

ADVICE TO APPLICANT

PLEASE READ CAREFULLY. FEE WILL NOT BE RETURNED.

I. Aliens Eligible for Suspension of Deportation - You may be eligible to have your deportation suspended and to become an alien lawfully admitted to the United States for permanent residence under section 244 of the Immigration and Nationality Act ("INA"). To qualify for this benefit, you must establish in a hearing before an Immigration Judge that:

- A. you have been physically present in the United States for a continuous period of not less than 7 years immediately preceding the date of this application,

Note: *If you have been battered or subjected to extreme cruelty in the United States by your United States citizen spouse or parent, or you are the parent of a child of a United States citizen or lawful permanent resident and the child has been battered or subjected to extreme cruelty in the United States by such citizen or permanent resident parent, you must establish that you have maintained continuous physical presence in the United States for 3 years or more.*

Note: *If you are deportable under paragraphs (2), (3), or (4) of section 241(a) of the INA, you must establish that you have been physically present in the United States for a continuous period of not less than 10 years immediately following the commission of an act or assumption of a status constituting a ground of deportation.*

Note: *If you have served on active duty in the Armed Forces of the United States for at least 24 months, you do not have to meet the requirements of continuous physical presence in the United States. You must, however, have been in the United States when you entered the Armed Forces. If you are no longer in the Armed Forces, you must have been separated under honorable conditions.*

- B. you are and have been during the qualifying period described in "A" above a person of good moral character as described in 101(F) of the Act, and
- C. your deportation would result in extreme hardship to you or your United States citizen or lawful permanent resident spouse, parent, or unmarried child under 21 years of age.

Note: *If you are deportable under paragraphs (2), (3), or (4) of section 241(a) of the INA, you must establish that your deportation would result in exceptional and extremely unusual hardship to you or your United States citizen or lawful permanent resident spouse, parent, or unmarried child under 21 years of age.*

II. Aliens NOT Eligible for Suspension of Deportation - You are not eligible for suspension of deportation if you:

- A. entered the United States as a crewman after June 30, 1964,
- B. were admitted to the United States as, or later became, a nonimmigrant exchange alien as defined in INA section 101(a)(15)(J) other than to receive graduate medical education or training and are subject to the two-year foreign residence requirement of INA section 212(e), but have neither fulfilled nor obtained a waiver of that requirement,
- C. were admitted to the United States as, or later became, a nonimmigrant exchange alien as defined in INA section 101(a)(15)(J) in order to receive graduate medical education or training, regardless of whether or not you are subject to or have fulfilled the two-year foreign residence requirement of INA section 212(e), or
- D. are subject to deportation under INA section 241(a)(4)(D) as an alien who assisted in Nazi persecution or engaged in genocide.

III. How to Apply for Suspension of Deportation

In order to apply for suspension of deportation, you must answer all the questions on the attached Form EOIR-40 fully and accurately. An instruction sheet is attached to guide you in completing your application, paying the filing fee, serving your application on the Immigration and Naturalization Service, and filing your application with the appropriate Immigration Court. Please read the instruction sheet carefully before completing your application.

INSTRUCTIONS

1. PREPARATION OF APPLICATION.

To apply for suspension of deportation, you must fully and accurately answer all questions on the attached Form EOIR-40. A separate application must be prepared and executed for each person applying for suspension of deportation. All applications from a family unit may be submitted together and may be supported by the same documentary evidence, if practicable. An application on behalf of a child under 14 years of age shall be executed by a parent or guardian.

Your responses must be typed or printed legibly in ink. Do not leave any questions unanswered or blank. If any questions do not apply to you, write "none" or "not applicable" in the appropriate space.

To the extent possible, answer all questions directly on the form. If there is insufficient room to fully respond to a question, please continue your response on an additional sheet. Please indicate the number of the question being answered next to your response on the additional sheet and sign, date, and securely attach the additional sheet to the Form EOIR-40.

2. BURDEN OF PROOF.

The burden is on you to prove that you meet all of the statutory requirements for suspension of deportation under section 244 of the Immigration and Nationality Act and that you are entitled to such relief as a matter of discretion. To meet this burden, your responses to the questions on the application should be as detailed and complete as possible. You should also attach to your application any documents that demonstrate your eligibility for suspension of deportation ("supporting documents").

3. SUPPORTING DOCUMENTS.

Unless you qualify through military service, you should submit documentary evidence to show that you have been physically present in the United States for the required period. Documents which may evidence your physical presence in the United States include, but are not limited to, bankbooks, leases, deeds, licenses, receipts, letters, birth records, church records, school records, employment records, and evidence of tax payments.

You should submit documents showing that you are and have been during the entire period of physical presence in the United States required for eligibility for suspension of deportation a person of good moral character. It is recommended that you submit police records from each jurisdiction in which you resided during such period. To show good moral character it is recommended that you submit the affidavits of two witnesses, preferably citizens of the United States, and if you are employed, one from your employer, who can vouch for your good moral character during such period. The affidavits from your employer should include information regarding the nature and duration of your employment and your earnings.

You should submit official certification to establish your relationship to those you claim would suffer hardship by your deportation, and if such persons are citizens of the United States, evidence of their citizenship. Documentary evidence of such relationships may include, but are not limited to, birth records, marriage certificates, proofs of divorce or of termination of a marriage, and death certificates.

You should also submit with your application any temporary entry permit issued at the time of entry into the United States. The Immigration Judge may require you to submit additional records relating to your request for suspension of deportation. These documents may include, but are not limited to, documents which reflect payment of taxes, court convictions, or payment of child support during your physical presence in the United States.

The original of all supporting documents must be available for inspection at the hearing. If you wish to have the original documents returned to you, you should also present reproductions.

4. REQUIRED DOCUMENTS.

Each applicant 14 years of age or older must also complete a Biographic Information Form G-325A and a Fingerprint Card, FD-258. You will be given instructions on how to complete this requirement. You will be notified in writing of the time and location of the Application Support Center or the designated Law Enforcement Agency where you must go to be fingerprinted. It is important to furnish all the information on the card.

(Instructions continued on next page)

5. TRANSLATIONS.

Any document in a foreign language must be accompanied by an English language translation and a certificate signed by the translator stating that he/she is competent to translate the document and that the translation is true and accurate to the best of the translator's abilities. Such certification must be printed legibly or typed.

6. PHOTOGRAPHS.

You must submit two glossy, unretouched, color photographs of yourself taken within 30 days of the date of this application. These photos must have a white background and must not be mounted. The dimension of your facial image in the photograph should be about 1 inch from chin to top of hair and you should be shown in 3/4 frontal view showing the right side of your face with your right ear visible. Using a pencil or felt pen you should lightly print your name and alien registration number on the back of each photograph.

7. FEES.

Before you file your Form EOIR-40 with the Immigration Court, you must pay the fee prescribed in 8 CFR 103.7(b)(1) to the Immigration and Naturalization Service. Evidence of payment of this fee in the form of a fee stamp or a receipt must accompany your Form EOIR-40. This fee will not be refunded, regardless of the action taken on your application. Therefore, it is important that you read the advice, instructions, and application carefully before responding. If you are unable to pay the fee, you may ask the Immigration Judge to permit you to file your Form EOIR-40 without fee.

All fees must be submitted in the exact amount. Remittance may be made by cash, personal check, cashier's check, certified bank check, bank international money order, or foreign draft drawn on a financial institution in the United States and payable to the "Immigration and Naturalization Service" in United States currency. If the applicant resides in the Virgin Islands, the check or money order must be payable to the "Commissioner of Finance of the Virgin Islands." If the applicant resides in Guam, the check or money order must be payable to the "Treasurer, Guam." Personal checks are accepted subject to collectibility. An uncollectible check will render the application and any documents issued pursuant thereto invalid. A charge of \$5.00 will be imposed if a check in payment of a fee is not honored by the bank on which it is drawn. When the check is drawn on an account of a person other than the applicant, the name and alien registration number of the applicant must be entered on the face of the check.

8. SERVING & FILING YOUR APPLICATION.

You must serve the following documents on the INS trial attorney:

- a copy of your Form EOIR-40 Application for Suspension of Deportation with all supporting documents and additional sheets,
- evidence of payment of the filing fee or a request for a waiver of the fee by an Immigration Judge,
- the original Biographical Information Form G-325A,
- the original Fingerprint Card, FD-258, and
- a photograph of you which meets the requirements of #6 above.

You must file the following documents with the Immigration Court where your case will be heard:

- the original Form EOIR-40 with all supporting documents and additional sheets,
- evidence of payment of the filing fee or a request for a waiver of the fee by an Immigration Judge,
- a copy of Biographical Information Form G-325A,
- a copy of Fingerprint Card, FD-258,
- a photograph of you which meets the requirements of #6 above, and
- a certificate showing service of these documents on the INS trial attorney, unless service is made on the record at the hearing.

9. PENALTIES.

You must answer all questions on Form EOIR-40 truthfully and submit only genuine documents in support of your application. You will be required to swear or affirm that the contents of your application and the supporting documents are true to the best of your knowledge. Your answer to the questions on this form and the supporting documents you present will be used to determine whether your deportation should be suspended and whether you should be granted permanent resident status. Any answer you give and any supporting document you present may also be used as evidence in any proceeding to determine your right to enter, re-enter, pass through, or reside in the United States. Your application may be denied if any of your answers or supporting documents are found to be false.

(Instructions continued on next page)

Presenting false answers or false documents may also subject you to criminal prosecution. You may be prosecuted under 18 USC 1546 if you submit your application knowing that the application or any supporting document contains any false statement with respect to a material fact or if you swear or affirm that the contents of your application and the supporting documents are true, knowing that the application or any supporting document contains any false statement with respect to a material fact. If convicted, you could be fined up to \$250,000.00, imprisoned for up to 5 years, or both. 18 USC 1546(a), 3559(a)(4), 3571(b)(3).

10. PAPERWORK REDUCTION ACT.

We try to create forms and instructions that are accurate, can easily be understood, and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. The reporting burden for this collection of information is computed as follows: 1) learning about the form, 45 minutes, 2) completing the form, 2 hours, and 3) assembling and filing the form, 3 hours, for an estimated average of 5 hours, 45 minutes per response. If you have comments regarding the accuracy of this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, you may write to the U.S. Department of Justice, Executive Office for Immigration Review, Office of the General Counsel, 5107 Leesburg Pike, Suite 2400, Falls Church, Virginia 22041.

11. REPORTING BURDEN.

A person is not required to respond to a collection of information unless it displays a currently valid OMB control number.

**PLEASE READ ADVICE AND INSTRUCTIONS
BEFORE FILLING IN FORM**

PLEASE TYPE OR PRINT

Fee Stamp

PART 1 - INFORMATION ABOUT YOURSELF

1) My legal name is: <i>(Last, First, Middle)</i>		2) Alien Registration Number:		
3) My name given at birth was: <i>(Last, First, Middle)</i>		4) Birth Place: <i>(Place, Country)</i>		
5) Date of Birth: <i>(Month, Day, Year)</i>	6) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	7) Height:	8) Hair Color:	9) Eye Color:
10) Current Nationality & Citizenship:	11) Social Security Number:	12) Home Phone Number: ()	13) Work Phone Number: ()	
14) I currently reside at: <i>Apt. number and/or in care of</i> _____ <i>Number and Street</i> _____ <i>City or Town</i> _____ <i>State</i> _____ <i>ZIP Code</i> _____		15) I have been known by these additional name(s): _____ _____ _____		

16) During the last 10 years, I resided in the following locations in the United States: (If less than 10 years, set forth the information for the period you have been in the United States.) List **PRESENT ADDRESS FIRST**, and work back in time.

Street and Number - Apt. or Room# - City or Town - State - ZIP Code	Resided From: <i>(Month, Day, Year)</i>	Resided To: <i>(Month, Day, Year)</i>
		PRESENT

PART 2 - INFORMATION ABOUT THIS APPLICATION

17) I, the undersigned, hereby request that my deportation be suspended under the provisions of section 244 of the Immigration and Nationality Act (INA). I believe that I am eligible for suspension of deportation because such deportation would result in extreme hardship (or exceptional and extremely unusual hardship if I am subject to deportation under section 241 (a) (2), (3), or (4) of the INA) to: *(Place a C in the box if the family member is a citizen of the United States, an L if the family member is a lawful permanent resident of the United States, an X if the family member is neither, and leave BLANK if not applicable.)*

Myself *(and/or my)* Husband Wife Father Mother Child or Children.

Please state the basis for your claim that your deportation would result in extreme hardship to each of the individuals checked in the boxes above: _____

I, or my child, have been battered or subjected to extreme cruelty by a United States citizen or lawful permanent resident spouse or parent.

With the exception of absences described in question #25, I have been physically present in the United States since: *(Month, Day, Year)* _____.

PART 3 - INFORMATION ABOUT YOUR PRESENCE IN THE UNITED STATES

18) I first entered the United States under the name of: *(Last, First, Middle)*

19) I first entered the United States on: *(Month, Day, Year)*

20) Place or port of first entry: *(Place or Port, City, and State)*

21) I entered: as a Visitor, as a Student, without inspection, or Other *(Place an X in the correct box, if Other is selected please explain):*

22) Period for which admitted: *(Month, Day, Year)*
to

23) My last extension of stay in the United States expired on: *(Month, Day, Year)*

24) If not inspected or if entry occurred at other than a regular port, describe the circumstances as accurately as possible:

25) Since the date of my first entry I departed from and returned to the United States at the following places and on the following dates:
(Please list all departures regardless of how briefly you were absent from the United States)

If you have never departed from the United States since your original date of entry, please mark an X in the box:

	Port of Departure <i>(Place or Port, City and State)</i>	Departure Date <i>(Month, Day, Year)</i>	Purpose of Travel	Destination
1	Port of Return <i>(Place or Port, City and State)</i>	Return Date <i>(Month, Day, Year)</i>	Manner of Return	Inspected & Admitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Port of Departure <i>(Place or Port, City and State)</i>	Departure Date <i>(Month, Day, Year)</i>	Purpose of Travel	Destination
2	Port of Return <i>(Place or Port, City and State)</i>	Return Date <i>(Month, Day, Year)</i>	Manner of Return	Inspected & Admitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Port of Departure <i>(Place or Port, City and State)</i>	Departure Date <i>(Month, Day, Year)</i>	Purpose of Travel	Destination

26) Have you ever departed the United States: a) under an order of deportation? Yes No
b) pursuant to a grant of voluntary departure? Yes No

PART 4 - INFORMATION ABOUT YOUR MARITAL STATUS AND SPOUSE *(Continued on page 3)*

27) I am not married:
I am married:

28) If married, the name of my spouse is: *(Last, First, Middle)*

29) Date of marriage: *(Month, Day, Year)*

30) The marriage took place in: *(Place and Country)*

31) Birth place of spouse: *(Place and Country)*

32) My spouse currently resides at:

33) Birth date of spouse: *(Month, Day, Year)*

Apt. number and/or in care of

Number and Street

City or Town _____ *State/Country* _____ *ZIP Code* _____

34) My spouse is a citizen of: *(Country)*

35) If your spouse is other than a native born United States citizen, answer the following:

He/she arrived in the United States at: *(Place, City, and State)* _____

He/she arrived in the United States on: *(Month, Day, Year)* _____

His/her alien registration number is: A# _____

He/she was naturalized on *(Month, Day, Year)* _____ at _____
(Place, City, and State)

36) My spouse - is - is not employed. If employed, please give salary and the name and address of the place(s) of employment.

Full Name and Address of Employer	Earnings Per Week <i>(Approximate)</i>
_____	\$ _____
_____	\$ _____
_____	\$ _____

PART 4 - INFORMATION ABOUT YOUR MARITAL STATUS AND SPOUSE (Continued)

37) I - have - have not been previously married: (If previously married, list the name of each prior spouse, the dates on which each marriage began and ended, the place where the marriage terminated, and describe how each marriage ended.)

Name of prior spouse: (Last, First, Middle)	Date marriage began: Date marriage ended:	Place marriage ended: (Place and Country)	Description or manner of how marriage was terminated or ended:
_____	_____	_____	_____

38) My present spouse - has - has not been previously married: (If previously married, list the name of each prior spouse, the dates on which the marriage began and ended, the place where the marriage terminated, and describe how each marriage ended.)

Name of prior spouse: (Last, First, Middle)	Date marriage began: Date marriage ended:	Place marriage ended: (Place and Country)	Description or manner of how marriage was terminated or ended:
_____	_____	_____	_____

39) Have you been ordered by any court, or are otherwise under any legal obligation, to provide child support and/or spousal maintenance as a result of a separation and/or divorce? - Yes - No

PART 5 - INFORMATION ABOUT YOUR EMPLOYMENT AND FINANCIAL STATUS

40) Since my entry into the United States, I have been employed by the following - named persons or firms: (Please begin with present employment and work back in time. Any periods of unemployment or school attendance should be specified.)

Full Name and Address of Employer	Earnings Per Week (Approximate)	Type of Work Performed	Employed From: (Month, Day, Year)	Employed To: (Month, Day, Year)
_____	\$ _____	_____	_____	PRESENT
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____

41) If self-employed, describe the nature of the business, the name of the business, its address, and net income derived therefrom:

42) My assets (and if married, my spouse's assets) in the United States and other countries, not including clothing and household necessities, are:

<u>Self</u>	<u>Jointly Owned with Spouse</u>
Cash, Stocks, and Bonds — — — — — \$ _____	Cash, Stocks, and Bonds — — — — — \$ _____
Real Estate — — — — — \$ _____	Real Estate — — — — — \$ _____
Automobile (dollar value - amount owed) — \$ _____	Automobile (dollar value - amount owed) — \$ _____
Other (describe on line below) — — — — — \$ _____	Other (describe on line below) — — — — — \$ _____
_____ TOTAL \$ _____	_____ TOTAL \$ _____

43) I - have - have not received public or private relief or assistance (e.g. Welfare, Unemployment Benefits, Medicaid, ADC, etc.). If you have, please give full details including the type of relief or assistance received, date for which relief or assistance was received, place, and amount received during this time: _____

44) Please list each of the years in which you have filed an income tax return with the Internal Revenue Service: _____

PART 6 - INFORMATION ABOUT YOUR FAMILY (Continued on page 5)

45) I have _____ (Number of) children. Please list information for each child below, include assets and earnings information for children over the age of sixteen who have separate incomes:

Name of Child: (Last, First, Middle) Child's Alien Registration Number:	Citizen of What Country: Birth Date: (Month, Day, Year)	Now Residing At: (Place and Country) Birth Place: (Place and Country)	Immigration Status of Child?
_____ A#:	_____ _____ / _____ / _____	_____ _____	
Estimated Total of Assets: \$ _____ Estimated Average Weekly Earnings: \$ _____			
_____ A#:	_____ _____ / _____ / _____	_____ _____	
Estimated Total of Assets: \$ _____ Estimated Average Weekly Earnings: \$ _____			
_____ A#:	_____ _____ / _____ / _____	_____ _____	
Estimated Total of Assets: \$ _____ Estimated Average Weekly Earnings: \$ _____			

46) If your application is denied, would your spouse and all of your children accompany you to your:
Country of Birth - Yes No, Country of Nationality - Yes No, and/or Country of Last Residence - Yes No.
 If you answered "NO" to any of the responses, please explain: _____

47) Members of my family, including my spouse and/or child(ren) - have - have not received public or private relief or assistance (e.g., Unemployment Benefits, Welfare, Medicaid, ADC, etc.). If any member of your immediate family has received such relief or assistance, please give full details including identity of person(s) receiving relief or assistance, dates for which relief or assistance was received, place, and amount received during this time: _____

48) Please give the requested information about your parents, brothers, sisters, aunts, uncles, and grandparents. As to residence, show street address, city, and state, if in the United States; otherwise show only country:

Name: (Last, First, Middle) Alien Registration Number:	Citizen of What Country: Birth Date: (Month, Day, Year)	Relationship to Me: Birth Place: (Place and Country)	Immigration Status of Listed Relative
_____ A#:	_____ _____ / _____ / _____	_____ _____	
Complete Address of Current Residence: _____ _____			
_____ A#:	_____ _____ / _____ / _____	_____ _____	
Complete Address of Current Residence: _____ _____			

PART 6 - INFORMATION ABOUT YOUR FAMILY (Continued)

IF THIS APPLICATION IS BASED ON HARDSHIP TO A PARENT OR PARENTS, QUESTIONS 49 TO 52 MUST BE ANSWERED.

49) As to such parent who is not a citizen of the United States, give the date and place of arrival in the United States including full details as to the manner and terms of admission into the United States: _____

50) My father - is - is not employed. If employed, please give salary and the name and address of the place(s) of employment.

Full Name and Address of Employer	Earnings Per Week (Approximate)
	\$

51) My mother - is - is not employed. If employed, please give salary and the name and address of the place(s) of employment.

Full Name and Address of Employer	Earnings Per Week (Approximate)
	\$

52) My parent's assets in the United States and other countries not including clothing and household necessities are:

Assets of father consist of the following:

Cash, Stocks, and Bonds — — — — \$ _____
 Real Estate — — — — — — — — — — \$ _____
 Automobile (dollar value - amount owed) — — — — \$ _____
 Other (describe on line below) — — — — \$ _____
 _____ **TOTAL** \$ _____

Assets of mother consist of the following:

Cash, Stocks, and Bonds — — — — \$ _____
 Real Estate — — — — — — — — — — \$ _____
 Automobile (dollar value - amount owed) — — — — \$ _____
 Other (describe on line below) — — — — \$ _____
 _____ **TOTAL** \$ _____

PART 7 - MISCELLANEOUS INFORMATION (Continued on page 6)

53) I - have - have not acquired the status of an exchange alien after entry into the United States.

54) I - have - have not submitted address reports as required by section 265 of the Immigration and Nationality Act.

55) I - have - have never (either in the United States or in any foreign country) been arrested, summoned into court as a defendant, convicted, fined, imprisoned, placed on probation, or forfeited collateral for an act involving a felony, misdemeanor, or breach of any public law or ordinance (including, but not limited to, traffic violations or driving incidents involving alcohol). (If answer is in the affirmative, please give a brief description of each offense including the name and location of the offense, any penalty imposed, any sentence imposed, and the time actually served). _____

56) Have you ever served in the Armed Forces of the United States? - Yes - No. If "Yes", please state branch (Army, Navy, etc.) and service number. _____
 Place of entry on duty: (Place, City, and State) _____
 Date of entry on duty: (Month, Day, Year) _____ Date of discharge: (Month, Day, Year) _____
 Type of discharge (Honorable, Dishonorable, etc.): _____
 I served in active duty status from: (Month, Day, Year) _____ to (Month, Day, Year) _____

57) Have you ever left the United States or the jurisdiction of the district where you registered for the draft to avoid being drafted into the military or naval forces of the United States? Yes No

PART 7 - MISCELLANEOUS INFORMATION(Continued)

58) Have you ever deserted from the military or naval forces of the United States while the United States was at war? Yes No

59) If male, did you register under the Selective Service (Draft) Law of 1917, 1918, 1948, 1951, or later Draft Laws? Yes No
 If "Yes," please give date, Selective Service number, local draft board number, and your last draft classification: _____

60) Were you ever exempted from service because of conscientious objection, alienage, or any other reason? Yes No

61) Please list your present or past membership in or affiliation with every political organization, association, fund, foundation, party, club, society, or similar group in the United States or any other place since your 16th birthday. Include any foreign military service in this part. If none, write "NONE". Include the name of the organization, location, nature of the organization, and the dates of membership.

Name of Organization	Location of Organization	Nature of Organization	Member From: (Month, Day, Year)	Member To: (Month, Day, Year)

62) Have you ever:

- Yes No been ordered deported?
- Yes No overstayed a grant of voluntary departure from an Immigration Judge or the Immigration and Naturalization Service (INS)?
- Yes No failed to appear for deportation?

63) Have you ever been:

- Yes No a habitual drinker?
- Yes No one whose income is derived principally from illegal gambling?
- Yes No one who has given false testimony for the purpose of obtaining immigration benefits?
- Yes No one who has engaged in prostitution or unlawful commercialized vice?
- Yes No involved in a serious criminal offense and have asserted immunity from prosecution?
- Yes No a polygamist?
- Yes No one who aided and/or abetted another to enter the United States illegally?
- Yes No a trafficker of a controlled substance, or a knowing assister, abettor, conspirator, or colluder with others in any such controlled substance (not including a single offense of simple possession of 30 grams or less of marijuana)?

64) I - can - can not arrange a trip outside the United States to obtain an immigrant visa. If not, please explain:

