

SECTION 2

SAMPLE N-400 FILING, USCIS NOTICES, & CORRESPONDENCE

- Sample Naturalization Filing (**Blank forms available at <http://www.uscis.gov>**)
- Sample Introduction Letter to Client
- Sample “Filed Case” Letter to Client
- USCIS Filing Fee Receipt
- USCIS Fingerprint Appointment Notification
- Sample “Fingerprint Appointment” Letter to Client
- Form AR-11, Change of Address form
- Sample Change of Address Letter to USCIS
- USCIS Interview Notice
- Copy of “Interview Notice” Letter to Client
- USCIS Interview Summary
- Sample “Oath Notice” Letter to Client
- Form N-445, Notice of Naturalization Oath Ceremony
- Sample “Closing Letter” to Client
- Certificate of Naturalization

SAMPLE FILING

January 19, 2011

U. S. Citizenship and Immigration Services
P.O. Box 21251
Phoenix, AZ 85036

} always check
USCIS website
for correct address

**ATTN: N-400
APPLICATION FOR NATURALIZATION**

FEE WAIVER REQUEST ENCLOSED

**RE: [CLIENT NAME]
A# []**

Dear Sir/Madam:

Our office represents the applicant in this N-400 Application for Naturalization. [APPLICANT] has been a Lawful Permanent Resident since [DATE] and wishes to become a U.S. citizen. Please note that we are filing a fee waiver request with this application.

Enclosed please find the following documents in support of the application:

- ☐ Form G-28 Notice of Appearance;
- ☐ Form I-912 Request for Fee Waiver:
 - o Statement from Ramsey County Human Services showing monthly amount received in food support.
- ☐ Two passport style photographs;
- ☐ Form N-400 Application for Naturalization; and
- ☐ Copy of front and back of permanent resident card.

Thank you for your careful attention to this matter.

Sincerely,

YOUR NAME
TITLE

Cc: APPLICANT



**Notice of Entry of Appearance
as Attorney or Accredited Representative**
Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 02/29/2016

Part 1. Information About Attorney or Accredited Representative

Name and Address of Attorney or Accredited Representative

1.a. Family Name (Last Name)
1.b. Given Name (First Name)
1.c. Middle Name
2. Name of Law Firm or Recognized Organization

3. Name of Law Student or Law Graduate

4. State Bar Number
5.a. Street Number
5.b. Street Name
5.c. Apt. ☐ Ste. ☒ Flr. ☐
5.d. City or Town
5.e. State 5.f. Zip Code
5.g. Postal Code
5.h. Province
5.i. Country

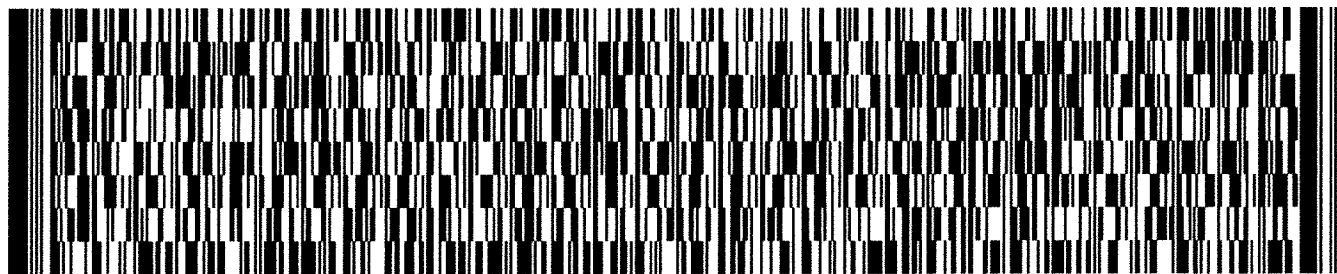
6. Daytime Phone Number () -
7. E-Mail Address of Attorney or Accredited Representative

Part 2. Eligibility Information For Attorney or Accredited Representative

(Check applicable item(s) below)

1. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest court(s) of the following State(s), possession(s), territory(ies), commonwealth(s), or the District of Columbia.
- 1.a.
1.b. I (choose one) ☒ **am not** ☐ **am** subject to any order of any court or administrative agency disbaring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law. (If you are subject to any order(s), explain fully in the space below.)
1.b.1.
2. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals pursuant to 8 CFR 292.2. Provide the name of the organization and the expiration date of accreditation.
2.a. Name of Recognized Organization

2.b. Date Accreditation expires
(mm/dd/yyyy) ►
3. ☐ I am associated with
3.a.
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 is at his or her request. If you check this item, also complete **number 1 (1.a. - 1.b.1.) or number 2 (2.a. - 2.b.) in Part 2 (whichever is appropriate).**
4. ☐ 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)(iv).



Part 3. Notice of Appearance as Attorney or Accredited Representative

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

1. ☒ USCIS - List the form number(s)

1.a. N-400

2. ☐ ICE - List the specific matter in which appearance is entered

2.a.

3. ☐ CBP - List the specific matter in which appearance is entered

3.a.

I hereby enter my appearance as attorney or accredited representative at the request of:

4. Select only one: ☒ Applicant ☐ Petitioner
☐ Respondent (ICE, CBP)

Name of Applicant, Petitioner, or Respondent

5.a. Family Name (Last Name)

5.b. Given Name (First Name)

5.c. Middle Name None

5.d. Name of Company or Organization, if applicable

NOTE: Provide the mailing address of Petitioner, Applicant, or Respondent and not the address of the attorney or accredited representative, **except when a safe mailing address is permitted** on an application or petition filed with Form G-28.

6.a. Street Number and Name

6.b. Apt. ☒ Ste. ☐ Flr. ☐

6.c. City or Town

6.d. State

6.e. Zip Code

7. Provide A-Number and/or Receipt Number

Pursuant to the Privacy Act of 1974 and DHS policy, I hereby consent to the disclosure to the named Attorney or Accredited Representative of any record pertaining to me that appears in any system of records of USCIS, ICE, or CBP.

8.a. Signature of Applicant, Petitioner, or Respondent

8.b. Date

(mm/dd/yyyy)

Part 4. 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 the Department of Homeland Security. 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. Signature of Attorney or Accredited Representative

2. Signature of Law Student or Law Graduate

3. Date

(mm/dd/yyyy)

Part 5. Additional Information

1.



Request for Fee Waiver
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-912
OMB No. 1615-0116
Expires 05/31/2015

► Before you fill out this form, please read the instructions.

Section 1. Information About You *(Provide information about yourself. If you are applying for a minor child, provide information about the minor child.)*

Line 1. a. Family Name (Last Name)

Line 1. b. Given Name (First Name)

Line 1. c. Middle Initial

Line 2. Alien Registration Number ► A-

Line 3. Date of Birth (mm/dd/yyyy) ►

Line 4. Marital Status ☒ Never Married ☐ Divorced ☐ Marriage Annulled
☐ Married ☐ Widow(er) ☐ Legally Separated

Line 5. Applications and Petitions (Enter the form number(s) of the application(s) and/or petition(s) for which you are requesting a fee waiver.)

Biometrics services fees, where applicable, will be included in the fee waiver request.

FOR USCIS USE ONLY

Application Received At
(check only one box):

USCIS Field Office

☐ Fee Waiver Approved

Date:

☐ Fee Waiver Denied

Date:

USCIS Service Center

☐ Fee Waiver Approved

Date:

☐ Fee Waiver Denied

Date:

Section 2. Additional Information for Dependent(s)

Line 6. Complete the Table below if applicable. *(If you need more space, attach a separate sheet of paper.)*

Name (First, MI, Last)	A-Number (If applicable)	Is Individual Included in Fee Waiver Request?	Date of Birth (mm/dd/yyyy)	Relationship to You
	A-	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	A-	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	A-	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	A-	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	A-	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	A-	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	A-	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Section 3. Basis for Your Request *(Check any that apply. For additional information, see the form instructions.)*

Line 7. a. ☒ I am or a relevant member of my household is currently receiving a means-tested benefit. *(Complete Sections 4 and 7.)*

Line 7. b. ☐ My household income is at or below 150% of the Federal Poverty Guidelines. *(Complete Sections 5 and 7.)*

Line 7. c. ☐ I have a financial hardship. *(Complete Sections 5, 6 and 7.)*

Section 4. Means-Tested Benefit

Line 8. Complete the Table Below *(If you need more space, attach a separate sheet of paper.)*

Name of Person Receiving the Benefit	Name of Agency Awarding Benefit	Date Benefit Was Awarded	Is This Benefit Being Received Now?
[REDACTED]	Ramsey County Human Services	01/01/2010	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 5. Household Income *(Provide evidence of monthly income or other support.)*

Line 9. Other than you, how many others in your household depend on the stated income?

▶

(round to the nearest dollar)

Line 10. Average monthly wage income from household members

▶

Line 11. Enter other money received each month that is not included in Line 14. *(This could include spousal support, child support, unemployment, etc.)*

▶

TOTAL *(USCIS will compare this amount to Federal Poverty Guidelines)*

▶

Section 6. Financial Hardship

Line 12. Describe your particular situation. Be sure to include how this situation has caused you to incur costs (and what the costs were) or loss of income that you have experienced (and what that loss was). Complete this section in English; otherwise, provide an accompanying English translation. *(If you need more space, attach a separate sheet of paper.)*

If you are currently unemployed, you must complete Lines 13 and 14.

Line 13. Date that you became unemployed

(mm/dd/yyyy) ►

Line 14. Amount of unemployment compensation (monthly) that you are receiving (enter dollars)

Line 15. List your assets and the value of your assets. *(If you need more space, attach a separate sheet of paper.)*

Type of Asset	Value (enter dollars)
TOTAL Value of Assets	

Section 6. Financial Hardship (Cont'd)

Line 16. List your average monthly costs, and provide evidence of monthly payments where possible. *(If you need more space, attach a separate sheet of paper.)*

Type of Cost	Value (Enter Dollars)	Type of Cost	Value (Enter Dollars)
Rent		Loan Payment	
Mortgage		Commuting Costs	
Food		Medical	
Utilities		School	
Child/Elder Care		Other Expenses	
Insurance		TOTAL Monthly Costs	

Section 7. Your Signature and Authorization

Do not sign your Form I-912 until it is complete and you are ready to file.

I take full responsibility for the accuracy of all the information provided, including all supporting documentation. I authorize the release of any information, including the release of my Federal tax returns, that USCIS needs to determine my eligibility.

Each person applying for a fee waiver request must sign Form I-912. This includes individuals identified in Sections 1 and 2 if 14 years of age or older. *(If you need more space, attach a separate sheet of paper.)*

Line 17. Your Signature Date (mm/dd/yyyy) ►

Printed Name

Line 17.1. Additional Signature Date (mm/dd/yyyy) ►

Printed Name

Line 17.2. Additional Signature Date (mm/dd/yyyy) ►

Printed Name

Line 17.3. Additional Signature Date (mm/dd/yyyy) ►

Printed Name

Line 17.4. Additional Signature Date (mm/dd/yyyy) ►

Printed Name

Section 7. Your Signature and Authorization *(continued)***Line 17.5.** Additional Signature

Date (mm/dd/yyyy) ▶

Printed Name

Line 17.6. Additional Signature

Date (mm/dd/yyyy) ▶

Printed Name

Line 17.7. Additional Signature

Date (mm/dd/yyyy) ▶

Printed Name

Fee Waiver

RAMSEY COUNTY HUMAN SERVICES
160 KELLOGG BLVD E
ST. PAUL MN 55101-1420

December 07, 2010 10:58 AM

CASE NUMBER: [REDACTED]

[REDACTED]
[REDACTED]
SAINT PAUL MN [REDACTED]

IMPORTANT INFORMATION REGARDING THIS DOCUMENT:

- * This information is available in other forms to people with disabilities by calling your county worker, [REDACTED] at (651) 266-3982.
 - * For TTY/TDD users, contact your county worker through the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.
 - * The back of this page lists your appeal rights and responsibilities.
-

MFIP NOTICE OF DECISION

The following change(s) did not affect your MFIP grant for January 2011:
We received your Household Report Form. You will get \$805.00.
(Auth:7,17,20,24)
Your grant includes a food portion of \$473.00. (Auth:22.12)

BUDGET FOR JANUARY BENEFIT

HOUSEHOLD SIZE (3)

Fee Waiver

December 07, 2010 10:58 AM

Case Number: [REDACTED]

Page 2

FAMILY WAGE LEVEL . . . \$ 1106.00
NET EARNED INCOME . . . \$ 0.00
DIFFERENCE \$ 1106.00

TRANSITIONAL STANDARD \$ 1005.00
MONTHLY NEED \$ 1005.00
UNEARNED INCOME . . (-) \$ 200.00
NET DEEMED INCOME. (-) \$ 0.00
TRIBAL COUNTED INC. (-) \$ 0.00
SUBSIDY/TRIBAL . . (-) \$ 0.00
SANCTIONS 0% . . . (-) \$ 0.00
FOOD PORTION \$ 473.00

GRANT AMOUNT \$ 805.00
PRORATED GRANT AMT. . \$ 0.00

AMT ALREADY ISSUED . \$ 0.00
SUPPLEMENT \$ 0.00
OVERPAYMENT . . . (-) \$ 0.00
ADJUSTED GRANT AMT. . \$ 805.00
RECOUPMENT AMOUNT (-) \$ 0.00
FOOD ISSUANCE . . . \$ 473.00
STATE FOOD BENEFIT. . \$ 0.00
CASH ISSUANCE \$ 332.00

TOTAL GROSS INCOME is \$200.00 this month. If your TOTAL GROSS INCOME will be less than \$0.00 in JANUARY, call your worker right away.

***** IMPORTANT APPEAL RIGHTS! READ THIS NOW! *****

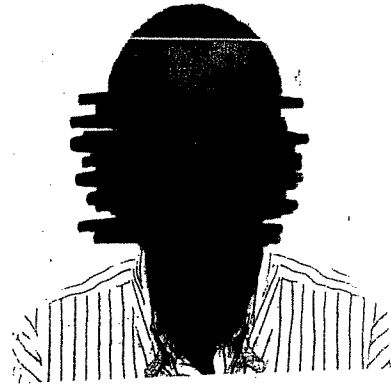
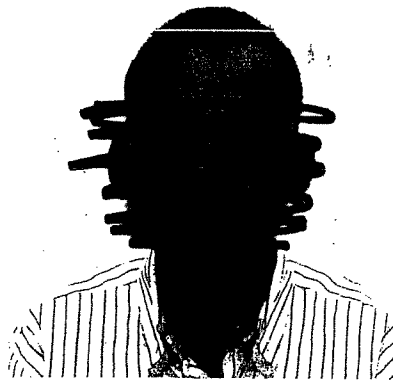
If you don't agree with the action taken on your case, you can appeal. To keep your benefits until the appeal, you must appeal:

- * Within 10 days or
- * Before the first day of the month when the action takes place.

If you miss the 10 day deadline, you can appeal within 30 days from the date you get this notice (90 days for Food Support), but your benefits will not start again unless you win the appeal. To find out more, read the back of the first page of this notice.

WORKER: [REDACTED]

TELEPHONE: (651) 266-3982





Application For Naturalization

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

USCIS
Form N-400
OMB No. 1615-0052
Expires 09/30/2015

For USCIS Use Only	Date Stamp	Receipt	Action Block
	Remarks		

Type or print all your answers in black ink. Type or print "N/A" if an item is not applicable or the answer is "none" unless otherwise indicated. Failure to answer all of the questions may delay USCIS processing your Form N-400. NOTE: You must complete Parts 1. - 14.

Part 1. Information About Your Eligibility (Check only one box or your Form N-400 may be delayed)

Enter Your 9 Digit A-Number:

▶ A-

You are at least 18 years old and

- ☒ Have been a Permanent Resident of the United States for at least 5 years.
- ☐ Have been a Permanent Resident of the United States for at least 3 years. In addition, you have been married to and living with the same U.S. citizen spouse for the last 3 years, and your spouse has been a U.S. citizen for the last 3 years at the time of filing your Form N-400.
- ☐ Are a Permanent Resident of the United States, and you are the spouse of a U.S. citizen, and your U.S. citizen spouse is regularly engaged in specified employment abroad. (Section 319(b) of the Immigration and Nationality Act)
- ☐ Are applying on the basis of qualifying military service.
- ☐ Other (explain):

Part 2. Information About You (Person applying for naturalization)

1. Your Current Legal Name (do not provide a nickname)

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

2. Your Name Exactly As It Appears on Your Permanent Resident Card (if applicable)

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

3. Other Name(s) You Have Used Since Birth (include nicknames, aliases, and maiden name if applicable)

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

Part 2. Information About You (continued)

A- [REDACTED]

4. Name Change (optional)

Read the Form N-400 Instructions before you decide whether or not you would like to legally change your name.

Would you like to legally change your name?

☒ Yes ☐ No

If "Yes," print the new name you would like to use in the space below.

Family Name (Last Name)

[REDACTED]

Given Name (First Name)

[REDACTED]

Middle Name (if applicable)

[REDACTED]

5. U.S. Social Security Number (if applicable)

[REDACTED]

6. Date of Birth (mm/dd/yyyy)

▶ [REDACTED]

7. Date You Became a Permanent Resident (mm/dd/yyyy)

▶ 04/29/2009

8. Country of Birth

Burma

9. Country of Citizenship or Nationality

Burma

10. Are you requesting an accommodation(s) to the naturalization process because of a disability and/or an impairment? (See Form N-400 Instructions for accommodation examples)

☐ Yes ☒ No

If "Yes," check the box(es) below that applies:

☐ Deaf or hard of hearing and need an interpreter who uses the following sign language (e.g., American Sign Language):

[REDACTED]

☐ Use a wheelchair or other device that assists with mobility.

☐ Blind or low vision.

☐ Require another type of accommodation. (explain):

[REDACTED]

11. Do you have a physical or developmental disability or mental impairment that prevents you from demonstrating your knowledge and understanding of the English language and/or civics requirements for naturalization?

☐ Yes ☒ No

If "Yes," submit a completed Form N-648, Medical Certification for Disability Exceptions, when you file your Form N-400.

12. Exemptions from the English Language Test

A. Are you 50 years of age or older and have you lived in the United States as a Permanent Resident for periods totaling at least 20 years at the time of filing your Form N-400?

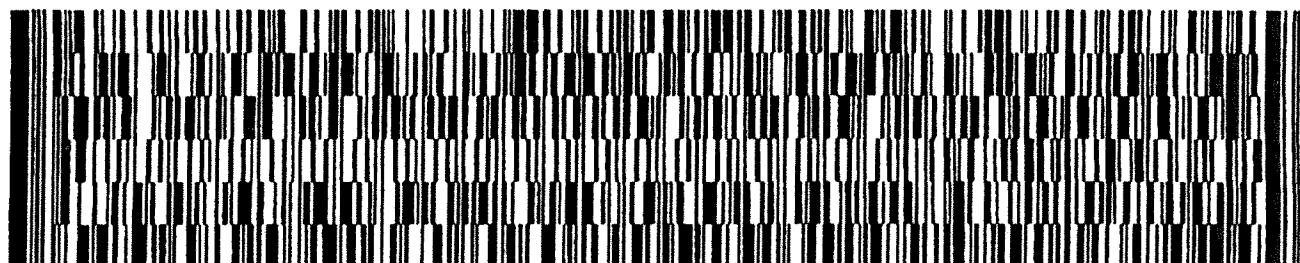
☐ Yes ☒ No

B. Are you 55 years of age or older and have you lived in the United States as a Permanent Resident for periods totaling at least 15 years at the time of filing your Form N-400?

☐ Yes ☒ No

C. Are you 65 years of age or older and have you lived in the United States as a Permanent Resident for periods totaling at least 20 years at the time of filing your Form N-400? (If you meet this requirement, you will also be given a simplified version of the civics test.)

☐ Yes ☒ No



Part 3. Information to Contact You

A- [REDACTED]

1. Daytime Phone Number

() -

2. Work Phone Number (if any)

() -

3. Evening Phone Number

() -

4. Mobile Phone Number (if any)

() -

5. E-mail Address (if any)

[REDACTED]

Part 4. Information About Your Residence

1. Where have you lived during the last 5 years? Begin with where you live now and then list every location where you have lived during the last 5 years. If you need more space, use an additional sheet(s) of paper.

Date of Residence From (mm/dd/yyyy) ▶ 03/02/2013

To (mm/dd/yyyy) ▶ Present

Street Number and Name

[REDACTED]

Apt. Ste. Flr. Number

☐ ☐ ☐ ☐

City

Saint Paul

County

USA

State

MN

ZIP Code + 4

55117 -

Province or Region (foreign address only)

Country (foreign address only)

USA

Postal Code (foreign address only)

A. Mailing Address (if different from the address above)

C/O ("In Care Of" Name, if applicable)

[REDACTED]

Street Number and Name

[REDACTED]

Apt. Ste. Flr. Number

☐ ☐ ☐ ☐

City

[REDACTED]

State

[REDACTED]

ZIP Code + 4

[REDACTED] - [REDACTED]

Province or Region (foreign address only)

Country (foreign address only)

Postal Code (foreign address only)

[REDACTED]

[REDACTED]

[REDACTED]

Part 4. Information About Your Residence (continued)

A- [REDACTED]

2. Date of Residence From (mm/dd/yyyy) ▶ [REDACTED]

To (mm/dd/yyyy) ▶ [REDACTED]

Street Number and Name

[REDACTED]

Apt. Ste. Flr. Number

☐☐☐

[REDACTED]

City

Saint Paul

County

USA

State

MN

ZIP Code + 4

55117 - [REDACTED]

Province or Region (foreign address only)

[REDACTED]

Country (foreign address only)

USA

Postal Code (foreign address only)

[REDACTED]

3. Date of Residence From (mm/dd/yyyy) ▶ 04/29/2009

To (mm/dd/yyyy) ▶ 02/26/2011

Street Number and Name

[REDACTED]

Apt. Ste. Flr. Number

☒☐☐

[REDACTED]

City

Saint Paul

County

USA

State

MN

ZIP Code + 4

55130 - [REDACTED]

Province or Region (foreign address only)

[REDACTED]

Country (foreign address only)

USA

Postal Code (foreign address only)

[REDACTED]

4. Date of Residence From (mm/dd/yyyy) ▶ [REDACTED]

To (mm/dd/yyyy) ▶ [REDACTED]

Street Number and Name

[REDACTED]

Apt. Ste. Flr. Number

☐☐☐

[REDACTED]

City

[REDACTED]

County

[REDACTED]

State

[REDACTED]

ZIP Code + 4

[REDACTED] - [REDACTED]

Province or Region (foreign address only)

[REDACTED]

Country (foreign address only)

[REDACTED]

Postal Code (foreign address only)

[REDACTED]

Part 5. Information About Your ParentsA- 

If your biological or legally adoptive mother or father is a U.S. citizen by birth, or naturalized before you reached your 18th birthday, you may already be a U.S. citizen. Visit the USCIS Web site at www.uscis.gov for further information on this topic before you consider filing Form N-400.

1. Were your parents married before your 18th birthday? ☒ Yes ☐ No
2. Is your mother a U.S. citizen? ☐ Yes ☒ No

If "Yes," complete the following information.

A. Current Legal Name of U.S. Citizen Mother

Mother's Family Name (Last Name)

Mother's Given Name (First Name)

Mother's Middle Name (if applicable)

B. Mother's Country of Birth**C. Mother's Date of Birth (mm/dd/yyyy)**

3. Is your father a U.S. citizen?

☐ Yes ☒ No

If "Yes," complete the information below.

A. Current Legal Name of U.S. Citizen Father

Father's Family Name (Last Name)

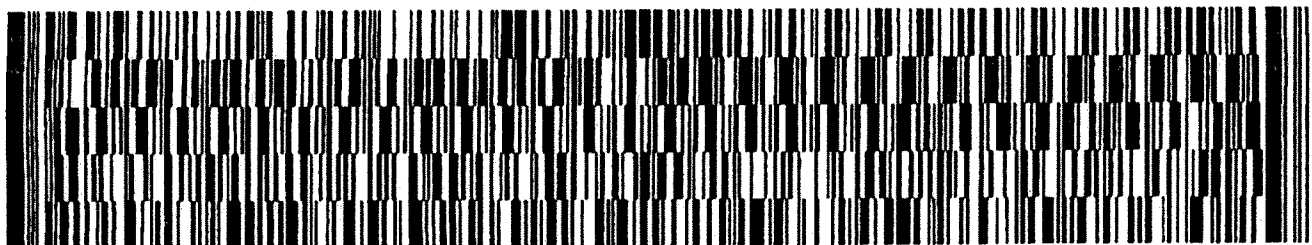
Father's Given Name (First Name)

Father's Middle Name (if applicable)

B. Father's Country of Birth**C. Father's Date of Birth (mm/dd/yyyy)****Part 6. Information for Criminal Records Check**

NOTE: USCIS requires you to complete the categories below to conduct background checks. (See Form N-400 Instructions for more information)

1. Gender ☒ Male ☐ Female 2. Height Feet Inches
3. Ethnicity (Select one)
☐ Hispanic or Latino ☒ Not Hispanic or Latino
4. Race (Select one or more)
☐ White ☒ Asian ☐ Black or African American ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander
5. Hair color
☒ Black ☐ Brown ☐ Blonde ☐ Gray ☐ White ☐ Red ☐ Sandy ☐ Bald (No hair)



Part 6. Information for Criminal Records Check (continued)

A- [REDACTED]

6. Eye color

☐ Brown ☐ Blue ☐ Green ☐ Hazel ☐ Gray ☒ Black ☐ Pink ☐ Maroon ☐ Other

Part 7. Information About Your Employment and Schools You Attended

List where you have worked or attended school full time or part time during the last 5 years. Provide information for the complete time period. Include all military, police, and/or intelligence service. Begin by providing information about your most recent or current employment, studies, or unemployment (if applicable). Provide the locations and dates where you worked, were self-employed, were unemployed, or have studied for the last 5 years. If you worked for yourself, write "self-employed." If you were unemployed, write "unemployed." If you need more space, use an additional sheet(s) of paper to complete Part 7.

