



*Department of State*  
*Bureau of Consular Affairs*

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# **J Visa Waiver Online (JWOL)**


## **DS-3035 Screen Mockups**

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# J1 Waiver Recommendation Process

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## J-1 Waiver Recommendation Process

This web site allows a J-1 exchange visitor ("EV") to begin the process of requesting a waiver of the two-year home residency requirement. Here is how the online process works:

1. Type the exchange visitor's personal data into the J-1 Visa Waiver Review Application, an online version of Form DS-3035.
2. Choose a basis on which he or she is applying for the waiver, such as "no objection".
3. The system will reserve a case number for the applicant. If the applicant already has a case number, please enter it on the Exchange Visitor Information page.
4. Generate document packet(s) and bar coded cover sheet(s).
5. Follow the mailing instructions at the end of the waiver application process.

**Before you begin the process, please ensure that you have the following documentation readily available.**

Each document listed below contains information that you will need in order to complete the application.

- Any passport of the exchange visitor containing his/her U.S. visas
- Legible copies of all DS-2019 or IAP-66 forms
- Notice of Entry of Appearance as Attorney or Representative (G-28) (if applicable)
- Names and dates of birth of any J-2 dependents (spouse or children) and/or the EV's J-1 spouse (if applicable)


**IMPORTANT NOTICE:** You will have 90 minutes to complete the entire application, at which point the session will automatically end. It is recommended that you complete explanatory answers in a Word or text document first to allow yourself more time. You will be able to cut and paste from the Word or text document into the application.

**Note:** Submitting inaccurate or incomplete information slows processing times.


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For site management, information is collected for statistical purposes. The Department of State Web Site uses software programs to create summary statistics for such purposes as assessing what information is of most and least interest or identifying system performance or problem areas. The following is the type of information collected about your visit to the web site: the name of the Internet domain from which you access State Department web sites (for example, "aol.com" if you are connecting from America Online) and the date and time you access our site. If you choose to provide us with personal information in an email message, we use it only to respond to your email.

For site security purposes and to ensure that this service remains available to all users, the State Department uses software programs to monitor network traffic to identify unauthorized attempts to upload or change information or otherwise cause damage. Unauthorized attempts to upload information or change information on this service are strictly prohibited and may be punishable under the Computer Fraud and Abuse Act of 1986. Information also may be used for authorized law enforcement investigations. Except for the above purposes, no other attempts are made to identify individual users or their usage habits.

### Computer Fraud and Abuse Act

Unauthorized attempts to upload information and/or change information on these web sites are strictly prohibited and are subject to prosecution under the Computer Fraud and Abuse Act of 1986 and Title 18 U.S.C. Sec.1001 and 1030.

Furthermore, the Department of State assures that it will not

- obtain personal identifying information about you, unless you choose to provide such information
- share any information it receives with any outside parties, except for authorized law enforcement investigations, or as otherwise required by law.

### For More Information, Contact:

Public Communication Division  
PA/PL, Room 2206  
U.S. Department of State  
Washington, D.C. 20520  
202-647-6575  
Visit: [contact-us.state.gov](mailto:contact-us.state.gov)


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## How to Use this Web Site

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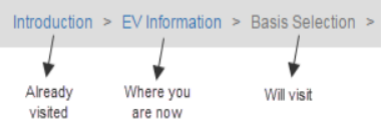
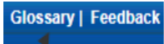




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### How to Use this Web Site

	Navigation Bar	Located below the header. The navigation bar shows the user's progress along the path taken on the web site.
	Glossary	Available on all pages on this site; defines terms and shows pictures of forms used by the Waiver Review Office.
	Flow Label	Located to the right of the navigation bar, the flow label identifies the path the user has taken on the web site.
	Previous Button	Located on the bottom left of each page. Use the "Previous" button to return to a previously visited page. <b>Avoid using the Back button on the browser.</b>
	Cancel Button	Located on the bottom center of each page. Use the "Cancel" button to clear your work and return to the J Waiver Online home page. <b>Caution: This will clear any information that has been entered during this session.</b>
	Next Button	Located on the bottom right of each page. Use the "Next" button to move to the next page on the navigation bar. <b>Avoid using the Forward button on the browser.</b>



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# Exchange Visitor Information

## Exchange Visitor Information

OMB No. 1405-0135  
DS-3035  
VERSION No. 07-2008  
EXPIRATION DATE XX/XX/XXXX  
ESTIMATED BURDEN 1 Hour

Enter this information as found on the exchange visitor's passport:

\* Required

* Title:	<input type="text" value="Select One"/>
Surname:	<input type="text" value="Either Surname or Given must be present."/>
Given Name:	<input type="text" value="Either Surname or Given must be present."/>
	(First Name and Middle Name)
Maiden Name:	<input type="text"/>
* Gender:	<input type="radio"/> Male <input type="radio"/> Female
* Date of Birth:	<input type="text" value="mm/dd/yyyy"/> 
* City Of Birth:	<input type="text"/>
* Place of Birth:	<input type="text" value="Select One"/>
* Country/Region of Origin (Nationality):	<input type="text" value="Select One"/>
	(As shown on your most recent D-5-2019 or IAP-66 form)
* Country/Region of Legal Permanent Residence:	<input type="text" value="Select One"/>
	(As shown on your most recent D-5-2019 or IAP-66 form)

Enter this Information, if applicable

Please enter an existing case number here. You will only have a case number if you have ever applied for a J Visa Waiver recommendation or Advisory Opinion in the past. If you do not have a case number, leave this field blank.

Please indicate any other names that you are, or have been, known by. These can include alias, previous married names, religious names, professional names, etc...

Other Surname Used	Other Given Names Used
<input type="text"/>	<input type="text"/>
Other Surname Used	Other Given Names Used
<input type="text"/>	<input type="text"/>
Other Surname Used	Other Given Names Used
<input type="text"/>	<input type="text"/>

### PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this information collection is estimated to average 1 hour per response, including time required for searching existing data sources, gathering necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: PRA\_BurdenComments@state.gov.


### CONFIDENTIALITY STATEMENT

INA Section 222(f) provides that visa issuance and refusal records shall be considered confidential and shall be used only for the formulation, amendment, administration, or enforcement of the immigration, nationality, or other laws of the United States. Visa records may be disclosed in certain situations, as described in INA Section 222(f), including disclosure to a court as needed in a case pending before the court.


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# Basis Selection



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## Basis Selection

Please read the following information carefully to determine the basis on which sdfsf sdfsf is applying:

### \* Required

- ☐ No Objection statement from the home government
- ☐ State Health Agency Request
  - Has the exchange visitor's government funded any portion of his/her program while under a "J" visa? ☐ Yes ☐ No
- ☐ Request by an Interested (U.S.) Government Agency, or IGA
  - ☐ Other ☐ Physician
- ☐ Exceptional hardship to a United States citizen (or permanent resident) spouse or child of exchange visitor
- ☐ Persecution


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# Statement of Reason



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## Statement Of Reason

Please write a statement demonstrating why sdfsf sdfsf is eligible to receive a waiver of the two-year home residency requirement of section 212(e) of the Immigration and Nationality Act. The length of the statement may vary.

\* Required

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# Current Address



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## XXXXXX's Current Address

**\* Required**

**\* Address 1:**

**Address 2:**

**Address 3:**

**\* City:**

**State:**

Select One

**Zip:**

**\* Country/Region:**

UNITED STATES OF AMERICA

**Province (if Non-US):**

**Postal code (if Non-US):**

**Home phone Number:**

☐ US ☐ Foreign

**Business Phone Number:**

☐ US ☐ Foreign

**extension**

**Fax Number:**

☐ US ☐ Foreign


**E-mail Address:**

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## Recent Address

**Please Verify sdfsf sdfsf most recent U.S. city and state**

If sdfsf sdfsf is no longer living in the United States, please state the last U.S. city and state where he lived.

(These fields default to the current city and state for exchange visitors with a U.S. address.)

**\* Required**

\*City:

\*State:

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# Attorney Address

## Enter Attorney Information

**\* Required**

Is sdfsf sdfsf represented by an attorney or other organization? ☐ Yes ☐ No

(If yes, please enter the following information about this attorney or organization. If no any information entered below will be disregarded.)

* Law Firm or Organization Name:	<input type="text"/>		
* Address Line 1:	<input type="text"/>		
Address Line 2:	<input type="text"/>		
Address Line 3:	<input type="text"/>		
* City:	<input type="text"/>	State: <input type="text" value="Select One"/>	Zip: <input type="text"/>
Surname of Attorney or Representative:	<input type="text"/>		
Given Name of Attorney or Representative:	<input type="text"/>		
Phone Number:	<input type="text"/>	Ext.	<input type="text"/>
Fax Number:	<input type="text"/>		
E-mail Address:	<input type="text"/>		

\* Is there a G-28 stating this information? ☐ Yes ☐ No

(Note: If an exchange visitor has an attorney, the U.S.C.I.S will required a form G-28.)

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# Mailing Address

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## XXXXXX's Mailing Address

**\* Required**

**\* Please indicate where you would like the Waiver Review Division to send correspondence, including the recommendation:**

- ☒ Current address  
☐ Attorney address  
☐ Other mailing address

**\* Address Line 1:**

**Address Line 2:**

**Address Line 3:**

**\* City:**  **State:**  **Zip:**

**\* Country/Region:**

**Province (if Non-US):**

**Postal code (if Non-US):**

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# Program

Enter the following information from each exchange visitor program in which xxxx xxxxxx has participated

\* Required

- Add a new row for EACH DS-2019 or IAP-66 form of the J-1 exchange visitor only. Start with the most recent DS-2019 form.
- If you are missing any forms, contact the program sponsor to obtain copies or a letter indicating the information requested below.
- Click on the links below to show the different versions of the forms you may have in hand.
- When program approval was on IAP-66: enter N0000000000 (must have 10 zeros) for the Sevis Number.
- Enter the following from the IAP-66 form for the Subject/Field Code: 00. then the 4-digit subject field code number from the IAP (example 00.2546)

[DS-2019\(new\)](#)

[DS-2019\(old\)](#)

[IAP-66](#)

Row	SEVIS Number	Program Number	Purpose of Form	Begin Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Subject/Field Code	Funding Amount	Delete
1	<input type="text"/>	<input type="text"/>	<input type="text" value="Select One"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Add Another Form

Delete Selected Form(s)

\* Did any of your exchange visitor program(s) include U.S. Government funds, funds from your own government or funds from an international organization? ☐ Yes ☐ No

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# Non Program

## Non Program

Time not Covered by DS-2019 for xxxx xxxxxx

**\* Required**

\* Is there any period of time in the U.S. that is not covered by DS-2019 or IAP-66 form? ☒ Yes ☐ No

If yes, please explain here:

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## J2 - Visa

Please provide J-2 information for xxxx xxxxxx

**\* Required**

\*1. Does this application include J-2 dependents? ☒ Yes ☐ No If yes, enter information about your J-2 dependents below.

Row	Surname	Given Name	Date of Birth (mm/dd/yyyy)	Place of Birth	Relationship	Delete
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Select One"/>	<input type="text" value="Select One"/>	

Add J-2 Info.

Delete J-2 Info.

\*2. Is your spouse in J-1 status? ☐ Yes ☒ No ☐ N/A If yes, he or she must apply separately for a waiver. If your spouse has applied for a waiver, please enter information about their J waiver case below.

Surname	Given Name	Date of Birth (mm/dd/yyyy)	Place of Birth	J Waiver Case Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Select One"/>	<input type="text"/>

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## J1 - Visa

**Please enter xxxx xxxxxx's first J-1 Visa information.**

Date and place of first entry into the U.S. on your original exchange visitor (J-1) visa. Entry information should refer to the first time the J-1 visa was used to enter the U.S. (If the EV changed to J-1 visa status while already in the U.S., enter the date of status change, control number and issuing post of that first J-1 visa.). Applicants who entered on a J visa before February 1, 1999, should enter the date February 1, 1999, in this field.

**\* Required**

\* First Entry Date:

mm/dd/yyyy 

\* Port of Entry:

State of Entry:

Select One ▼

Issuing Post:

Select One ▼

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# Verification Summary

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## Verification

Please Verify that the following information is correct for: xxxx xxxxxx

- Scroll down through the box if necessary
- If any changes are needed, click on the appropriate heading on the navigation bar above, make the change, then click Next to save the change.
- When you are satisfied that all the information in the box is correct, **check the box located at the bottom of the information section below** to indicate that and click on Next.

\* Required

### Application Information:

#### Basis Selection:

Waiver Basis	No Objection
--------------	--------------

#### Statement of Reason:

dgvsfdv
---------

#### Exchange Visitor Information:

Title	Mr.	
Surname	sdvsdf	
Given Name	sdvsf	
Maiden Name		
Gender	Male	
Date of Birth	04/30/2000	
City of Birth	Galthersburg	
Place of Birth	UNITED STATES OF AMERICA	
Country/Region of Residence	UNITED STATES OF AMERICA	
Country/Region of Origin (Nationality)	UNITED STATES OF AMERICA	
Case Number		
Other Names Used		
	Surname	Given Name (First/Middle)
Other Name 1		
Other Name 2		
Other Name 3		

#### Current Address:

Address Line 1	18945 cross country ln
Address Line 2	
Address Line 3	Galthersburg
City	Galthersburg
State	MARYLAND
Zip	20879
Country/Region	UNITED STATES OF AMERICA
Province	
Postal Code	
Home Phone Number	
Business Phone Number	
Business Phone Number Extension:	
Fax Number	
Email	

#### Recent Address:

City	Galthersburg
State	MARYLAND

#### Attorney Information:

Surname	
Given Name	
Attorney Office	
Address Line 1	
Address Line 2	
Address Line 3	
City	

City	
State	
Zip	
Phone Number	
Phone Extension	
Fax Number	
E-mail Address	
Include G-28	

**Mailing Address:**

Address Line 1	
Address Line 2	
Address Line 3	
City	
State	
Zip	
Country/Region	UNITED STATES OF AMERICA
Province	
Postal Code	

**Program Information:**

SEVSID	Program Number	Purpose	Begin Date	End Date	Subject Field Code	Funding Amount
a1111111111	P - 1 - 11111	New Program	03/31/2020	04/30/2020	11.1111	\$ 1111

Did any of your exchange visitor program(s) include U.S. Government funds, funds from your own government or funds from an international organization?	No
--	----

**Non Program:**

Is there any period of time in the U.S that is not covered by DS-2019 or IAP-66 form?	No
Explanation	

**J2 Visa - Dependent information:**

Does this application include any J-2 dependents?	No
---	----

Surname	Given Name	Date of Birth	Place of Birth	Relationship	Status
---------	------------	---------------	----------------	--------------	--------

**J2 Visa - Spouse's Information:**

Surname	
Given Name	
Date of Birth	
Place of Birth	
J Waiver Case Number	

**J1 Visa:**


Entry Date of First J-1 Visa	04/14/2020
Port of Entry J-1 Visa	vcbdc
State of Entry J-1 Visa	
Issuing Post J-1 Visa	

☐ Check this box if all of the above information is correct.


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# Exchange Visitor Packet

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## Exchange Visitor Packet for xxxx xxxxxx

### No Objection

Your application is almost complete. The remaining steps in the process will be for you to save and print the packets, gather hard copies of the materials needed to process your application, and mail the packets to the required destinations.

The packet will consist of items generated by J Visa Waiver Online and copies of documents you should already have. Based on your answers to the previous questions in J Visa Waiver Online, you will need to submit copies of the following items to the Department of State:

- ✓ All forms DS-2019 or IAP-66
- ✓ Copy of the data page of the EV's current passport containing name and birth date

Please check below if you plan to include additional documentation with your application at this time:

☐ Other

A new case number will be generated.


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# EV Packet Download

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## YOU ARE NOT FINISHED UNTIL THE PACKET HAS BEEN MAILED PLEASE READ BELOW

Your case number is 1111111

Display Packet

YOU MUST CLICK THE **DISPLAY PACKET** BUTTON ABOVE IN ORDER TO COMPLETE THE FINAL STEPS OF THIS PROCESS.

*Display Packet* will open up a separate browser where you will download your packets to a PDF file, print your PDF packets and follow the instructions on each page.

This case number is NOT recorded in the J Visa Waiver Online Status Check system until the paper application and fee have been received in the mail and processed by the Department of State.

Please wait several weeks after mailing your documentation before using this case number to check your status online. Please be patient, as incoming mail to the Department of State may be subject to delays.

**IMPORTANT:** This PDF file will be read-only. If something is incorrect, you can change it by using the Navigation Bar, above, or the Previous button to return to the appropriate page. Once on the page, correct the information and click the Next button so that the new data will be saved. Leaving this page in any other fashion will end the process, no longer allowing you to change your packet information.

Thank you for using the J Visa Waiver Online Application System

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# EV Packet Sample

## KEEP THIS PAGE FOR YOUR RECORDS

### Packet Assembly Checklist - J-1 Visa Waiver Recommendation Application

*Use this checklist to organize the pages in the J Visa Waiver Recommendation Application packet*

Case Number: 1667984  
Applicant Name: sadsdf dsfdsf  
Applicant DOB: 04/22/2000  
Applicant POB: ANGOLA  
Waiver Basis: Persecution

*Check that the exchange visitor's case number and country/region of last residence is written on any documentation submitted, as well as on the outside envelope of ALL future correspondence with the Waiver Review office.*

**Packet 1. Destination: Department of State, St. Louis, MO Please assemble packet in this order:**

(Items with a \* have been generated in PDF format)

- \_\_\_\_\_ Application fee: Follow the detailed instruction on DS-3035, page 1
- \_\_\_\_\_ Waiver Review Division Barcode Page \*: Accompanies the DS-3035
- \_\_\_\_\_ Form DS-3035, pages 1,2 and 3 \*: Follow the detailed mailing instructions on page 1. The applicant must sign on line 21. If the form is being prepared by an attorney, the attorney needs to sign on line 9.
- \_\_\_\_\_ Supplementary Applicant Information pages \*: Accompanies the DS-3035
- \_\_\_\_\_ Copy of the data page of the EV's current passport containing name and birth date
- \_\_\_\_\_ Copies of all forms DS-2019 or IAP-66
- \_\_\_\_\_ Statement of Reason \*
- \_\_\_\_\_ Self addressed, stamped envelope
- \_\_\_\_\_ Additional items as indicated by the applicant
- \_\_\_\_\_ \*\*\* Be sure to sign Form DS-3035, line 21 \*\*\*

**Packet 2. Destination: U.S.C.I.S Service Center having jurisdiction over the EV's current place of residence in the United States**

- \_\_\_\_\_ Form I-612: obtained from the United States Citizenship and Immigration Services (U.S.C.I.S) office (<http://uscis.gov>). Carefully read the instructions for Form I-612 and include all supporting documentation they require.
- \_\_\_\_\_ Third Party Barcode Page \*

The Waiver Review Division will forward a recommendation directly to the United States Citizenship and Immigration Services (USCIS).

**IMPORTANT NOTE:** Once the Waiver Review Division forwards a waiver recommendation to the USCIS, the case is considered closed at the Department of State. Any further action on the case falls under the jurisdiction of the USCIS. To follow-up on the waiver recommendation, please contact the USCIS Service Center.

## Waiver Review Division Barcode Page

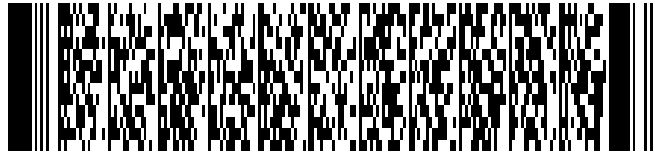
1667984, dsfdsf, sadsdf, 04/22/2000, POB: ANGOLA, Persecution

1.



20200407114421101

2.



20200407114421201

3.



20200407114421301

U. S. Department of State

# J-1 VISA WAIVER RECOMMENDATION APPLICATION INSTRUCTIONS

**Keep this page for your records**

**Complete the following two pages of this form and send them, along with the fee and supporting documentation listed below, to:**

**Postal Service  
Department of State J-1Waiver  
P.O. Box 979037  
St. Louis, MO 63197-9000**

**Courier Service  
Department of State J-1 Waiver  
P.O. Box 979037  
1005 Convention Plaza  
St. Louis, MO 63101-1200**

PLEASE DO NOT STAPLE ANY DOCUMENTS

PLEASE AVOID TWO-SIDED DOCUMENTS AND ONLY USE 8 1/2" X 11" PAPER

Supporting documents and fee:

1. Application fee of \$120 PER J-1 APPLICANT. Please send a cashier's check or money order in U.S. currency drawn on a U.S. bank, made payable to THE U.S. DEPARTMENT OF STATE. Include your name, date and place of birth on whatever form of payment you submit. DO NOT SUBMIT MORE THAN ONE APPLICATION FEE PER PERSON;
2. Any additional pages needed to full respond to the questions in this form;
3. A statement demonstrating why the exchange visitor is eligible to receive a waiver of the two-year home country requirement of the exchange visitor program. The length of the statement may vary;
4. Copies of all DS-2019 "Exchange Visitor Program Certificate Of Eligibility For Exchange Visitor (J-1) Status" (formerly IAP-66) forms;
5. Notice of Entry of Appearance as Attorney or Representative (G-28 form), if the exchange visitor is represented by an attorney;
6. Copy of the data page of the exchange visitor's current passport containing name and birth date.
7. Two self-addressed, stamped envelopes.

**Once your application has been processed, you will receive your case number and further instructions on how to proceed. Please do not call to verify that the application has arrived.** Current processing times are listed on the U.S. Department of State web site, [www.travel.state.gov](http://www.travel.state.gov).

## PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this information collection is estimated to average 1 hour per response, including time required for searching existing data sources, gathering necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: PRA\_BurdenComments@state.gov.

## CONFIDENTIALITY STATEMENT

INA Section 222(f) provides that visa issuance and refusal records shall be considered confidential and shall be used only for the formulation, amendment, administration, or enforcement of the immigration, nationality, or other laws of the United States. Visa records may be disclosed in certain situations, as described in INA Section 222(f), including disclosure to a court as needed in a case pending before the court.





## J-1 VISA WAIVER RECOMMENDATION APPLICATION

TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED.  
YOU MAY APPEND ADDITIONAL PAGES IN ORDER TO FULLY RESPOND TO THE QUESTIONS

1. Title <input type="radio"/> Dr. <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms.		Surname (As in Passport) dsfsdf				
Given Names (As in Passport, First & Middle) sadsdf			Maiden Name (if any) sdfsdf			
Please indicate any other names that you are, or have been, known by. These can include aliases, previous married names, religious names, professional names, etc.						
Other Surname(s)			Other Given Name(s)			
Gender <input checked="" type="radio"/> Male <input type="radio"/> Female		3. Date of Birth (mmm-dd-yyyy) Apr-22-2000				
4. Country Information (As shown on your most recent DS-2019/formerly IAP-66)						
City of Birth rwerweqrw		Country of Birth ANGOLA		Citizenship Country THE BAHAMAS		Legal Permanent Residence Country BAHRAIN
5. I am requesting a recommendation for a waiver of the 212(e) requirement based on: (check only one) <input type="radio"/> Exceptional Hardship <input checked="" type="radio"/> Persecution <input type="radio"/> Interested Government Agency (Physician) <input type="radio"/> Interested Government Agency (non-physician) <input type="radio"/> State Health Agency Request <input type="radio"/> No Objection Statement						
6. Did your exchange visitor program(s) include U.S. Government funds, funds from your own government or funds from an international organization? No						
7. Current address of exchange visitor						
Street fdvdsfsdf		City adfdgfsdf		State/Province IDAHO	Zip/Postal Code 22222	Country (if not U.S.) UNITED STATES OF AMERICA
Home Phone		Business Phone		Fax	Email Address	
8. Last U.S. city and state, if not currently living in U.S.:						
City adfdgfsdf				State IDAHO		
9. Are you represented by an attorney or other organization? <input type="radio"/> Yes <input checked="" type="radio"/> No (If yes, please enter the following information about his attorney or organization)						
Attorney, Representative, and/or Organization Name /						
Street		City		State/Province	Zip/Postal Code	
Business Phone/Ext. /		Fax		Email Address		
If this form is being prepared by an attorney, the attorney must sign here:						
10. Mailing address of exchange visitor (If different from your current or attorney address)						
Street		City		State/Province	Zip/Postal Code	Country (if not U.S.) UNITED STATES OF AMERICA
11. I request that all correspondence, including my recommendation, be sent to my: (check only ONE) <input checked="" type="radio"/> Current Address (Line 7) <input type="radio"/> Attorney Address (Line 9) <input type="radio"/> Mailing Address (Line 10)						
12. List all exchange visitor programs in which you participated, beginning with the first program						
SEVIS Number A1111111111	Program Number P- 1- 1111	Purpose of the Form Program Extension / Continuation	Begin Date (mmm-dd-yyyy) Mar-30-2020	End Date (mmm-dd-yyyy) Apr-27-2020	Subject/Field Code 11.1111	Funding Amount \$ 111

<b>13. Is there any period of time in the U.S. that is not covered by your form DS-2019/formerly IAP-66?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If yes please explain below)</i>  ...See supplementary applicant Information Page for Completed Explanation				
<b>14. Does this application include any J-2 dependents?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If yes please enter information about these J-2 dependents below)</i>				
<b>Surname</b>	<b>Given name</b>	<b>Date of Birth</b> (mmm-dd-yyyy)	<b>Country of Birth</b>	<b>Relationship</b>
<b>15. Is your spouse in J-1 status?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, he or she must apply separately for a waiver)</i>				
<b>16. If your spouse has applied for a waiver, please enter information about his/her J waiver case below:</b>				
<b>Surname</b>	<b>Given name</b>	<b>Date of Birth</b> (mmm-dd-yyyy)	<b>Country of Birth</b>	<b>J Waiver Case Number</b>
<b>17. Date and place of first entry into the U.S. on your original exchange visitor (J-1) visa. Entry information should refer to the first time the J-1 visa was used to enter the U.S. If the EV changed to J-1 visa status while already in the U.S., enter the date of status change, control number and issuing post of that first J-1 visa.</b>				
<b>Date (mmm-dd-yyyy)</b> Mar-31-2020	<b>Port of Entry</b> 4wesd	<b>State of Entry</b>		<b>Issuing Post</b>
<b>18. If you have ever applied for a J visa waiver recommendation or advisory opinion, please enter your most recent case number: _____</b>				
<b>19. I certify that I have read and understood all the questions set forth in this application and the answers I have furnished are true and correct to the best of my knowledge and belief. I understand that any false or misleading statement may result in the refusal of a waiver recommendation.</b>  Signature of Exchange Visitor: _____ Date (mmm-dd-yyyy) <u>Apr-07-2020</u>				

DO NOT WRITE BELOW THIS SPACE - FOR OFFICE USE ONLY			
Case No: 1667984	Date Rec.:	Fee Paid:	G-28:

Case Number: 1667984  
Request Type: Persecution

### Applicant Information

Title: Mr.  
Surname (Last): dsfsdf  
Given Name (First/Middle): sadfsdf  
Maiden Name: sdfsdf  
Gender: Male  
Date of Birth: 04/22/2000  
City of Birth: rwerweqrw  
Place of Birth: ANGOLA  
Country/Region of Origin (Nationality): THE BAHAMAS  
Country/Region of Legal Permanent Residence: BAHRAIN

### Other Names (Aliases)

Given Name (First/Middle)

Surname (Last)

Other Name 1:

Other Name 2:

Other Name 3:

### Contact Information

	Current	Mailing	Mailing Preference:
Address 1:	fdvdsfdfsdf		<input type="checkbox"/> Mailing Address
Address 2:			<input checked="" type="checkbox"/> Current Address
Address 3:		UNITED STATES OF AMERICA	<input type="checkbox"/> Attorney Address
City:	adfdgfsdf		Most Recent City/State:
Province:			adfdgfsdf, IDAHO
State:	IDAHO		
Country/Region:	UNITED STATES OF AMERICA		
Zip Code:	22222		
Postal Code:			

### Phone Number(s)

Location	Number	Extension	Type
		-	Home
			Business
		-	Fax

### Email Information

Email Address:

### Attorney Information

Law Firm or Organization Name:  
Name of Attorney or Representative  
Address 1:  
Address 2:  
Address 3:  
City:  
State:  
Zip code:  
Phone: Extension:  
Fax:  
Email Address:

Case Number: 1667984  
Name: Mr. sadfsdf dsfdsf  
Request Type: Persecution

Visa History

Entry Date of First J-1 Visa: 03/31/2020  
Entry Port of First J-1 Visa: 4wesd  
Entry State of First J-1 Visa:  
Issuing Post of First J-1 Visa:

Program Information

SEVIS ID	Program Number	Purpose	Begin Date	End Date	Subject Field Code	Funding Amount
A1111111111	P-1-1111	Program Extension / Continuation	03/30/2020	04/27/2020	11.1111	\$ 111

Dependent Information

Given name	Surname	Date of Birth	Place of Birth	Relationship	Status
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Explanation for any period of time in the U.S. not covered DS-2019 or IAP-66 form.

## STATEMENT OF REASON

1667984, sadfsdf, dsfdsf, 04/22/2000, POB: ANGOLA

April 07, 2020

SOR: gyftghfdgd

THIRD PARTY BARCODE PAGE

Case Number: 1667984  
Applicant Name: sadsdf dsfdf  
Applicant DOB: 04/22/2000  
Applicant POB: ANGOLA  
Waiver Basis: Persecution



20200407114421401

**TO THE USCIS:**

1) Please return this page (the Third Party Barcode Page) and the documents listed below to the Department of State at the address below:

Waiver Review Division  
U.S. Department of State  
Visa Office  
SA-17, 11th Floor  
600 19th Street, N.W.  
Washington DC 20522-1711

2) Form I-613. Please print the waiver applicant's case file number on both the statement and on the LOWER RIGHT of the envelope.