

4. **Financial responsibility for the Victim:** *(Please explain manner in which the Victim's living expenses will be met.)*

   [redacted].

5. **Acquaintance/Relatives in the United States:** *(Please include name(s), relationship, and current location, i.e., city and state; attach additional sheet(s), if necessary.)*

   [redacted].

6. **Is employment authorization requested?** ☒ **Yes** ☐ **No**

(If yes, please attach completed U.S. Citizenship and Immigration Services Forms I-765, Application for Employment Authorization, and I-102, Application for Replacement/Initial Nonimmigrant Arrival/Departure Document.)

***Note:** Information contained in question # 7 is not required for a victim to receive Continued Presence; however, this information is required for a victim to be certified to receive benefits from the Department of Health and Human Services (HHS), Office of Refugee Resettlement (ORR). A response to this question will assist HHS in ensuring the fast and efficient delivery of services to the Victim. Victims who have not attained 18 years of age do not need to be certified to receive benefits from HHS.*

7. **Is the Victim willing to assist in every reasonable way in the investigation and prosecution of a severe form of trafficking in persons? The term "investigation and prosecution" includes the: 1) identification of a person or persons who have committed severe forms of trafficking in persons; 2) location and apprehension of such persons; and 3) testimony at proceedings against such persons.** [redacted]

Part E: Location where the Victim will reside *(City and state are required at a minimum.)*

Street Address [redacted]

City [redacted] **State** NY

Initial requests are approved for a period of time determined on a case-by-case basis. ALL extensions for Continued Presence must be submitted to the ICE HSI Headquarters Law Enforcement Parole Unit (LEPU). Any change in status is to be reported to the requesting agency headquarters, which in turn will notify LEPU. The requesting agency will also notify LEPU immediately if the alien departs the United States.

Part F: Certification of Reporting Requirements

As the requesting agency representative, I understand that, should this Continued Presence be granted, it is* MY *responsibility to follow all of the policies and procedures established by LEPU, including quarterly reporting, reporting changes in the Victim's status (i.e., departure or change in status), and requesting applicable ex[redacted]pproved Continued Presence.

[redacted] [redacted]
(Date)

[redacted]

7/16/2020
(Date)

[redacted]t
(Print Name and Title)

If the Victim resides outside the geographic area of the lead Case Agent, a monitoring agent must be designated in the appropriate jurisdiction.

(Monitoring Group Supervisor's Signature) [redacted] *(Date)*

(Print Name and Title)

(Monitoring Case Agent's Signature) *(Date)*

(Print Name and Title)

Privacy Act Statement

Authority: 22 U.S.C. §§ 7102(8) and 7105(c)(3) authorize ICE to collect the information requested on this form.

Purpose(s): The information collected on this form will be used by ICE to: 1) clearly identify the individual for whom Continued Presence is being requested; 2) review and determine the eligibility of the individual to receive Continued Presence and remain in the United States; 3) grant or deny the request for Continued Presence; 4) identify and hold accountable the requesting law enforcement officer/agent and their agency to comply with ICE's policies and procedures for administering the Continued Presence; 5) coordinate the administration of benefits available to the individual (if eligible); and 6) properly maintain a record of all requests for Continued Presence as well as provide oversight, tracking and reporting on Continued Presence activity throughout the duration of the authorized Continued Presence.

Routine Use(s): The information collected on this form may be shared with a criminal, civil, or regulatory law enforcement authority (whether Federal, State, local, territorial, tribal, international or foreign) where the information is necessary for collaboration, coordination and de-confliction of investigative matters. The information may also be disclosed as generally permitted under 5 U.S.C. § 552a(b) pursuant to the routine uses published in the Department of Homeland Security system of records notice, DHS/ICE-011 Immigration and Enforcement Operational Records.

Disclosure: The disclosure of the information on this form is voluntary; however, failure to provide the information may result in the delay or ultimate denial of the request for Continued Presence.

PART D: 1

Jeffrey Epstein abused [redacted]ver several years, beginning when she was 18 years old. It was during the course of this abuse that Epstein brought [redacted]nto some of his massages to participate in sex acts with other girls. Epstein controlled every aspect of [redacted]ife—including her physical appearance, her weight, and her clothing—for years. This controlling behavior took multiple abusive forms, including forcing [redacted]o have multiple plastic surgeries, forcing her to engage in BDSM, referring to her as his "sex slave," insulting her, and physically abusing her, including by choking her and throwing her down a set of stairs.

Application for Replacement/Initial Nonimmigrant Arrival-Departure Document

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

USCIS Form I-102
OMB No. 1615-0079
Expires 10/31/2019

For USCIS Use Only	Receipt	Action Block	To Be Completed by an *Attorney or Accredited Representative*, if any. ☐ Select this box if Form G-28 is attached to represent the applicant.
	New I-94 Number		Attorney State License Number
	Remarks		

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

Part 1. Information About You

1. Alien Registration Number (A-Number)
▶ A-

2. USCIS Online Account Number (if any)
▶

Your Full Name

3.a. Family Name (Last Name)
3.b. Given Name (First Name)
3.c. Middle Name

U.S. Mailing Address

4.a. In Care Of Name
4.b. Street Number and Name
4.c. Apt. ☑ Ste. ☐ Flr. ☐

5. Is your current U.S. mailing address the same as your U.S. physical address?

If you answered "No" to **Item Number 5.**, provide your U.S. physical address in **Item Numbers 6.a. - 6.f.**

U.S. Physical Address

6.a. In Care Of Name
6.b. Street Number and Name
6.c. Apt. ☐ Ste. ☐ Flr. ☐
6.d. City or Town
6.e. State
6.f. ZIP Code

Other Information

7. Date of Birth (mm/dd/yyyy) ▶
8. Country of Birth
9. Country of Citizenship
10. U.S. Social Security Number (if any)

Entry Information

11. Date of Last Entry into the United States (mm/dd/yyyy) ▶
12. Place of Last Entry into the United States (City and State)

Part 1. Information About You (continued)

13. Current Nonimmigrant Status

14. Date Status Expires
(mm/dd/yyyy) ▶

15.a. Form I-94, I-94W, or I-95 Arrival-Departure Record Number
▶

15.b. Passport Number

15.c. Travel Document Number

15.d. Country of Issuance for Passport or Travel Document

15.e. Expiration Date for Passport or Travel Document
(mm/dd/yyyy) ▶

Part 2. Reason for Application

Select the box that best describes your reason for requesting an initial or replacement document. (Select **only one** box)

Part 3. Processing Information

1.a. Are you filing this application with any other petition or application?

If "Yes" provide the USCIS Form Number and name of the application or petition you are filing in **Item Number 1.b.**

1.b. USCIS Form Number and Name

2.a. Are you now in removal proceedings?

If "Yes" complete **Item Number 2.b.**

2.b. Provide detailed information regarding the proceedings. If you need extra space to complete any item, attach a separate sheet of paper; type or print your name and A-Number (if any) at the top of each sheet of paper; indicate the **Page Number, Part Number,** and **Item Number** to which your answer refers; and date and sign each sheet.

If you are unable to provide the original of your Form I-94, I-94W, or I-95, provide the following information:

NOTE: Provide your name **exactly** as it appears on Form I-94, I-94W, or I-95.

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

4. Class of Admission at Last Entry into the United States
E 2

5. Place of Last Entry into the United States (City and State)

Part 4. Statement, Certification, Signature, and Contact Information of the Applicant

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

[redacted]

Applicant Certification

I certify, under penalty of perjury, that the foregoing is true and correct. Copies of documents submitted are exact photocopies of unaltered original documents, and I understand that I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date. Furthermore, I authorize the release of any information from my records that USCIS may need to determine my eligibility for the benefit that I seek. I furthermore authorize release of information contained in this form, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration of U.S. immigration laws.

3.a. Applicant's Signature [redacted]

3.b. Date of Signature (mm/dd/yyyy) ▶ [redacted]

Applicant's Contact Information

4. [redacted] e Number

5. Applicant's Mobile Telephone Number [redacted]

6. Applicant's E-mail Address [redacted]

Part 5. Contact Information, Certification, and Signature of the Interpreter

Interpreter's Full Name

Provide the following information concerning the interpreter:

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

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

2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

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

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's E-mail Address

Part 5. Contact Information, Certification, and Signature of the Interpreter (continued)

Interpreter Certification

I certify that:

I am fluent in English and [ ], which is the same language provided in **Part 4., Item Number 1.b.**;

I have read to this applicant every question and instruction on this form, as well as the answer to every question, in the language provided in **Part 4., Item Number 1.b.**; and

The applicant has informed me that he or she understands every instruction and question on the form, as well as the answer to every question.

6.a. Interpreter's Signature

6.b. Date of Signature (mm/dd/yyyy) ▶

Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other than the Applicant

Preparer's Full Name

Provide the following information concerning the preparer:

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

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

2. Preparer's Business or Organization Name

Preparer's Mailing Address

3.a. Street Number and Name

3.b. Apt. ☐ Ste. ☐ Flr. ☐

3.c. City or Town

3.d. State

3.f. Province

3.g. Postal Code

3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5. Preparer's Fax Number

6. Preparer's E-mail Address

Preparer's Declaration

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this form on behalf of, at the request of, and with the express consent of the applicant. I completed the form based only on responses the applicant provided to me. After completing the form, I reviewed it and all of the applicant's responses with the applicant, who agreed with every answer provided for every question on the form and, when required, supplied additional information to respond to a question on the form.

8.a.

8.b.

NOTE: If you need extra space to provide any additional information, attach a separate sheet of paper; type or print your name and 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 date and sign each sheet.

Application For Employment Authorization

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

USCIS
Form I-765
OMB No. 1615-0040
Expires 05/31/2020

For USCIS Use Only	☐ Authorization/Extension Valid From _____	Fee Stamp	Action Block
	☐ Authorization/Extension Valid Through _____		
	Alien Registration Number A-		
	Remarks		

To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).	☐ Select this box if Form G-28 is attached.	Attorney or Accredited Representative USCIS Online Account Number (if any)

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

Part 1. Reason for Applying

I am applying for (select **only one** box):

1.a. ☐ Initial permission to accept employment.

1.b. ☐ Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document **NOT DUE** to U.S. Citizenship and Immigration Services (USCIS) error.

NOTE: Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to **Replacement for Card Error** in the **What is the Filing Fee** section of the Form I-765 Instructions for further details.

1.c. ☐ Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Part 2. Information About You

Your Full Legal Name

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

1.b. [redacted]

1.c. Middle Name

Other Names Used

Provide all other names you have 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**.

2.a. Family Name (Last Name) [redacted]

2.b. Given Name (First Name) [redacted]

2.c. Middle Name

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

Part 2. Information About You (continued)

Your U.S. Mailing Address

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

5.b. Street Number and Name

5.c. ☒ Apt. ☐ Ste. ☐ Flr.

5.d. City or Town

5.e. State **5.f.** ZIP Code

6. Is your current mailing address the same as your physical address?

NOTE: If you answered "No" to **Item Number 6.**, provide your physical address below.

U.S. Physical Address

7.a. Street Number and Name

7.b. ☐ Apt. ☐ Ste. ☐ Flr.

7.c. City or Town

7.d. State **7.e.** ZIP Code

Other Information

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

► **A-**

9. USCIS Online Account Number (if any)

►

10. Gender

11. Marital Status

☒ Single ☐ Married ☐ Divorced ☐ Widowed

12. Have you previously filed Form I-765?

13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?

NOTE: If you answered "No" to **Item Number 13.a.**, skip to **Item Number 14.** If you answered "Yes" to **Item Number 13.a.**, provide the information requested in **Item Number 13.b.**

13.b. Provide your Social Security number (SSN) (if known)

►

14. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to **Item Number 15.**, **Consent for Disclosure**, to receive a card.)

☐ Yes ☒ No

NOTE: If you answered "No" to **Item Number 14.**, skip to **Part 2., Item Number 18.a.** If you answered "Yes" to **Item Number 14.**, you must also answer "Yes" to **Item Number 15.**

15. **Consent for Disclosure:** I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card. ☐ Yes ☐ No

NOTE: If you answered "Yes" to **Item Numbers 14. - 15.**, provide the information requested in **Item Numbers 16.a. - 17.b.**

Father's Name

Provide your father's birth name.

16.a. Family Name (Last Name)

16.b. Given Name (First Name)

Mother's Name

Provide your mother's birth name.

17.a. Family Name (Last Name)

17.b. Given Name (First Name)

Your Country or Countries of Citizenship or Nationality

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in **Part 6. Additional Information**.

18.a.

18.b. Country

Part 2. Information About You (continued)

Place of Birth

List the city/town/village, state/province, and country where you were born.

19.a. City/Town/Village of Birth

[redacted]

19.b. State/Province of Birth

19.c. Country of Birth

[redacted]

20. Date of Birth (mm/dd/yyyy) [redacted]

Information About Your Last Arrival in the United States

21.a. Form I-94 Arrival-Departure Record Number (if any)

►

21.b. Passport Number of Your Most Recently Issued Passport

[redacted]

21.c. Travel Document Number (if any)

21.d. Country That Issued Your Passport or Travel Document

[redacted]

21.e. Expiration Date for Passport or Tr (mm/dd/yyyy) [redacted]

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) [redacted]

23. Place of Your Last Arrival Into the United States

[redacted]

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

E 2

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

E 2

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

► N-

Information About Your Eligibility Category

27. **Eligibility Category.** Refer to the **Who May File Form I-765** section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).

( ) ( ) ( )

28. **(c)(3)(C) STEM OPT Eligibility Category.** If you entered the eligibility category **(c)(3)(C)** in **Item Number 27.**, provide the information requested in **Item Numbers 28.a - 28.c.**

28.a. Degree

28.b. Employer's Name as Listed in E-Verify

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

29. **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Item Number 27.**, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

►

30. **(c)(8) Eligibility Category.** If you entered the eligibility category (c)(8) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

☐ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 30.**, refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** in the **Required Documentation** section of the Form I-765 Instructions for information about providing court dispositions.

31.a. **(c)(35) and (c)(36) Eligibility Category.** If you entered the eligibility category (c)(35) in **Item Number 27.**, please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in **Item Number 27.**, please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.

►

31.b. If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime? ☐ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 31.b.**, refer to **Employment-Based Nonimmigrant Categories, Items 8. - 9.**, in the **Who May File Form I-765** section of the Form I-765 Instructions for information about providing court dispositions.

Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

Applicant's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

[redacted]

information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

4. Applicant's Mobile Telephone Number (if any)

5. Applicant's Email Address (if any)

6. ☐ Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

1) I reviewed and understood all of the information contained in, and submitted with, my application; and

2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

Applicant's Signatu

7.a. Applicant's Signatu ➡

7.b. Date of Signature (mm/dd/yyyy)

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

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

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

2. Interpreter's Business or Organization Name (if any)

Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Mailing Address

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

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and _____, which is the same language specified in **Part 3., Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature

7.b. Date of Signature (mm/dd/yyyy)

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

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

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

2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

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

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5. Preparer's Mobile Telephone Number (if any)

6. Preparer's Email Address (if any)

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant (continued)

Preparer's Statement

7.a. ☒ I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.

7.b. ☐ I am an attorney or accredited representative and my representation of the applicant in this case ☐ extends ☐ does not extend beyond the preparation of this application.

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

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

[redacted]

8.b. Date of Signature (mm/dd/yyyy) 07/14/2020

Part 6. Additional Information

If you need extra space to provide any additional information within this application, 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 application or attach a separate sheet of paper. Type or print your name and 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. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ► **A-**

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.

Additional Inquiry Response

ORI: NYFBINY00

Federal Bureau of Investigation - New York

New York State Division of Criminal Justice Services
Alfred E. Smith Building, 80 South Swan St.
Albany, New York 12210. Tel:1-800-262-DCJS
[redacted]xecutive Deputy Commissioner of the NYS Division of Criminal Justice Services

Federal NCIC

WARNING: Release of any NCIC information to unauthorized individuals or agencies,including the subject of the data, is prohibited. Please refer to section 4.2 of the CJIS security policy and Title 28, Part 20 of the code of Federal Regulations for the proper acess, use, and dissemination of the information contained in the NCIC restricted and non-restricted files.

The following information is provided in response to your request for a search of the NCIC - Person Files based on:

Name:	[redacted]A
Sex:	[redacted]le
Race:	[redacted]vn
Date of Birth:	[redacted]

[redacted]00

NO NCIC WANT NAM/[redacted]
***MESSAGE KEY QWA SEARCHES ALL NCIC PERSONS FILES WITHOUT LIMITATIONS.

Federal NCIC

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The following information is provided in response to your request for a search of the NCIC - Protection Order File based on:

Name:	[redacted]
Sex:	[redacted]e
Race:	**Unknown**
Date of Birth:	[redacted]

NYFBINY00

NO NCIC PROTECTION ORDER FILE RECORD NAM/MARCINK0,NADIA
D0B/19850221 RAC/U SEX/F

Additional Inquiry Response

ORI: NYFBINY00

Federal Bureau of Investigation - New York

New York State Division of Criminal Justice Services
Alfred E. Smith Building, 80 South Swan St.
Albany, New York 12210. Tel:1-800-262-DCJS
Michael C.Green, Executive Deputy Commissioner of the NYS Division of Criminal Justice Services

III Information

The following information is provided in response to your request for a search of the III based on:

Name:	[redacted]IA
Sex:	[redacted]
Race:	[redacted]n
Date of Birth:	[redacted]5
Purpose Code:	C

NYFBINY00
NO IDENTIFIABLE RECORD IN THE NCIC INTERSTATE IDENTIFICATION INDEX (III)
FOR
[redacted]DERK.
END

Additional Inquiry Response

ORI: NYFBINY00

Federal Bureau of Investigation - New York

New York State Division of Criminal Justice Services
Alfred E. Smith Building, 80 South Swan St.
Albany, New York 12210. Tel:1-800-262-DCJS
Michael C.Green, Executive Deputy Commissioner of the NYS Division of Criminal Justice Services

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The following information is provided in response to your request for a search of the NCIC - Person Files based on:

Name: [redacted]

Sex: [redacted]

Race: [redacted]

Date of Birth: [redacted]

NYFBINY00

[redacted]

LIMITATIONS.

Additional Inquiry Response

ORI: NYFBINY00

Federal Bureau of Investigation - New York

New York State Division of Criminal Justice Services
Alfred E. Smith Building, 80 South Swan St.
Albany, New York 12210. Tel:1-800-262-DCJS
Michael C.Green, Executive Deputy Commissioner of the NYS Division of Criminal Justice Services

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restricted and non-restricted files.

The following information is provided in response to your request for a search of the NCIC - Protection Order File based on:

Name: [redacted]

Sex: [redacted]le

Race: [redacted]vn

Date of Birth: [redacted]

NYFBINY00

[redacted]IA

Additional Inquiry Response

ORI: NYFBINY00

Federal Bureau of Investigation - New York

New York State Division of Criminal Justice Services
Alfred E. Smith Building, 80 South Swan St.
Albany, New York 12210. Tel:1-800-262-DCJS
Michael C.Green, Executive Deputy Commissioner of the NYS Division of Criminal Justice Services

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III Information

The following information is provided in response to your request for a search of the III based on:

Name: [redacted]IA

Sex: [redacted]

Race: Unknown

Date of Birth: [redacted]

Purpose Code: C

NYFBINY00
NO IDENTIFIABLE RECORD IN THE NCIC INTERSTATE IDENTIFICATION INDEX (III)
FOR
[redacted]EDERK.
[redacted]D