1. Employer or School Name

[REDACTED]

Street Number and Name

[REDACTED]

Apt. Ste. Flr. Number

☐☐☐☐

City

Mahtomedi

State

MN

ZIP Code + 4

55115 -

Province or Region (foreign address only)

Country (foreign address only)

USA

Postal Code (foreign address only)

Date From (mm/dd/yyyy)

▶ 09/23/2013

Date To (mm/dd/yyyy)

▶ 02/17/2014

Your Occupation

[REDACTED]

2. Employer or School Name

[REDACTED]

Street Number and Name

[REDACTED]

Apt. Ste. Flr. Number

☐☐☐☐

City

Austin

State

MN

ZIP Code + 4

55912 -

Province or Region (foreign address only)

Country (foreign address only)

USA

Postal Code (foreign address only)

Date From (mm/dd/yyyy)

▶ 12/28/2012

Date To (mm/dd/yyyy)

▶ 06/13/2013

Your Occupation

[REDACTED]

Part 7. Information About Your Employment and Schools You Attended
(continued)

A- [REDACTED]

3. Employer or School Name

[REDACTED]

Street Number and Name

[REDACTED]

Apt. Ste. Flr. Number

☐ ☐ ☐ [REDACTED]

City

Saint Paul

State

MN

ZIP Code + 4

55117 - [REDACTED]

Province or Region (foreign address only)

[REDACTED]

Country (foreign address only)

USA

Postal Code (foreign address only)

[REDACTED]

Date From (mm/dd/yyyy)

► 03/28/2013

Date To (mm/dd/yyyy)

► 03/29/2013

Your Occupation

[REDACTED]

Part 8. Time Outside the United States

1. How many total days (24 hours or longer) did you spend outside the United States during the last 5 years? days
2. How many trips of 24 hours or longer have you taken outside the United States during the last 5 years? trips
3. List below all the trips of 24 hours or longer that you have taken outside the United States during the last 5 years.
Begin with your most recent trip and work backwards. If you need more space, use an additional sheet(s) of paper.

Date You Left the United States (mm/dd/yyyy)	Date You Returned to the United States (mm/dd/yyyy)	Did Trip Last 6 Months or More?	Countries to Which You Traveled	Total Days Outside the United States
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Part 9. Information About Your Marital HistoryA- 

1. What is your current marital status?

☒ Single, never married ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Marriage annulled

2. If you are married, is your spouse a current member of the U.S. Armed Forces?

☐ Yes ☐ No

3. How many times have you been married (including annulled marriages and marriage(s) to the same person)?

If you are single and have never been married, indicate "0" and go to Part 10.

4. If you are married now, provide the following information about your current spouse.

A. Legal Name of Current Spouse

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

B. Previous Legal Name of Current Spouse

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

C. Other Names Used by Current Spouse (include nicknames, aliases, and maiden name, if applicable)

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

D. Current Spouse's Date of Birth

(mm/dd/yyyy) ▶

E. Date You Entered into Marriage with Current Spouse

(mm/dd/yyyy) ▶

F. Current Spouse's Present Home Address

Street Number and Name

Apt. Ste. Flr. Number

City

County

State

ZIP Code + 4

 -

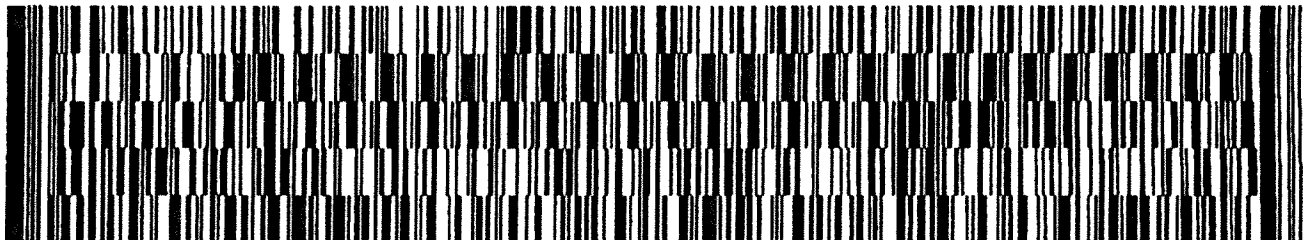
Province or Region (foreign address only)

Country (foreign address only)

Postal Code (foreign address only)

G. Current Spouse's Present Employer

5. Is your current spouse a U.S. citizen?

☐ Yes ☐ No*If "Yes," answer Item Number 6.**If "No," go to Item Number 7.*

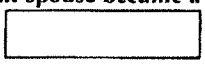
Part 9. Information About Your Marital History (continued)A- 

6. If your current spouse is a U.S. citizen, complete the following information.

A. When did your current spouse become a U.S. citizen?

☐ At birth - Go to Item Number 8. ☐ Other - Complete the following information.

B. Date your current spouse became a U.S. citizen

(mm/dd/yyyy) ▶ 

7. If your current spouse is not a U.S. citizen, complete the following information.

A. Current Spouse's Country of Citizenship or Nationality



B. Current Spouse's A-Number (if applicable)

▶ A-

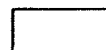


C. Current Spouse's Immigration Status

☐ Permanent Resident ☐ Other (explain):



8. How many times has your current spouse been married (including annulled marriages and marriage(s) to the same person)? If your current spouse has been married before, provide the following information about your current spouse's prior spouse.



If your current spouse has had more than one previous marriage, use an additional sheet(s) of paper to provide the information requested in Items A. - H. below for each marriage.

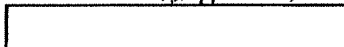
A. Prior Spouse's Family Name (Last Name)



Given Name (First Name)



Middle Name (if applicable)



B. Prior Spouse's Immigration Status

☐ U.S. Citizen ☐ Permanent Resident ☐ Other (explain):



C. Prior Spouse's Date of Birth

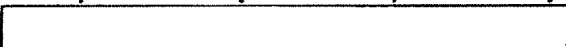
(mm/dd/yyyy) ▶



D. Prior Spouse's Country of Birth



E. Prior Spouse's Country of Citizenship or Nationality



F. Date of Marriage with Prior Spouse

(mm/dd/yyyy) ▶



G. Date Marriage Ended with Prior Spouse

(mm/dd/yyyy) ▶



H. How Marriage Ended with Prior Spouse

☐ Annulled ☐ Divorced ☐ Spouse Deceased ☐ Other (explain):



Part 9. Information About Your Marital History (continued)A- 

9. If you were married before, provide the following information about your prior spouse. If you have more than one previous marriage, use an additional sheet(s) of paper to provide the information requested in Items A. - H. below for each marriage.

A. Your Prior Spouse's Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

--	--	--

B. Your Prior Spouse's Immigration Status When Your Marriage Ended

☐ U.S. Citizen ☐ Permanent Resident ☐ Other (explain):

C. Your Prior Spouse's Date of Birth

(mm/dd/yyyy) ▶

D. Your Prior Spouse's Country of Birth

E. Your Prior Spouse's Country of Citizenship or Nationality

F. Date of Marriage with Your Prior Spouse

(mm/dd/yyyy) ▶

G. Date Marriage Ended with Your Prior Spouse

(mm/dd/yyyy) ▶

H. How Marriage Ended with Your Prior Spouse

☐ Annulled ☐ Divorced ☐ Spouse Deceased ☐ Other (explain):

Part 10. Information About Your Children

1. Indicate your total number of children. (*All children should be indicated, including: A. Children who are alive, missing, deceased; B. Children born in the United States or in other countries; C. Children under 18 years of age or older; D. Children who are currently married or unmarried; E. Children living with you or elsewhere; F. Current stepchildren; G. Legally adopted children; and H. Children born when you were not married.*)

0

2. Provide the following information about all your children (sons and daughters) listed in Item Number 1., regardless of age. Use an additional sheet(s) of paper to list any additional children.

A.1. Child's Current Legal Name

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

N/A

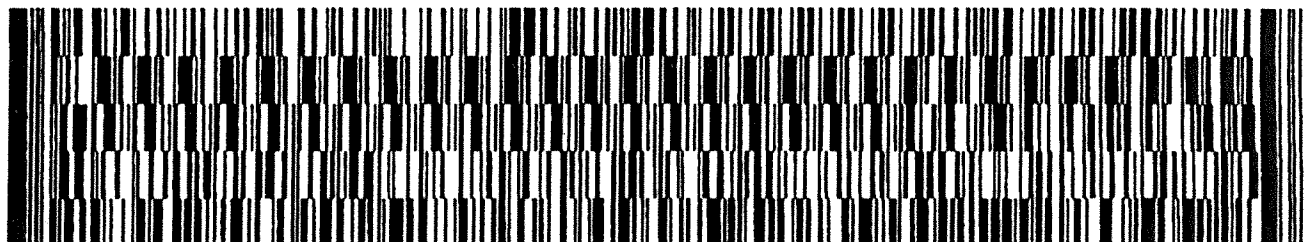
A.2. Child's A-Number (if applicable)

▶ A-

A.3. Child's Date of Birth

(mm/dd/yyyy) ▶

A.4. Child's Country of Birth



Part 10. Information About Your Children (continued)A- **A.5. Child's Current Address**

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City

County

State

ZIP Code + 4

 -

Province or Region (foreign address only)

Country (foreign address only)

Postal Code (foreign address only)

A.6. What is your child's relationship to you? (e.g., biological child, stepchild, legally adopted child)**B.1. Child's Current Legal Name**

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

B.2. Child's A-Number (if applicable)

▶ A-

B.3. Child's Date of Birth

(mm/dd/yyyy) ▶

B.4. Child's Country of Birth**B.5. Child's Current Address**

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City

County

State

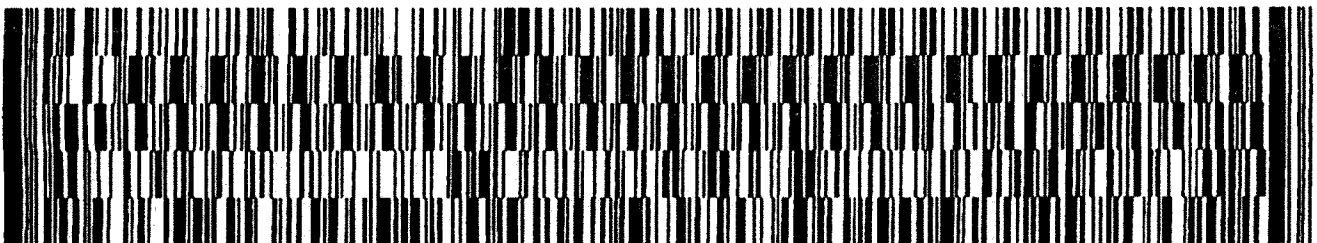
ZIP Code + 4

 -

Province or Region (foreign address only)

Country (foreign address only)

Postal Code (foreign address only)

B.6. What is your child's relationship to you? (e.g., biological child, stepchild, legally adopted child)

Part 10. Information About Your Children (continued)A- **C.1. Child's Current Legal Name**

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

C.2. Child's A-Number (if applicable)

▶ A-

C.3. Child's Date of Birth

(mm/dd/yyyy) ▶

C.4. Child's Country of Birth**C.5. Child's Current Address**

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City

County

State

ZIP Code + 4

 -

Province or Region (foreign address only)

Country (foreign address only)

Postal Code (foreign address only)

C.6. What is your child's relationship to you? (e.g., biological child, stepchild, legally adopted child)**D.1. Child's Current Legal Name**

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

D.2. Child's A-Number (if applicable)

▶ A-

D.3. Child's Date of Birth

(mm/dd/yyyy) ▶

D.4. Child's Country of Birth**D.5. Child's Current Address**

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City

County

State

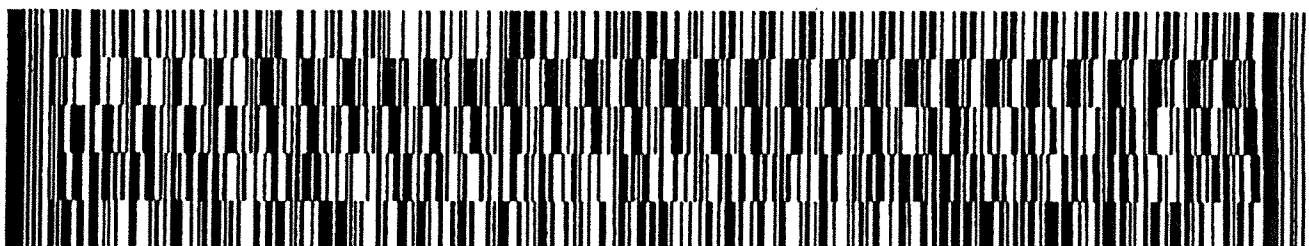
ZIP Code + 4

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Province or Region (foreign address only)

Country (foreign address only)

Postal Code (foreign address only)

D.6. What is your child's relationship to you? (e.g., biological child, stepchild, legally adopted child)

Part 11. Additional Information

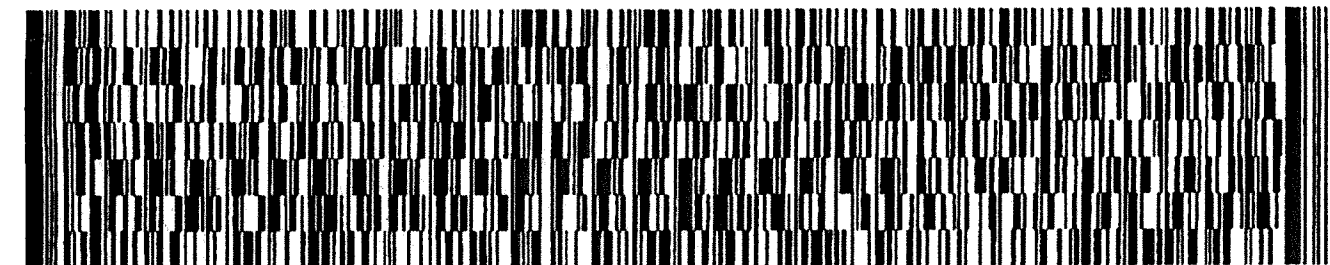
A- [REDACTED]

Answer Item Numbers 1. - 21. If you answer "Yes" to any of these questions, include a written explanation on an additional sheet(s) of paper and provide any evidence to support your answer.

1. Have you ever claimed to be a U.S. citizen (*in writing or any other way*)? ☐ Yes ☒ No
2. Have you ever registered to vote in any Federal, State, or local election in the United States? ☐ Yes ☒ No
3. Have you ever voted in any Federal, State, or local election in the United States? ☐ Yes ☒ No
4. Do you now have, or did you ever have, a hereditary title or an order of nobility in any foreign country? ☐ Yes ☒ No
5. Have you ever been declared legally incompetent, or been confined to a mental institution? ☐ Yes ☒ No
6. Do you owe any overdue Federal, State, or local taxes? ☐ Yes ☒ No
7. A. Have you ever not filed a Federal, State, or local tax return since you became a Permanent Resident? ☐ Yes ☒ No
B. If "Yes," did you consider yourself to be a "non-U.S. resident"? ☐ Yes ☒ No
8. Have you called yourself a "non-U.S. resident" on a Federal, State, or local tax return since you became a Permanent Resident? ☐ Yes ☒ No
9. A. Have you ever been a member of, involved in, or in any way associated with, any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other location in the world? ☒ Yes ☐ No
B. If "Yes," provide the information below. If you need more space, attach the names of the other group(s) on an additional sheet(s) of paper and provide any evidence to support your answer.

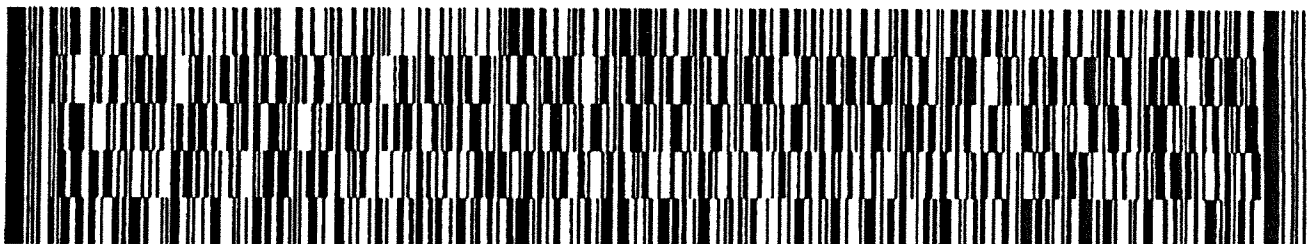
Name of Group	Purpose of the Group	Dates of Membership	
		From (mm/dd/yyyy)	To (mm/dd/yyyy)
[REDACTED] Catholic Church Youth Group	To worship with others	02/01/2013	02/10/2014

10. Have you ever been a member of, or in any way associated (*either directly or indirectly*) with:
- A. The Communist Party? ☐ Yes ☒ No
- B. Any other totalitarian party? ☐ Yes ☒ No
- C. A terrorist organization? ☐ Yes ☒ No



Part 11. Additional Information (continued)A- 

11. Have you ever advocated (*either directly or indirectly*) the overthrow of any government by force or violence? ☐ Yes ☒ No
12. Have you ever persecuted (*either directly or indirectly*) any person because of race, religion, national origin, membership in a particular social group, or political opinion? ☐ Yes ☒ No
13. Between March 23, 1933 and May 8, 1945, did you work for or associate in any way (*either directly or indirectly*) with:
- A. The Nazi government of Germany? ☐ Yes ☒ No
- B. Any government in any area (1) occupied by, (2) allied with, or (3) established with the help of the Nazi government of Germany? ☐ Yes ☒ No
- C. Any German, Nazi, or S.S. military unit, paramilitary unit, self-defense unit, vigilante unit, citizen unit, police unit, government agency or office, extermination camp, concentration camp, prisoner of war camp, prison, labor camp, or transit camp? ☐ Yes ☒ No
14. Were you ever involved in any way with any of the following:
- A. Genocide? ☐ Yes ☒ No
- B. Torture? ☐ Yes ☒ No
- C. Killing, or trying to kill, someone? ☐ Yes ☒ No
- D. Badly hurting, or trying to hurt, a person on purpose? ☐ Yes ☒ No
- E. Forcing, or trying to force, someone to have any kind of sexual contact or relations? ☐ Yes ☒ No
- F. Not letting someone practice his or her religion? ☐ Yes ☒ No
15. Were you ever a member of, or did you ever serve in, help, or otherwise participate in, any of the following groups:
- A. Military unit? ☐ Yes ☒ No
- B. Paramilitary unit? (*a group of people who act like a military group but are not part of the official military*) ☐ Yes ☒ No
- C. Police unit? ☐ Yes ☒ No
- D. Self-defense unit? ☐ Yes ☒ No
- E. Vigilante unit? (*a group of people who act like the police, but are not part of the official police*) ☐ Yes ☒ No
- F. Rebel group? ☐ Yes ☒ No
- G. Guerrilla group? (*a group of people who use weapons against or otherwise physically attack the military, police, government, or other people*) ☐ Yes ☒ No
- H. Militia? (*an army of people, not part of the official military*) ☐ Yes ☒ No
- I. Insurgent organization? (*a group that uses weapons and fights against a government*) ☐ Yes ☒ No

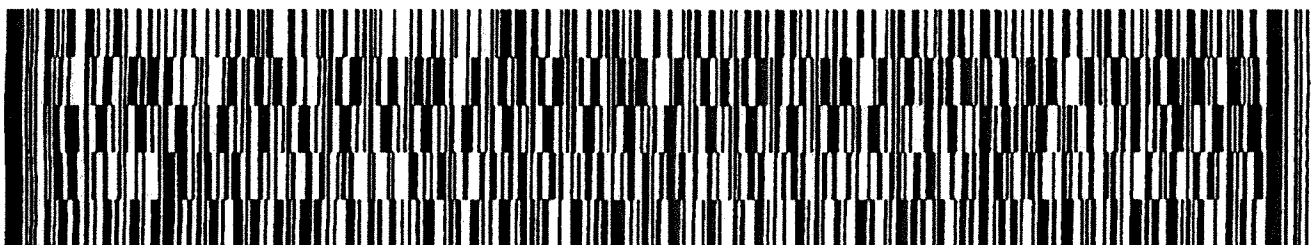


Part 11. Additional Information (continued)A- 

16. Were you ever a worker, volunteer, or soldier, or did you otherwise ever serve in any of the following:
- A. Prison or jail? ☐ Yes ☒ No
 - B. Prison camp? ☐ Yes ☒ No
 - C. Detention facility? (a place where people are forced to stay) ☐ Yes ☒ No
 - D. Labor camp? (a place where people are forced to work) ☐ Yes ☒ No
 - E. Any other place where people were forced to stay? ☐ Yes ☒ No
17. Were you ever a part of any group, or did you ever help any group, unit, or organization that used a weapon against any person, or threatened to do so?
- A. If "Yes," when you were part of this group, or when you helped this group, did you ever use a weapon against another person? ☐ Yes ☐ No
 - B. If "Yes," when you were part of this group, or when you helped this group, did you ever tell another person that you would use a weapon against that person? ☐ Yes ☐ No
18. Did you ever sell, give, or provide weapons to any person, or help another person sell, give, or provide weapons to any person?
- A. If "Yes," did you know that this person was going to use the weapons against another person? ☐ Yes ☐ No
 - B. If "Yes," did you know that this person was going to sell or give the weapons to someone who was going to use them against another person? ☐ Yes ☐ No
19. Did you ever receive any type of military, paramilitary (a group of people who act like a military group but are not part of the official military), or weapons training? ☐ Yes ☒ No
20. Did you ever recruit (ask), enlist (sign up), conscript (require), or use any person under age 15 to serve in or help an armed force or group? ☐ Yes ☒ No
21. Did you ever use any person under age 15 to do anything that helped or supported people in combat? ☐ Yes ☒ No

If any of Item Numbers 22. - 28. apply to you, you must answer "Yes" even if your records have been sealed, expunged, or otherwise cleared. You must disclose this information even if anyone, including a judge, law enforcement officer, or attorney, told you that it no longer constitutes a record or told you that you do not have to disclose the information.

22. Have you ever committed, assisted in committing, or attempted to commit, a crime or offense for which you were not arrested? ☐ Yes ☒ No
23. Have you ever been arrested, cited, or detained by any law enforcement officer (including any and all immigration officials or the U.S. Armed Forces) for any reason? ☒ Yes ☐ No
24. Have you ever been charged with committing, attempting to commit, or assisting in committing a crime or offense? ☒ Yes ☐ No
25. Have you ever been convicted of a crime or offense? ☐ Yes ☒ No
26. Have you ever been placed in an alternative sentencing or a rehabilitative program (e.g., diversion, deferred prosecution, withheld adjudication, deferred adjudication)? ☐ Yes ☒ No



Part 11. Additional Information (continued)

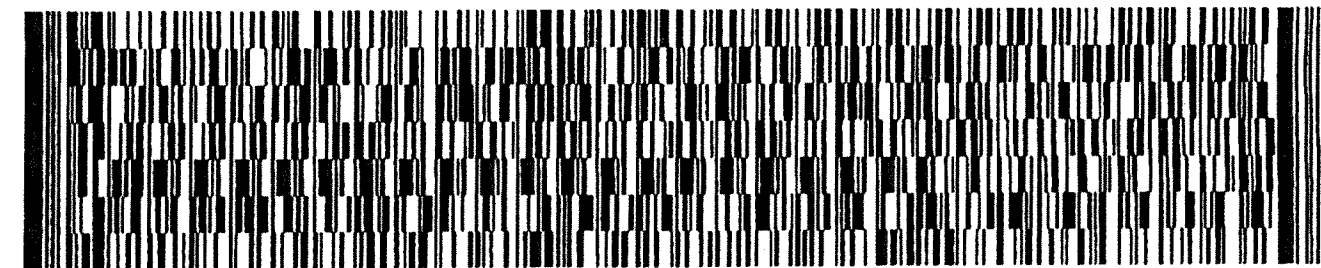
A- [REDACTED]

27. A. Have you ever received a suspended sentence, been placed on probation, or been paroled? ☐ Yes ☒ No
B. If "Yes," have you completed the probation or parole? ☐ Yes ☐ No
28. A. Have you ever been in jail or prison? ☐ Yes ☒ No
B. If "Yes," how long were you in jail or prison? Years Months Days
29. If you answered "Yes" to Item Numbers 23. - 28., complete the following table. If you need more space, use an additional sheet(s) of paper and provide any evidence to support your answer. If you answered "No" to all Item Numbers 23. - 28., go to Item Number 30.

Why were you arrested, cited, detained, or charged?	Date arrested, cited, detained, or charged. (mm:dd/yyyy)	Where were you arrested, cited, detained, or charged? (City, State, Country)	Outcome or disposition of the arrest, citation, detention or charge (no charges filed, charges dismissed, jail, probation, etc.)
Driving without a license	[REDACTED] 2013	Saint Paul MN USA	Dismissed after showing valid drivers license

Answer Item Numbers 30. - 46. If you answer "Yes" to any of these questions, except Item Numbers 37. and 38., include a written explanation on an additional sheet(s) of paper and provide any evidence to support your answer.

30. Have you ever:
- A. Been a habitual drunkard? ☐ Yes ☒ No
- B. Been a prostitute, or procured anyone for prostitution? ☐ Yes ☒ No
- C. Sold or smuggled controlled substances, illegal drugs, or narcotics? ☐ Yes ☒ No
- D. Been married to more than one person at the same time? ☐ Yes ☒ No
- E. Married someone in order to obtain an immigration benefit? ☐ Yes ☒ No
- F. Helped anyone to enter, or try to enter, the United States illegally? ☐ Yes ☒ No
- G. Gambled illegally or received income from illegal gambling? ☐ Yes ☒ No
- H. Failed to support your dependents or to pay alimony? ☐ Yes ☒ No
- I. Made any misrepresentation to obtain any public benefit in the United States? ☐ Yes ☒ No

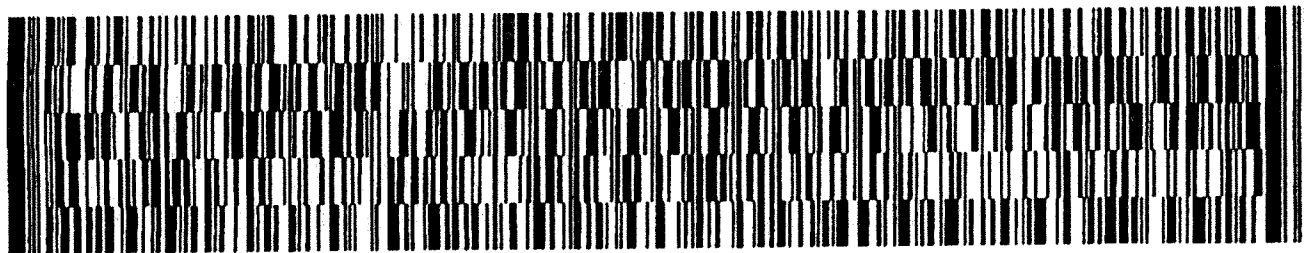


Part 11. Additional Information (continued)A- 

31. Have you ever given any U.S. Government official(s) any information or documentation that was false, fraudulent, or misleading? ☐ Yes ☒ No
32. Have you ever lied to any U.S. Government official to gain entry or admission into the United States or to gain immigration benefits while in the United States? ☐ Yes ☒ No
33. Have you ever been removed, excluded, or deported from the United States? ☐ Yes ☒ No
34. Have you ever been ordered removed, excluded, or deported from the United States? ☐ Yes ☒ No
35. Have you ever been placed in removal, exclusion, rescission, or deportation proceedings? ☐ Yes ☒ No
36. Are removal, exclusion, rescission, or deportation proceedings (including administratively closed proceedings) currently pending against you? ☐ Yes ☒ No
37. Have you ever served in the U.S. Armed Forces? ☐ Yes ☒ No
38. Are you currently a member of the U.S. Armed Forces? ☐ Yes ☒ No
39. If you are currently a member of the U.S. Armed Forces, are you scheduled to deploy overseas, including to a vessel, within the next 3 months? (Refer to the Address Change section within the Form N-400 Instructions on how to notify USCIS if you learn of your deployment plans after you file your Form N-400.) ☐ Yes ☐ No
40. If you are currently a member of the U.S. Armed Forces, are you currently stationed overseas? ☐ Yes ☐ No
41. Have you ever been court-martialed, administratively separated, or disciplined, or have you received an other than honorable discharge, while in the U.S. Armed Forces? ☐ Yes ☒ No
42. Have you ever been discharged from training or service in the U.S. Armed Forces because you were an alien? ☐ Yes ☒ No
43. Have you ever left the United States to avoid being drafted in the U.S. Armed Forces? ☐ Yes ☒ No
44. Have you ever applied for any kind of exemption from military service in the U.S. Armed Forces? ☐ Yes ☒ No
45. Have you ever deserted from the U.S. Armed Forces? ☐ Yes ☒ No
46. A. Are you a male who lived in the United States at any time between your 18th and 26th birthdays? (This does not include living in the United States as a lawful nonimmigrant.) ☒ Yes ☐ No

B. If "Yes," when did you register for the Selective Service? Provide the information below.

Date Registered (mm/dd/yyyy) ▶ 12/28/2011

Selective Service Number 

Part 11. Additional Information (continued)A- 

C. If "Yes," but you did not register with the Selective Service System and you are:

1. Still under 26 years of age, you must register before you apply for naturalization, and complete the Selective Service information above; OR
2. Now 26 years of age or older but you did not register with the Selective Service, you must attach a statement explaining why you did not register, and a status information letter from the Selective Service.

Answer Item Numbers 47. - 53. If you answer "No" to any of these questions, include a written explanation on an additional sheet(s) of paper and provide any evidence to support your answer.

47. Do you support the Constitution and form of government of the United States? ☒ Yes ☐ No
48. Do you understand the full Oath of Allegiance to the United States? ☒ Yes ☐ No
49. Are you willing to take the full Oath of Allegiance to the United States? ☒ Yes ☐ No
50. If the law requires it, are you willing to bear arms on behalf of the United States? ☒ Yes ☐ No
51. If the law requires it, are you willing to perform noncombatant services in the U.S. Armed Forces? ☒ Yes ☐ No
52. If the law requires it, are you willing to perform work of national importance under civilian direction? ☒ Yes ☐ No

NOTE: Answer the next question ONLY if you answered "Yes" to Part 11., Item Number 4. of Form N-400.

53. At your naturalization ceremony, are you willing to give up any inherited title(s) or order(s) of nobility that you have in a foreign country? ☐ Yes ☐ No

Part 12. Your Signature (USCIS will reject your Form N-400 if it is not signed)**Your Statement**

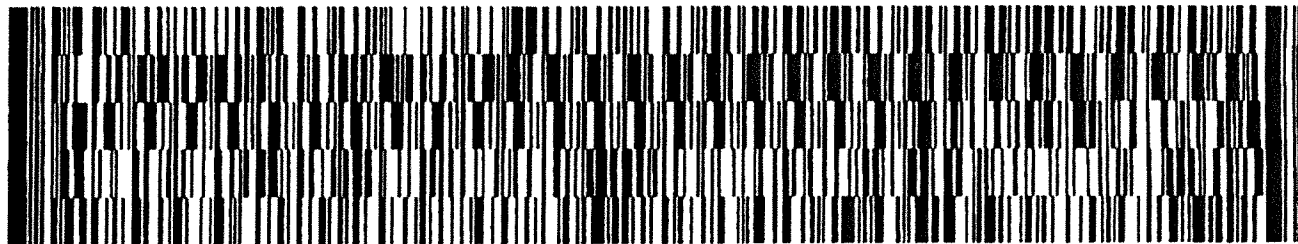
I certify, under penalty of perjury under the laws of the United States of America, that this application, and the evidence submitted with it, are all true and correct. I authorize the release of any information USCIS needs to determine my eligibility for naturalization.

Your Signature**Date (mm/dd/yyyy)**

02/17/2014

Part 13. Signature and Contact Information of the Person Who Prepared This Form, If Other Than the Applicant

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 he or she provided for each question on the form and, when required, supplied additional information to respond to a question on the form.



Part 13. Signature and Contact Information of the Person Who Prepared This Form, If Other Than the Applicant (continued)

A- [REDACTED]

Preparer's Printed Name

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

[REDACTED]

[REDACTED]

[REDACTED]

Preparer's Signature

Date (mm/dd/yyyy)

02/17/2014

Preparer's Firm or Organization Name (if applicable)

Preparer's Daytime Phone Number

[REDACTED]

([REDACTED])

[REDACTED]

- [REDACTED]

Preparer's Address

Street Number and Name

Apt. Stc. Flr. Number

[REDACTED]

☐

☐

☐

[REDACTED]

City

County

State

ZIP Code + 4

Saint Paul

USA

MN

[REDACTED]

- [REDACTED]

Province or Region (foreign address only)

Country (foreign address only)

Postal Code (foreign address only)

[REDACTED]

USA

[REDACTED]

Preparer's E-mail Address

Preparer's Fax Number

[REDACTED]

([REDACTED])

[REDACTED]

- [REDACTED]

Part 14. Statement of Applicants Who Used an Interpreter

NOTE: If you answered "Yes" to Part 2., Item Numbers 11. or 12. of this form and during the completion of the form used an interpreter to interpret the questions on the form, then you and your interpreter must complete this section.

Applicant's Statement

Each and every question and instruction on this form, as well as my answer to each question, has been read to me by the interpreter named below in [REDACTED], a language in which I am fluent.

(language used)

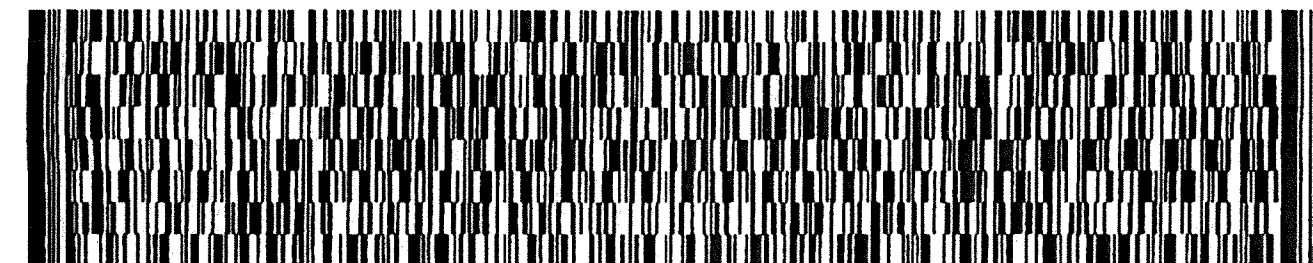
I understand each and every question and instruction on this form, as translated to me by my interpreter, and have provided true and correct responses in the language indicated above.

Your Signature

Date (mm/dd/yyyy)

[REDACTED]

[REDACTED]



Part 14. Statement of Applicants Who Used an Interpreter (continued)A- **Your Interpreter's Statement**

I certify that I am fluent in English and

(language used)

I further certify that I have read each and every question and instruction on this form, as well as the answer to each question, to this applicant in the above-mentioned language, and the applicant has informed me that he or she has understood each and every instruction and question on the form, as well as the answer to each question.

Interpreter's Printed Name

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

Interpreter's Signature

Date (mm/dd/yyyy)

Telephone Number

() -

NOTE: Do not complete Parts 15., 16., and 17. until the USCIS Officer instructs you to do so at the interview.

Part 15. Signature at Interview

I swear (*affirm*) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this Form N-400, Application for Naturalization, subscribed by me, including corrections number 1 through _____, are true and correct. The evidence submitted by me on numbered pages 1 through _____ is true and correct.

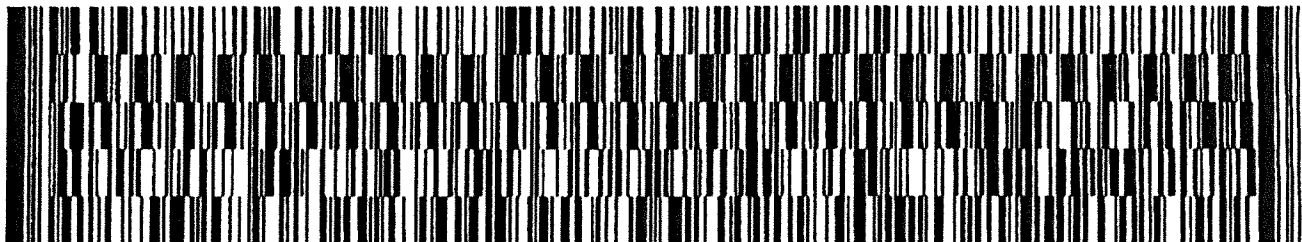
Subscribed to and sworn to (*affirmed*) before me

USCIS Officer's Printed Name or Stamp

Date (mm/dd/yyyy)

Applicant's Signature

USCIS Officer's Signature



Part 16. Renunciation of Foreign TitlesA- 

If you answered "Yes" to Part 11., Item Numbers 4. and 53., then you must affirm the following before a USCIS officer:

I further renounce the title of _____ which I have heretofore held; or
(list title(s))

I further renounce the order of nobility of _____ to which I have heretofore belonged.
(list order of nobility)

Applicant's Printed Name

Applicant's Signature

USCIS Officer's Printed Name

USCIS Officer's Signature

Part 17. Oath of Allegiance

If your application is approved, you will be scheduled for a public oath ceremony at which time you will be required to take the following Oath of Allegiance immediately prior to becoming a naturalized citizen. By signing below you acknowledge your willingness and ability to take this oath:

I hereby declare on oath, that I absolutely and entirely renounce and abjure all allegiance and fidelity to any foreign prince, potentate, state, or sovereignty, of whom or which I have heretofore been a subject or citizen;

that I will support and defend the Constitution and laws of the United States of America against all enemies, foreign and domestic;

that I will bear true faith and allegiance to the same;

that I will bear arms on behalf of the United States when required by the law;

that I will perform noncombatant service in the Armed Forces of the United States when required by the law;

that I will perform work of national importance under civilian direction when required by the law; and

that I will take this obligation freely, without any mental reservation or purpose of evasion, so help me God.

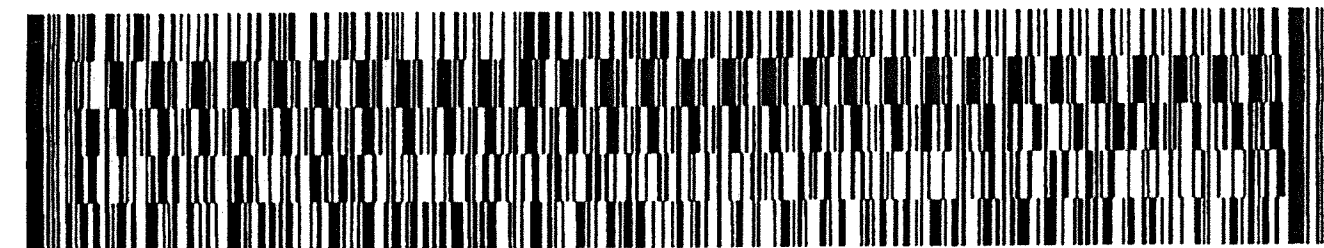
Applicant's Printed Name

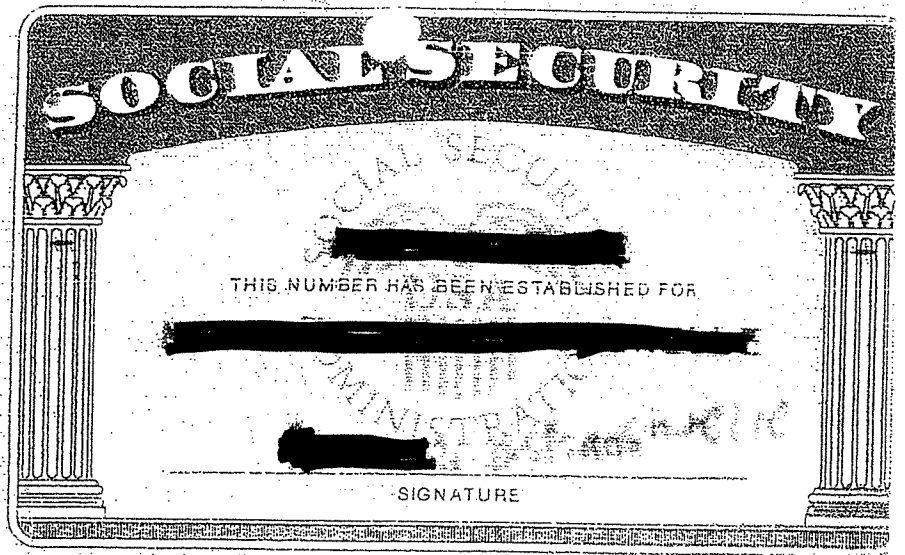
Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

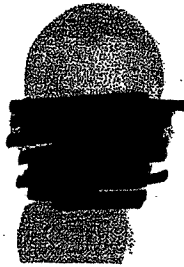
Applicant's Signature





PERMANENT RESIDENT CARD

NAME [REDACTED]



A# [REDACTED]

Birthdate [REDACTED] Category [REDACTED] Sex [REDACTED]

M

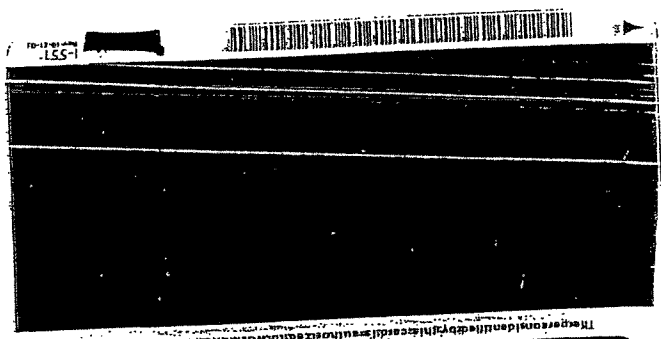
Country of [REDACTED]
Somalia

CARD EXPIRES 07/07/18

Resident Since [REDACTED]/05



C1USA [REDACTED] 1LIN [REDACTED] <<
[REDACTED] SOM <<<<<<<<<<<<<2
[REDACTED] << [REDACTED] < [REDACTED] <<<<<<<<



PERMANENT RESIDENT CARD
UNITED STATES OF AMERICA, Department of Homeland Security

This card belongs to the Social Security Administration and you must return it if we ask for it.
If you find a card that isn't yours, please return it to:
Social Security Administration
P.O. Box 33006, Baltimore, MD 21290-3008

Improper use of this card or number by anyone is punishable by fine, imprisonment or both.
Protect Your Number and Card to Prevent Their Misuse

- Sign your card right away and keep it in a safe place.
 - DO NOT carry it with you.
- For any other Social Security business/information, contact your local Social Security office. If you write to the above address for any business other than returning a found card, it will take longer for us to answer your letter.

Social Security Administration
Form SSA-3000 (3-2004)

[DATE]

CLIENT NAME

CLIENT ADDRESS

Dear CLIENT NAME:

I hope this letter finds you well. I am excited to assist you with your naturalization filing, and am looking forward to meeting with you to complete the application. As we discussed on the phone, we will be meeting on [DATE OF MEETING] AT [TIME OF MEETING]. **Please note, the meeting will take place at [OFFICE ADDRESS]. [ATTORNEY CAN INCLUDE INFORMATION ABOUT PARKING OR OTHER LOGISTICS IF HELPFUL].**

When you come to the meeting please bring the following items with you:

- [Examples would be taxes, pay stubs, proof of benefits, green card, two passport photos, other relevant paperwork as indicated from case placement file]

If you have questions or concerns about this appointment please contact me at [ATTORNEY PHONE NUMBER]. Thank you.

Sincerely,

[ATTORNEY NAME]

September 21, 2006

CLIENT

Dear CLIENT;

I am writing with regards to the naturalization case that you have open with our office.

I have filed your N-400 Application for Naturalization with immigration. Enclosed are copies of the application for your reference. We can expect a receipt and a notice of your fingerprint appointment in several weeks.

After your fingerprinting is complete nothing will happen with the case until immigration sends us a notice regarding your interview date. At that time I will send you another letter and schedule you for an appointment to prepare for the interview. **REMEMBER**, at the time of your interview we need to present the following items:

- ☐ _____
- ☐ _____
- ☐ _____

You can use this time to study for the history/civics test. Typically it takes around six months for the naturalization interview, sometime more and sometimes less.

Thank you for your attention. Please feel free to contact me if you have questions.

Sincerely,

YOUR NAME

Enclosure: Copies of N-400



Fee Waiver Approved			NOTICE DATE October 26, 2009
CASE TYPE N-400 Application For Naturalization			USCIS A# A [REDACTED]
APPLICATION NUMBER NBC* [REDACTED]	RECEIVED DATE [REDACTED] 2009	PRIORITY DATE [REDACTED] 2009	PAGE 1 of 1

APPLICANT NAME AND MAILING ADDRESS



5 219

[REDACTED]
C/O CYNTHIA ANDERSON
450 N SYNDICATE ST STE 175
SAINT PAUL, MN 55104

PAYMENT INFORMATION:

Single Application Fee: \$0.00

Total Balance Due: \$0.00

The above application has been received by our office and is in process. The request to waive the fee has been approved. Our records indicate your personal information is as follows:

Date of Birth: [REDACTED]

Address Where You Live: [REDACTED] 417

SAINT PAUL, MN 55104

Please verify your personal information listed above and immediately notify our office at the address or phone number listed below if there are any changes.

Upon receipt of all required Record Checks, you will be scheduled to appear for an interview at your local USCIS field office.

For more information about the naturalization process and eligibility requirements, please read *A Guide to Naturalization* (M-476). USCIS also has a free booklet to help study for the naturalization test. Ask about *Learn About the United States: Quick Civics Lessons* when you go to have your fingerprints taken at the Application Support Center.

You can get a copy of the Guide, the Quick Civics Lessons booklet, and other civics and citizenship study materials from the USCIS website (www.uscis.gov). You can also visit the USCIS website to find valuable information about forms and filing instructions, and about general immigration services and benefits.

If you have additional questions about possible immigration benefits and services, filing information, or USCIS forms, please call the USCIS National Customer Service Center (NCSC) at 1-800-375-5283. If you are hearing impaired, please call the NCSC TDD at 1-800-767-1833.

If you have any questions or comments regarding this notice or the status of your case, please contact our office at the below address or customer service number. You will be notified separately about any other case you may have filed.

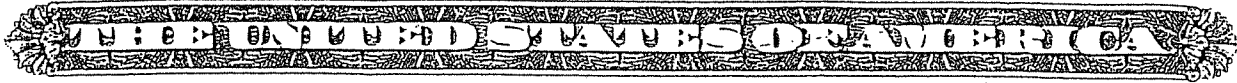
USCIS Office Address:


USCIS - National Benefits Center
P. O. Box 648005
Lee's Summit, MO 64002
Attention: N-400 Naturalization Applications

USCIS Customer Service Number:

(800)375-5283
ATTORNEY COPY





Fingerprint Notification			NOTICE DATE September 13, 2005
CASE TYPE N400 Application For Naturalization			INS AP A
APPLICATION NUMBER LIN*000818204	RECEIVED DATE September 01, 2005	PRIORITY DATE September 01, 2005	PAGE 1 of 1
APPLICANT NAME AND MAILING ADDRESS c/o JOHN C KELLER IMMIGRANT LAW CTR OFMN 450 NORTH SYNDICATE ST ROOM 175 SAINT PAUL MN 55104 To process your application, INS must take your fingerprints and have them cleared by the FBI. PLEASE APPEAR AT THE BELOW APPLICATION SUPPORT CENTER AT THE DATE AND TIME SPECIFIED. If you are unable to do so, complete the bottom of this notice and return the entire original notice to the address below. RESCHEDULING YOUR APPOINTMENT WILL DELAY YOUR APPLICATION. IF YOU FAIL TO APPEAR AS SCHEDULED BELOW OR FAIL TO REQUEST RESCHEDULING, YOUR APPLICATION WILL BE CONSIDERED ABANDONED.			
APPLICATION SUPPORT CENTER INS ST. PAUL 1360 UNIVERSITY AVE. #103 ST. PAUL MN 55104		DATE AND TIME OF APPOINTMENT 10/21/2005 10:00 AM	
WHEN YOU GO TO THE APPLICATION SUPPORT CENTER TO HAVE YOUR FINGERPRINTS TAKEN, YOU MUST BRING: 1. THIS APPOINTMENT NOTICE and 2. PHOTO IDENTIFICATION. Naturalization applicants must bring their Alien Registration Card. All other applicants must bring a passport, driver's license, national ID, military ID, or State-issued photo ID. If you appear without proper identification, you will not be fingerprinted.			
PLEASE DISREGARD THIS NOTICE IF YOUR APPLICATION HAS ALREADY BEEN GRANTED.			
<p style="text-align: center;">REQUEST FOR RESCHEDULING</p> <p>Please reschedule my appointment for the next available: <input type="checkbox"/> Wednesday afternoon <input type="checkbox"/> Saturday afternoon</p> <p>INS cannot guarantee the day preferred, but will do so to the extent possible. Upon receipt of your request, you will be provided a new appointment notice. Please mail your request to: INS ST. PAUL 1360 UNIVERSITY AVE. #103 ST. PAUL MN 55104</p> <p>If you have any questions regarding this notice, please call 1-800-375-5283.</p> <p style="text-align: right;">REPRESENTATIVE COPY </p> <p style="text-align: center;">WARNING!</p> <p>Due to limited seating availability in our lobby areas, only persons who are necessary to assist with transportation or completing the fingerprint worksheet should accompany you.</p>			

[DATE]

CLIENT ADDRESS

Dear Client:

Enclosed please find the notice for you to go get your fingerprints taken. In order to proceed with your application the immigration service needs to take your fingerprints and have them run through the FBI. Your appointment for fingerprinting is scheduled for **DATE AND TIME** at the Application Support Center located at:

[Address for Application Support Center]

There is a map attached to this letter for your reference. Keep in mind that the Application Support Center is different from the immigration office in Bloomington.

You need to bring the following to your appointment:

1. The original appointment notice (enclosed)
2. Photo identification (license, passport, national ID, etc.)

If you cannot attend the appointment as scheduled please contact me immediately to reschedule.

Sincerely,

YOUR NAME

Enclosure

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

Electronic Submission of the
**AR-11, Alien's Change
of Address Card**

Name (Last in CAPS) [REDACTED]	(First Name) [REDACTED]	(Middle Name) [REDACTED]	I am in the United States as a: <input type="radio"/> Visitor <input checked="" type="radio"/> Permanent Resident <input type="radio"/> Student <input type="radio"/> Other	
Country of Citizenship [REDACTED]	Date of Birth [REDACTED]	Copy Number From Alien Card A [REDACTED]		
Present Address (Street or Rural Route) [REDACTED]	(City or Post Office) Saint Paul	(State) MN	(Zip Code) 55104	
(If the above address is temporary) I expect to remain there _____ Years _____ Months				
Last Address (Street or Rural Route) [REDACTED]	(City or Post Office) Saint Paul	(State) MN	(Zip Code) 55104	
I work for or attend school at: (Employer's Name or Name of School)				
(Street Address or Rural Route)		(City or Post Office)	(State)	(Zip Code)
Port of Entry Into U.S. Seattle, WA		Date of Entry Into U.S. [REDACTED]	If not a Permanent Resident, my stay in the U.S. expires on:	
Signature		Date 10/06/2010 18:47		

AR-11, Alien's Change of Address Card

This card is to be used by all aliens to report a change of address within ten days of such change.

The collection of this information is required by Section 265 of the Immigration and Nationality Act (8 U. S.C. 1305). The data is used by U.S. Citizenship and Immigration Services for statistical and record purposes and may be furnished to Federal, State, local and foreign law enforcement officials. Failure to report a change of address is punishable by fine or imprisonment and/or removal.

ADVISORY: This card is not evidence of identity, age or status claimed.

This is a paper-copy of your Electronic Form AR-11, Alien's Change of Address Card. **Please do not mail in this form.** Retain it for your records only.

Your confirmation number is: COA27910001304

John Keller, Esq.
Executive Director

Lenore Millbergity, Esq.
Senior Attorney

Sheila Stuhlman, Esq.
Senior Attorney

Susan Jorgensen Flores, Esq.
Staff Attorney

Kathleen Klos, Esq.
Staff Attorney

Ann Lisa Peña, Esq.
Staff Attorney

Pajjar Yang
Legal Assistant

Monica Bravo Carbajal
Receptionist



Immigrant Law Center of Minnesota

450 North Syndicate Street • Suite 175 • Saint Paul • Minnesota • 55104

Tel: 651.641.1011 • 1.800.223.1368 • Fax: 651.641.1131

www.ilcm.org • E-mail: oficinalegal@ilcm.org

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Development Associate

Micaela Schuneman, Esq.
AmeriCorps*VISTA Attorney

Anne Applebaum, Esq.
AmeriCorps* VISTA

Tria Vang
AmeriCorps* VISTA

November 16, 2010

U.S. Citizenship and Immigration Services
National Benefits Center
P.O. Box 648005
Lee's Summit, MO 64002
Attn: N-400 Naturalization Applications

ATTN: CHANGE OF ADDRESS

RE:

A # [REDACTED]

NBC* [REDACTED]

Dear Sir/Madam:

Our office represents Ms. [REDACTED] in her application for naturalization.

Ms. [REDACTED] has recently moved. She now resides at the following address:

[REDACTED]
Saint Paul, MN 55104

Please update your records to reflect her new address.

Thank you for your attention.

Sincerely,

Micaela Schuneman
AmeriCorps*VISTA Attorney

Cc: [REDACTED]

THE UNITED STATES OF AMERICA

Request for Applicant to Appear for Naturalization Initial Interview

NOTICE DATE
November 19, 2009

CASE TYPE

N400 Application For Naturalization

USCIS A#

A [REDACTED]

APPLICATION NUMBER

NBC* [REDACTED]

RECEIVED DATE

October 19, 2009

PRIORITY DATE

October 19, 2009

PAGE

1 of 1

APPLICANT NAME AND MAILING ADDRESS

[REDACTED]
c/o CYNTHIA ANDERSON
IMMIGRANT LAW CENTER OF MINNESOTA
450 N SYNDICATE ST STE 175
SAINT PAUL MN 55104

[REDACTED]

Please come to:

ST. PAUL
2901 METRO DRIVE
SUITE 300
NATURALIZATION BUILDING LOBBY
BLOOMINGTON MN 55425

On (Date): Thursday, January 07, 2010

At (Time): 01:30 PM

You are hereby notified to appear for an interview on your Application for Naturalization at the date, time, and place indicated above. **Waiting room capacity is limited. Please do not arrive any earlier than 30 minutes before your scheduled appointment time.** The proceeding will take about two hours. If for any reason you cannot keep this appointment, return this letter immediately to the USCIS office address listed below with your explanation and a request for a new appointment; otherwise, no further action will be taken on your application.

If you are applying for citizenship for yourself, you will be tested on your knowledge of the government and history of the United States. You will also be tested on reading, writing, and speaking English unless on the day you filed your application, you have been living in the United States for a total of at least 20 years as a lawful permanent resident and are over 50 years old, or you have been living in the United States for a total of 15 years as a lawful permanent resident and are over 55 years old, or unless you have a medically determinable disability (you must have filed form N-646 Medical Certification for Disability Exception, with your N400 Application for Naturalization).

You MUST BRING the following with you to the interview:

- This letter.
- Your Alien Registration Card (green card).
- Any evidence of Selective Service Registration.
- Your passport and/or any other documents you used in connection with any entries into the United States.
- Those items noted below which are applicable to you:

If applying for NATURALIZATION AS THE SPOUSE of a United States Citizen;

- Your marriage certificate.
- Proof of death or divorce for each prior marriage of yourself or spouse.
- Your spouse's birth or naturalization certificate or certificate of citizenship.

If applying for NATURALIZATION as a member of the United States Armed Forces;

- Your discharge certificate, or form DD 214.

If copies of a document were submitted as evidence with your N400 application, the originals of those documents should be brought to the interview.

PLEASE keep this appointment, even if you do not have all the items indicated above.

If you have any questions or comments regarding this notice or the status of your case, please contact our office at the below address or customer service number. You will be notified separately about any other cases you may have filed.

USCIS has a free booklet to help you study for the naturalization test. Ask about 'Learn About the United States: Quick Civics Lessons' when you go to have your fingerprints taken at the Application Support Center.

USCIS Office Address:

U.S. CITIZENSHIP AND IMMIGRATION SERVICES
SUITE 100
2901 METRO DRIVE
BLOOMINGTON MN 55425-

USCIS Customer Service Number:

(800) 375-5283

REPRESENTATIVE COPY



Notice to Naturalization Applicants

Bring the **original and a photocopy** of the applicable items listed below to your naturalization interview. Any document in a foreign language must be accompanied by an English language translation. The translator must certify that he or she is competent to translate and that the translation is accurate.

You must be on time for your interview. Late arrival may result in the need to reschedule your interview. Rescheduling can cause significant delays in the processing of your application. Bring all the required documents to avoid delays in processing your case. This is a general check list and since each case is unique, you may be required to submit additional documentation.

Document Check List

1. You must be properly attired and bring:

- A. Your Permanent Resident Card (previously known as "Alien Registration Card" or "Green Card"); **and a**
- B. A government issued photo identification; **and**
- C. All passports and travel documents (including expired and current) issued to you by any government.
- D. Although not required, it is recommended that you bring two additional passport-style photos (2"x2"). The photos must be in color with full face, frontal view on a white to off-white background. Head height must measure 1" to 1 3/8" from top of hair to bottom of chin, and eye height is between 1 1/8" to 1 3/8" from bottom of photo. For additional specifications, refer to <http://travel.state.gov/passport/pptphotos/ondex.html>.

2. If your current name is different than the name on your Permanent Resident Card, bring:

The document that legally changed your name (e.g., marriage license, divorce decree, court document).

3. If you are applying for naturalization on the basis of marriage to a U.S. citizen, bring:

- A. Proof that your spouse has been a U.S. citizen for at least the past three years (birth certificate, naturalization certificate, certificate of citizenship, your spouse's valid U.S. passport, or Form FS-240, Report of Birth Abroad of a Citizen of the United States of America); **and**
- B. Your current marriage certificate registered by a civil authority; **and**
- C. Proof of the termination of all previous marriages for **both** you and your spouse (divorce decree, death certificate, etc., registered by a civil authority); **and**
- D. An original Internal Revenue Service (IRS) Form 1722 listing tax information for the past three years (call IRS toll-free at 1-800-829-1040), or copies of the income tax forms you filed for the past three years; **and**
- E. Proof of marital union as well as proof of residence; **and**
- D. Certified copies of birth certificates of all your children born in the United States.

4. If you have ever been in the U.S. military, or are applying based on military service (see sections 328 and 329 of the INA), and have not previously submitted the two forms listed below with your Form N-400, bring:

- A. An **original** Form N-426, Request for Certification of Military or Naval Service; **and**
- B. An **original** Form G-325B, Biographic Information.

5. If you have taken a trip outside the United States that lasted for six months or more since becoming a Permanent Resident, bring:

- A. Evidence showing that you did not abandon your residence or terminate your employment in the United States nor abandon your U.S. abode; **and**

Document Check List (Continued)

- B. An **original** IRS 1722 letter (call IRS toll-free at **1-800-829-1040**), listing tax information for the past five years (or for the past three years) if you are applying on the basis of marriage to a U.S. citizen.
- 6. If you have taken a dependent spouse or children and have been ordered to provide financial support, bring:**
- A. Copies of the court or government order to provide financial support; and
 - B. Evidence that you have complied with the court or government order (cancelled checks, money order receipts, a court or agency printout of child support payments, or evidence of wage garnishments).
- 7. If you have ever been arrested or detained by any law enforcement officer for any reason and no charges were filed, bring:**
An official, certified statement from the arresting agency or applicable court indicating that no charges were filed.
- 8. If you have ever been arrested or detained by any law enforcement officer for any reason and charges were filed, bring:**
An **original** or certified copy of the arrest record(s) and the complete court disposition for each incident (dismissal order, conviction record, or acquittal order).
- 9. If you have been convicted or placed in an alternative sentencing program or rehabilitative program, bring:**
- A. The sentencing record for each incident; and
 - B. Evidence that you completed your sentence, such as probation record, parole record, or evidence that you completed an alternative program or rehabilitative program. **Copies must be certified copies from the issuing agency.**
- 10. If you have ever had any arrest or conviction vacated, set aside, sealed, expunged, or otherwise removed from your records, bring:**
An **original** or certified copy of the court order vacating, setting aside, sealing, expunging, or otherwise removing the arrest or conviction.
- NOTE: Unless a traffic incident was alcohol or drug related or serious personal injury to another person occurred, you do not need to submit documentation for traffic fines and incidents that did not involve an actual arrest if the only penalty was a fine of less than \$500 and/or points on your driver's license.*
- 11. If you have any Federal, State, or local taxes that are overdue, bring:**
- A. A signed agreement from the IRS, State, or local tax office showing that you have filed a tax return and have arranged to pay the taxes you owe; and
 - B. Documentation from the IRS, State, or local tax office showing the current status of your repayment program.
- 12. If you are applying for a disability exception to the testing requirement and have not submitted Form N-648, bring:**
An **original** Form N-648, Medical Certification for Disability Exceptions, completed by a licensed medical doctor, licensed clinical psychologist, or licensed doctor of osteopathy.
- 13. If registered with the Selective Service, bring proof of such. If you did not register with the Selective Service and you are (1) male, (2) over 26 years old, (3) were born on or after January 1, 1960, and (4) were a Permanent Resident between the ages of 18 and 26 when you failed to register, explain your failure to register and bring:**
A "Status Information Letter" from the Selective Service. (Call the Selective Service at 1-847-688-6888 for more information.)
- 14. If you are requesting expeditious naturalization under section 319(b) of the INA through military service, bring:**
The U.S. citizen's travel orders that include the name of the alien spouse and establish that the overseas assignment will end no less than 12 months beyond the date of the naturalization interview.

DATE

CLIENT NAME AND ADDRESS

Dear CLIENT;

I hope this letter finds you well. I am writing with regards to the naturalization case that you have open with our office.

I have attached a copy of the interview notice from immigration. Your naturalization interview is scheduled for TIME AND DATE.

In order to prepare for the interview **I have scheduled an appointment for you in my office for TIME AND DATE.**

At the time of your appointment with me we will review your application again, give you an orientation about the immigration interview, answer any questions that you have and practice for the test. Please come prepared.

If you need to change the time of your appointment with me please feel free to call me.

Thank you for your attention.

Sincerely,

YOUR NAME

Enclosure: Copy of Appointment Letter



U.S. Citizenship
and Immigration
Services

A# A [REDACTED]

On, 1/7/2010 you were interviewed by USCIS officer Howe

You passed the tests of English and U.S. history and government.

You passed the test of U.S. history and government and the English language requirements was waived.

☒ USCIS has accepted your request for a Disability Exception. You are exempted from the requirements to demonstrate English language and/or a knowledge of U.S. history and government.

You will be given another opportunity to be tested on your ability to

You will be given another opportunity to be tested on your knowledge of U.S. history and government.

Please follow the instructions on Form N-14.

USCIS will send you a written decision about your application.

You did not pass the second and final test of your

You will not be rescheduled for another interview for this Form N-400. USCIS will send you a written decision about your application.

a) ☒ **Congratulations! Your application is recommended for approval.** At this time it appears you have established your eligibility for naturalization. If final approval is granted, you will be notified when and where to report for the Oath Ceremony.

b) A decision cannot yet be made about your application.

☒ **It is very important that you:**

☒ Notify USCIS if you change your address.

☒ Come to any scheduled interview.

☒ Submit all requested documents.

☒ Send any questions about this application to the officer name above. Include your full name, Alien

☒ Registration Number (A#) and a copy of this paper.

☒ Go to any Oath Ceremony that you are scheduled to attend.

☒ Notify USCIS as soon as possible in writing if you cannot come to any scheduled interview or

☒ Oath Ceremony. Include a copy of this paper and a copy of the scheduling notice.

DATE

CLIENT NAME AND ADDRESS

Dear CLIENT

I hope this letter find you well. I am writing with regards to the naturalization case that you have open with our office.

Attached please find the notice for your swearing in ceremony. It is scheduled for DATE at TIME at the location that appears on the notice. I have enclosed a map of the location for your reference.

Before the ceremony you need to complete information on the back of the notice. These are some of the same questions that you answered at the time of your interview at the immigration office. However, the questions that you will answer now apply *only to the period of time between the interview and the ceremony*. If nothing has changed since the immigration interview you can answer "no" to all the questions. Please use black ink. If you have traveled, been arrested or stopped by the police since the time of your immigration interview you should contact me before the oath ceremony. Also, if you have questions or concerns prior to the interview do not hesitate to call me.

On the day of the ceremony you should:

- ☐ Bring the Oath Notice with the questions on the reverse answered in black ink
- ☐ Bring your resident alien card or "green card"
- ☐ Wear appropriate clothing for the event (it is somewhat formal with a judge, photographs and hundreds of people. You should not wear a hat or jeans)

I will keep your case open in our office until you send me a copy of your naturalization certificate. You should review the certificate carefully for any errors.

Thank you for your attention. And again, congratulations!

Sincerely,

YOUR NAME

TITLE

Enclosures: Oath notice
Map

Form N-445, Notice of Naturalization Oath Ceremony

A# A [REDACTED] NBC* [REDACTED]

Date March 15, 2010

REPRESENTATIVE COPY.

[REDACTED]
c/o CYNTHIA ANDERSON
IMMIGRANT LAW CENTER OF MINNESOTA
450 N SYNDICATE ST STE 175
SAINT PAUL MN 55104

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You are hereby notified to appear for a Naturalization Oath Ceremony on:
Wednesday, April 7 2010

at: US DISTRICT COURT OF MINNESOTA
316 NORTH ROBERT STREET
SAINT PAUL, MN 55101
FEDERAL BUILDING AND COURTHOUSE, ROOM 1, GATE 1

Please report promptly at 1:00 PM

THE CEREMONY WILL BEGIN AT : 2:00 PM

You must bring the following with you:

- ☒ This letter, WITH ALL THE QUESTIONS ON PAGE 2 ANSWERED. TYPE OR PRINT ANSWERS IN BLACK INK.
- ☒ Permanent Resident Card.
- ☒ Reentry Permit or Refugee Travel Document.
- ☒ Any Immigration documents you may have.
- ☒ If the naturalization application is on behalf of your child (children), bring your child (children).
- ☐ Other.



Proper attire should be worn.

If you cannot come to this ceremony, return this notice immediately and state why you cannot appear. In such case, you will be sent another notice of ceremony at a later date. You must appear at an oath ceremony to complete the naturalization process.

In connection with your application for naturalization, please answer each of the questions by checking "Yes" or "No." You must answer these questions the day you are to appear for your citizenship oath ceremony. These questions refer to actions since the date you were first interviewed on your Application for Naturalization. The questions do not refer to anything that happened before the interview.

After you have answered every question, sign your name and fill in the date and place of signing, and provide your current address.

You must bring this completed questionnaire with you to the oath ceremony, as well as the documents indicated on the front, and give them to the employee of the U.S. Citizenship and Immigration Services at the oath ceremony. You may be questioned further on your answers at that time.

AFTER the date you were first interviewed on your Application for Naturalization,
Form N-400:

ANSWERS

- | | |
|--|---|
| 1. Have you married, or been widowed, separated or divorced? (If "Yes," please bring documented proof of marriage, death, separation or divorce.) | 1. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you traveled outside the United States? | 2. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you knowingly committed any crime or offense, for which you have not been arrested? | 3. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have you been arrested, cited, charged, indicted, convicted, fined or imprisoned for breaking or violating any law or ordinance, including traffic violations? | 4. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Have you joined any organization, including the Communist Party, or become associated or connected therewith in any way? | 5. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Have you claimed exemption from military service? | 6. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Has there been any change in your willingness to bear arms on behalf of the United States; to perform non-combatant service in the armed forces of the United States; to perform work of national importance under civilian direction, if the law requires it? | 7. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Have you practiced polygamy, received income from illegal gambling, been a prostitute, procured anyone for prostitution or been involved in any other unlawful commercialized vice, encouraged or helped any alien to enter the United States illegally, illicitly trafficked in drugs or marijuana, given any false testimony to obtain immigration benefits, or been a habitual drunkard? | 8. <input type="checkbox"/> Yes <input type="checkbox"/> No |

I certify that each of the answers shown above were made by me or at my direction, and that they are true and correct as of the date of my naturalization oath ceremony.

Signed at _____

on _____

(City and State)

(Date)

(Full Signature)

(Full Address and Zip Code)

OUR AUTHORITY for collection of the information requested on Form N-445 is contained in Sections 101(f), 313, 316, 332, 335 and 336 of the Immigration and Nationality Act (8 U.S.C. 1101 (f), 1427, 1443, 1446 and 1447). Submission of the information is voluntary. The principal purposes for requesting the information are to enable Adjudications Officers of the U.S. Citizenship and Immigration Services to determine an applicant's eligibility for naturalization. The information requested may, as a matter of routine use, be disclosed to naturalization courts and to other federal, state, local or foreign law enforcement and regulatory agencies, the Department of Defense, including any component thereof, Selective Service System, Department of State, Department of Treasury, Department of Transportation, Central Intelligence Agency, Interpol and individuals and organizations in the processing of any application for naturalization, or during the course of investigation, to elicit further information required by the U.S. Citizenship and Immigration Services to carry out its functions. Information solicited which indicates a violation or potential violation of law, whether civil, criminal or regulatory in nature, may be referred as a routine use to the appropriate agency, whether federal, state, local or foreign, charged with the responsibility of investigating, enforcing or prosecuting such violations. Failure to provide all or any of the requested information may result in a denial of the application for naturalization.

THE PUBLIC REPORTING BURDEN for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., Washington, DC 20529.

April 22, 2013

CLIENT NAME
CLIENT ADDRESS

Dear CLIENT NAME:

I hope this letter finds you well. Congratulations on becoming a U.S. citizen! Since your case has been approved and you have received your naturalization certificate, I will be closing your case in our office. **Please send to me a copy of your naturalization certificate for my records.**

There are a few things you should know about your new status in the U.S.:

1. You will never run the risk of deportation, as long as your naturalization application was not fraudulent in any way.
2. You have more rights to file family petitions. You can immigrate your married children, your parents, and your siblings. Petitions for spouses or unmarried children are usually faster.
3. You have the right and the responsibility to vote in elections. If you would like more information about registering to vote, the candidates, or the democratic system, you can contact the League of Women Voters:

LWV of Minnesota
550 Rice Street, Suite 201
Saint Paul, MN 55103-2144
Phone: 651-224-5445
Fax: 651-290-2145
E-mail: info@lwvmn.org
<http://www.lwvmn.org>

4. You can apply for a U.S. passport. You can find the application on the internet or at some post offices.
5. Your children under the age of 18 who are Lawful Permanent Residents will automatically become U.S. citizens. You should file the necessary paperwork with immigration. If you need help you can contact our office.

With this letter, your case with is officially closed. It has been a pleasure working with you. If you have additional immigration-related legal cases that you need assistance with please contact the Immigrant Law Center of Minnesota.

As you know, the ILCM office serves low-income clients. ILCM depends in part on donations to continue providing services to new clients. There is no obligation for you to give, but ILCM asks for your support if you are able to help the office continue providing legal services to the immigrant community in need. You can give online at www.ilcm.org or send a check or money order, made out to "ILCM," directly to the Immigrant Law Center of Minnesota offices. Every donation, no matter what size, is extremely helpful. Again, congratulations and I wish you the best!

Sincerely,

[Attorney Name]

DEPARTMENT OF HOMELAND SECURITY



No. [REDACTED]

RECORD DIVISION

Personal description of holder
as of date of naturalization:

Date of birth: [REDACTED]

Sex: MALE

Height: 6 feet 0 inches

Marital status: SINGLE

Country of former nationality:
SOMALIA

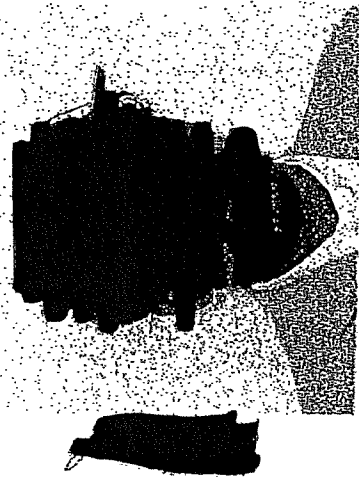
(Complete and true signature of holder)

Be it shown that [REDACTED] has come to an application filed with the Secretary of
Homeland Security

at BLOOMINGTON, MINNESOTA

The Secretary having found that

[REDACTED] residing at SAINT PAUL, MINNESOTA



nothing complied in all respects with all of the applicable provisions of the
naturalization laws of the United States, being entitled to be admitted as
a citizen of the United States, and having taken the oath of allegiance at a
ceremony conducted by

US DISTRICT COURT OF MINNESOTA

MINNEAPOLIS, MINNESOTA

on APRIL 13, 2011

such person is admitted as a citizen of the United States of America.

Alfred N. Maglos, Director

U. S. Citizenship and Immigration Services

DEPARTMENT OF HOMELAND SECURITY