

Numero de caso con nuestra oficina _____

Para el Pedido de Archivo de Inmigración

Llene este cuestionario para poder solicitar un archivo de inmigración. Si no tiene la respuesta o no aplica, esta bien dejarlo en blanco. Gracias.

1. Número de registro con inmigración: _____
2. Nombre de la Mama: _____
3. Nombre del Papa: _____
4. Fecha de Nacimiento: _____
5. ¿Otros nombres que ha usado? _____
6. Fecha que entro a los estados unidos: _____
7. Por donde entro a los estados unidos: _____
8. ¿Tuvo contacto con inmigración? _____

Notas internas:

Check for NCD

Purpose: Immigration Review

Description of Records sought: The entire file which may include USCIS forms or CBP apprehensions or detentions.

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

Options Regarding Receipt of USCIS Notices and Documents

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

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

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

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

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

Signature of Client or Authorized Signatory for an Entity

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

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

Part 5. Signature of Attorney or Accredited Representative

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

1. a. Signature of Attorney or Accredited Representative

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

2.a. Signature of Law Student or Law Graduate

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



Freedom of Information/Privacy Act Request

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

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

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

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

Part 1. Type of Request

Select **only one** box.

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

- 1.a. Freedom of Information Act (FOIA)/Privacy Act (PA)
- 1.b. Amendment of Record (PA only)

Part 2. Requestor Information

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

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

Representative Role to the Subject of Record

Select your representative role to the Subject of the Record.

- 2.a. An Attorney
- 2.b. An Accredited Representative of a Qualified Organization
- 2.c. A Family Member

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

- 3.a. I am requesting information on behalf of my child or a minor I have guardianship over.
- 3.b. I am requesting information on behalf of someone who is deceased.
- 3.c. I am requesting information on behalf of someone for whom I have power of attorney.

Requestor's Full Name

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

Requestor's Mailing Address (USPS ZIP Code Lookup)

- 5.a. In Care Of Name (if any)
- 5.b. Street Number and Name
- 5.c. Apt. Ste. Flr.
- 5.d. City or Town
- 5.e. State 5.f. ZIP Code
- 5.g. Province
- 5.h. Postal Code
- 5.i. Country

Requestor's Contact Information

- 6. Requestor's Daytime Telephone Number
- 7. Requestor's Mobile Telephone Number (if any)
- 8. Requestor's Email Address (if any)

Requestor's Certification

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

- 9.a. Requestor's Signature
- 9.b. Date of Signature (mm/dd/yyyy)

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

Signature of the Subject of Record

Select **only one** box.

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

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

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

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

Signature of Subject of Record

Date of Signature (mm/dd/yyyy)

Subscribed and sworn to before me on this _____

day of _____ in the year _____.

Daytime Telephone Number _____

Signature of Notary

My Commission Expires on (mm/dd/yyyy)

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

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

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

~~X~~

Signature of Subject of Record

Date of Signature (mm/dd/yyyy)

8.c. **Deceased Subject of Record**

Part 5. Processing Information

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

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

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

The loss of substantial due process rights.

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

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

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

Yes No 

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

Client Name: _____

A standard FBI fingerprint card form, showing fields for personal information, identification numbers, and a grid for fingerprints.

&

A DOJ Livescan form, which is a digital fingerprint capture form with various fields for data entry and checkboxes.

FBI (Rolled Ink on Card) & DOJ (Livescan)

_____ DOJ - LIVESCAN

_____ 1 FBI Fingerprint Card (there is a rolling fee)

_____ **Note to client:** A \$20 fee will be added to your billing account to cover FBI processing fee. Noticia al cliente: Este proceso requiere un pago al FBI para procesamiento, usted vera la cantidad de \$20 agregado a su estado de cuenta/bill.



REQUEST FOR LIVE SCAN SERVICE (Record Review or Foreign Adoption)

Print Form

Reset Form

Applicant Submission

CA0349435

Type of Application (Check One Only)

Record Review

Foreign Adoption

ORI (Code assigned by DOJ)

Reason for Application USCIS / Immigration

Contributing Agency Information:

DEPARTMENT OF JUSTICE

Agency Authorized to Receive Criminal Record Information

P.O. BOX 903417

Street Address or P.O. Box

SACRAMENTO

City

CA 94203-4170

State ZIP Code

07041

Mail Code (five-digit code assigned by DOJ)

RECORD REVIEW UNIT

Contact Name (mandatory for all school submissions)

(916) 227-3835

Contact Telephone Number

Applicant Information:

Last Name

Other Name

(AKA or Alias)

Last

First Name

Middle Initial

Suffix

First

Suffix

Date of Birth

Sex Male

Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Misc. Number (Other Identification Number)

(415) 732-1620

Telephone Number

Place of Birth (State or Country)

Social Security Number

615 Sansome St., FL 2

Street Address or P.O. Box

San Francisco

City

CA

94111

State

ZIP Code

Level of Service: DOJ Only

If re-submission, list original ATI number (Must provide proof of rejection):

Original ATI Number

Foreign Government Embassy: (Mandatory for Foreign Adoption requests pursuant to Penal Code section 11105(c)(12))

Designee -- Do not include Employer: (Optional for individual designated by applicant to Penal Code section 11124)

Designee or Embassy Name

Street Address or P.O. Box

City

State

Country

ZIP Code

Telephone Number

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed