



HỘI GIA ĐÌNH TÙ NHÂN CHÍNH TRỊ VIỆT NAM  
FAMILIES OF VIETNAMESE POLITICAL PRISONERS ASSOCIATION

P.O. BOX 5435, ARLINGTON, VA 22205-0635  
TELEPHONE: 703-560-0058

POLITICAL PRISONER REGISTRATION FORM  
(Two Copies)

IV # \_\_\_\_\_  
VEWL.# \_\_\_\_\_  
I-171 : \_\_\_\_\_ Yes, \_\_\_\_\_ No

The purpose of this form is to identify persons who are or were formerly interned in re-education camps in Vietnam, so that eligibility for U.S. admission via the Orderly Departure Program can be established.

1. APPLICANT IN VIETNAM HỒ NGOC PHUỐC  
Last Middle First

Current Address 313 LÔ P CỤ XÃ THANH ĐÀ PHƯỜNG 27 QUẬN BÌNH CHÁNH H.C.M

Date of Birth OCT. 27-1925 Place of Birth CHOLON VIETNAM

Previous Occupation (before 1975) LIEUTENANT COLONEL  
(Rank & Position)

2. TIME SPENT IN RE-EDUCATION CAMP Dates : From 15/6/1975 To 13/2/1988

3. SPONSOR'S NAME: \_\_\_\_\_  
Name

\_\_\_\_\_  
Address & Telephone

4. NAMES OF RELATIVES/ACQUAINTANCES IN THE U.S.

<u>Name, Address &amp; Telephone</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____

If you are eligible to file for the applicant under Category I of the ODP criteria and have not filed an Affidavit of Relationship (AOR), you are encouraged to do so. Also, persons in the U.S. who are eligible to petition for relatives in Vietnam on INS Form I-130 must do so.

Date Prepared: JULY 14, 1988

5. NAME OF PRINCIPAL APPLICANT (PA) : HỒ NGOC PHUỐC  
(Listed on page 1)

NAME OF DEPENDENT/ACCOMPANYING RELATIVES	DATE OF BIRTH	RELATIONSHIP TO PA.
TRẦN NGOC ANH	3/1/1930	WIFE
HỒ PHUỐC ĐẠT	25/1/1961	SON
TRẦN THỊ MỸ PHUỞNG	26/2/1961	DAUGHTER-IN-LAW
HỒ THỊ PHUỞNG THẢO	4/4/1987	GRAND DAUGHTER

DEPENDENT'S ADDRESS :(if different from above)

S/A

6. ADDITIONAL INFORMATION :

Hố Chí Minh City, March 15<sup>th</sup> 1988.

To: THE DIRECTOR OF THE ORDERLY DEPARTURE  
PROGRAM (ODP) AMERICAN EMBASSY ODP  
BOX 58 APO SAN FRANCISCO 96346-001

Subject: REQUEST FOR REFUGEE TO THE USA  
UNDER THE ODP.

Dear Sir,

I under signed: HỒ NGỌC PHƯỚC

Place, date of birth: CHOLON . 27-10-1925

Marital status: Married

Education: Finished high school

Home address: 313 L8 P. Cu xá THANH-ĐA,

Phường 27 Quận Bình Thạnh. Thành Phố Hồ  
Chí Minh

Mailing address: as above.

Current occupation:

Before April 30<sup>th</sup> 1975

Name: HỒ NGỌC PHƯỚC Date of birth: 27-10-1925

Serial number: 457/102675

Rank: Lieutenant Colonel

Occupation: Military Security Department

After April 30<sup>th</sup> 1975

Re-education in concentration camps: 12 years + 7 months + 28 days  
from 15-6-1975 to 13-2-1988)

I wish to beg the Director of ODP to  
examine my situation your assistance and intervention  
with the Vietnamese Authorities under auspices of  
the HNHR in order I and my family may  
leave Vietnam to go to United States of America  
for the purpose: REFUGEE.

Please accept here our deeply gratefulness.

Respect fully yours.

Attached here with.

- Released Certificate (photocopy)

Meooc

# QUESTIONNAIRE FOR ODP APPLICANTS

## A. BASIC IDENTIFICATION DATA

1. Name: HO NGOC PHUOC
2. Date, place of birth: 27-10-1925 tại CHOLON (NAM VIETNAM)
3. Residence address: 313-18 P. Cu xá Thanh Đa  
Phường 27 - Quận Bình Thạnh - Thành phố Hồ Chí Minh
4. Mailing address: as above
5. Current occupation: Trung Tá Trưởng Phòng Giám Sát - Tổng quát  
tại Cục AN NINH QUÂN ĐỘI

## B. RELATIVES TO ACCOMPANY ME:

No	Name	Date of birth	Place of birth	Sex	Marital Status	Relationship
1.	TRẦN NGUYỄN ANH	3.1.1930	CHOLON	Nữ	Đã lập gia đình (M)	Vợ
2.	HỒ PHUOC DAT	25.5.1951	SAIGON	Nam	Đã lập gia đình (M)	Con
3.	TRẦN THỊ MỸ PHUONG	26.2.1951	CHOLON	Nữ	Đã lập gia đình (M)	Đau
4.	HỒ THỊ PHUONG THAO	4.4.1987	SAIGON	Nữ	(S)	Cháu nội

## C. SERVICES WITH GVN OR RVN AF BY YOU:

1. Name of person serving: HO NGOC PHUOC
2. Date: from 17.11.1953 to 30.4.1975
3. Last rank: TRUNG TA
4. Military unit: Cục AN NINH, QUÂN ĐỘI
5. Name of Supervisor: Chuẩn Tướng Vũ Đức NHIỆM
6. Reason for leaving: Điền C6 30.4.1975, đi cải tạo

## D. TRAINING OUTSIDE VIETNAM OF YOU

1. Name of student trainer: HO NGOC PHUOC

2. School and school address	3. Dates	4. Description of courses	5. Who paid for training
- Sư Đoàn 25 Hoa Kỳ tại Hawaii	1 tháng (1957)	Du hành quan sát	Chính phủ Hoa Kỳ
- Trường Fort Benning tại Georgia	3 tháng (1959)	Khóa Đại Đội Trưởng Bộ Binh	Chính phủ Hoa Kỳ
- Trường Tình Báo Hoa Kỳ tại Thái Bình Dương (OKINAWA)	3 tháng (1960)	Khóa An Ninh Cầu Bán	Chính phủ Hoa Kỳ

Tôi được cấp bằng sau 2 khóa học Đại Đội Trưởng và An Ninh Cầu bán

## E. Reeducation of you:

1. Name of person in reeducation: HO NGOC PHUOC
2. Total time of reeducation: 12 năm 7 tháng + 28 ngày  
(từ ngày 15.6.1975 đến 13.2.1988)

Signature

Date 15-3-1988

*Phuoc*

BỘ NỘI VỤ

CỘNG HÒA XÃ HỘI CHỦ NGHĨA VIỆT NAM

Độc lập — Tự do — Hạnh phúc

10.109  
20.2.88  
Mẫu số 001-QLTG, ban hành theo công văn số 2563 ngày 27 tháng 11 năm 1972

Trại

Số /HS

--	--	--	--	--	--	--	--	--	--

SIISLD

## GIẤY RA TRẠI

Theo thông tư số 966-BCA/TT ngày 31-5-1961 của Bộ Nội vụ:

Thi hành án văn, quyết định tha số ngày tháng năm

của

Nay cấp giấy tha cho anh, chị có tên sau đây:

Họ, tên khai sinh Sinh năm 19

Các tên gọi khác

Nơi sinh

Nơi đăng ký nhân khẩu thường trú trước khi bị bắt

Cán tại

Bị bắt ngày

Án phạt

Theo quyết định, án văn số ngày tháng năm của

Số lần, cộng thành năm tháng

CHỨNG NHÂN GIỚI ĐI được gần lần, cộng thành năm tháng

Xuất trình tại UBND Nay về cơ sở tại

Ngày tháng năm

IRINH PHƯƠNG

Anh Phước có nhiều cố gắng trong học tập lao động, và

chấp hành nội quy trại.

Hiện đã xong để cấp giấy ra trại về đơn gia đình

Đương sự phải trình diện tại UBND Phường, xã:

Trước ngày tháng năm

Lưu ý  
Của  
Danh bạ số  
Cấp tại

Họ tên, chữ ký  
người được cấp giấy

Nhuoc

Ngày tháng năm 1988  
P. Trưởng trại  
(ghi rõ họ tên, cấp bậc, chức vụ)

Phúc

Xã nhân

anh Hồ Ngọc Phước 1925

Có tên công an trước 27

QB Thanh - Bình định ngày 10/2/88.

ngày 10/2/88



Đã EF 27  
AB 27

Đoàn Thị Kim Nam



# HỘI GIA ĐÌNH TÙ NHÂN CHÍNH TRỊ VIỆT NAM

## FAMILIES OF VIETNAMESE POLITICAL PRISONERS ASSOCIATION

P.O. BOX 5435, ARLINGTON, VA 22205-0635

TELEPHONE: 703-560-0058

Ngày 14 tháng 7 năm 1988

### Hội Đồng Quản Trị Board of Directors

KHÚC MINH THƠ  
NGUYỄN THỊ HẠNH  
NGUYỄN QUỲNH GIAO  
NGUYỄN VĂN GIỚI  
NGUYỄN XUÂN LAN  
HIẾP LOWMAN  
TRẦN KIM DUNG  
TRẦN THỊ PHƯƠNG

### Ban Chấp Hành T.U. Executive Board

KHÚC MINH THƠ  
President  
NGUYỄN QUỲNH GIAO  
1st Vice-President  
TRẦN KIM DUNG  
2nd Vice-President  
NGUYỄN VĂN GIỚI  
Secretary General  
TRẦN THỊ PHƯƠNG  
Deputy Secretary  
NGUYỄN THỊ HẠNH  
Treasurer

### Cố Vấn Đoàn Advisory Committee

HIẾP LOWMAN  
NGUYỄN XUÂN LAN

Kính gửi: Bà Trương Thị Lập

Thưa Ông/Bà,

SUISSE

Hội Gia-Đình Tù-Nhân Chính-Trị Việt-Nam đã nhận được thủ và hồ sơ của Ông/Bà xin đoàn tụ cho thân bằng quyến thuộc. Chúng tôi thành thật cảm ơn Ông/Bà đã tỏ lòng tin tưởng và hưởng ứng hoạt động của Hội trong công tác nhân đạo này để vận động cho thân nhân của chúng ta sớm được đoàn tụ.

Chúng tôi đang xúc tiến việc lập danh sách của quý thân nhân hiện còn bị giam giữ hay đã được trả tự do cũng, với gia đình muốn rời Việt-Nam theo chương trình "Ra đi có trật tự" (ODP) để nộp cho cơ quan có thẩm quyền cứu xét.

Nếu Ông/Bà chưa lập hồ sơ đoàn tụ cho thân nhân, xin hãy điền các mẫu đính kèm gửi về cho Hội, đồng thời chúng tôi cũng đề nghị Ông/Bà tiếp xúc với cơ quan thiện nguyện tại địa phương để lập thủ tục đoàn tụ qua chương trình "Ra đi có trật tự". Trường hợp đã nộp đơn rồi, xin gửi cho Hội một bản sao.

Vì Hội hoạt động có tính cách từ nguyện, nên xin Ông/Bà vui lòng mỗi khi liên lạc thủ tin với Hội, gửi cho một phong bì có dán tem sẵn để tiện việc phục đáp.

Kính thư,

Bà Khúc Minh Thơ  
Chủ Tịch

HỒ SƠ TÊN:

HỒ NGOC PHƯỚC  
Lieutenant Colonel

TÀI LIỆU CẦN BỒ TÚC: (Bản sao, mỗi thứ 2 bản)

☒ LƠI  
I-171  
IV #

☒ ĐIỀN VÀO MẪU ĐÍNH KÈM (Mỗi mẫu 2 bản)



BY AIR MAIL  
FLUGPOST PAR AVION

Tết

Bà Khúc & Lê 916 Bình Lợi  
APR 29 1981 PO Box 5435 Arlington  
VA 22205-0635

U.S.A

M<sup>lle</sup> Truong

Suisse



Genève 29 Avril 88

Kính gửi Bà Khúc Thu Minh & con  
lễ ban đặc nhiệm từ nhân Chính trị

Chưa Bà

Tin gửi như Bà cần xét hỏi  
sơ hồ Ngọc Phước là (ai tạo  
mời được về, hôm Tết này.  
Ông này cũng ở chung &  
địa chủ với cháu tôi, nên  
như tôi, để lấy liên lạc  
với địa chủ tôi cho tiện  
tư vấn xong xin  
cần ơn Bà.

Và Khúc Thu Minh

Thầy họ

Suisse

512 - C Street, N.E.  
Washington, D.C. 20002  
Telephone: 202-546-3120  
Member of American Council for Nationalities Service

## ORDERLY DEPARTURE PROGRAM

Your Name: Mr/Mrs/Miss KHUE MINH THU Phone (Home) \_\_\_\_\_  
(Last) (Middle) (First) (Work) \_\_\_\_\_

**Your Address:** \_\_\_\_\_

Date of Birth: Jan. 12, 1939 Place of Birth SABEC, VIETNAM

Alien number \_\_\_\_\_ or Naturalization Certificate No. 11558778

**Legal Status:** Refugee \_\_\_\_\_ Parolee \_\_\_\_\_ Permanent Resident \_\_\_\_\_ U.S.Citizen ☒

THE FOLLOWING PERSONS LIVING IN VIETNAM WHO ARE KNOWN TO ME, MAY BE ELIGIBLE TO ENTER THE U.S. AS A FORMER U.S. GOVERNMENT EMPLOYEE, CLOSE ASSOCIATE TO THE U.S., OR AMERASIAN.

NAME OF PRINCIPAL EMIGRANT	DATE/PLACE OF BIRTH	RELATION	ADDRESS IN VIETNAM
		FRIEND	313 LÊ G. CƯỜNG
HỒ NGỌC PHƯỚC	Oct. 27, 1925		THANH ĐÀ # 727
IR # 253427	VIETNAM		

**Number of close relatives accompanying Principal Emigrant:**\_\_\_\_\_

[illegible]

DESCRIPTION OF PAST ASSOCIATION (of Emigrant)

U.S. GOVERNMENT EMPLOYEE

U.S. Government Agency N/A Last Title/Grade \_\_\_\_\_

Name/Position of supervisor \_\_\_\_\_ / \_\_\_\_\_

EMPLOYEE OF AMERICAN COMPANY OR ORGANIZATION:

U.S. Company, Contractor, Agency, Organization or Foundation

N/A

Last Title / Grade \_\_\_\_\_ Name/Position of Supervisor \_\_\_\_\_

EMPLOYEE OF VIETNAMESE GOVERNMENT (Prior to 1975):

Ministry or Military Unit \_\_\_\_\_ Last Title/Grade Lt. Colonel

Name/ Position of supervisor \_\_\_\_\_

Was time spent in re-education camp? Yes \_\_\_\_\_ No \_\_\_\_\_ How Long \_\_\_\_\_

Years 13 Month \_\_\_\_\_

FORMER STUDENT IN U.S. OR ABROAD UNDER U.S. GOVERNMENT SPONSORSHIP

School N/A Location \_\_\_\_\_

Type of Degree or Certificate \_\_\_\_\_

Dates of Employment or Training \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

ASIAN-AMERICANS: Single \_\_\_\_\_ Married \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Full Name of Mother \_\_\_\_\_ Her age \_\_\_\_\_

Address: \_\_\_\_\_

Full Name of the U.S. Citizen Father (if know) \_\_\_\_\_

Address: \_\_\_\_\_

I Swear that the above information is true to the best of my knowledge.

Signature [Signature] Date \_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_

My Commission expires \_\_\_\_\_

**512 - C Street, N.E.  
Washington, D.C. 20002  
Telephone: 202-546-3120**

IV # 253927

## DATE \_\_\_\_\_

**Your Address:** \_\_\_\_\_

Date of Birth: Jan. 12, 1939 Place of Birth SADEC, VIETNAM

Alien number \_\_\_\_\_ or Naturalization Certificate No. 11858778

**Legal Status:** Refugee \_\_\_\_\_ Parolee \_\_\_\_\_ Permanent Resident \_\_\_\_\_ U.S.Citizen ☒

THE FOLLOWING PERSONS LIVING IN VIETNAM WHO ARE KNOW TO ME, MAY BE ELIGIBLE TO ENTER THE U.S. AS A FORMER U.S. GOVERNMENT EMPLOYEE, CLOSE ASSOCIATE TO THE U.S., OR AMERASIAN.

NAME OF PRINCIPAL EMIGRANT	DATE/PLACE OF BIRTH	RELATION	ADDRESS IN VIETNAM
-		FRIEND	313 LÊ G. Cui Xa'
HỒ NGỌC PHƯỚC	Oct. 27, 1925		THANH ĐA # 727
IV# 253427	VIETNAM		

**Number of close relatives accompanying Principal Emigrant:**\_\_\_\_\_

[illegible]

DESCRIPTION OF PAST ASSOCIATION (of Emigrant)

U.S. GOVERNMENT EMPLOYEE

U.S. Government Agency N/A Last Title/Grade \_\_\_\_\_

Name/Position of supervisor \_\_\_\_\_ / \_\_\_\_\_

EMPLOYEE OF AMERICAN COMPANY OR ORGANIZATION:

U.S. Company, Contractor, Agency, Organization or Foundation

N/A

Last Title / Grade \_\_\_\_\_ Name/Position of Supervisor \_\_\_\_\_

EMPLOYEE OF VIETNAMESE GOVERNMENT (Prior to 1975):

Ministry or Military Unit \_\_\_\_\_ Last Title/Grade Lt. Colonel

Name/ Position of supervisor \_\_\_\_\_

Was time spent in re-education camp? Yes \_\_\_\_\_ No \_\_\_\_\_ How Long \_\_\_\_\_

Years 13 Month \_\_\_\_\_

FORMER STUDENT IN U.S. OR ABROAD UNDER U.S. GOVERNMENT SPONSORSHIP

School N/A Location \_\_\_\_\_

Type of Degree or Certificate \_\_\_\_\_

Dates of Employment or Training \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

ASIAN-AMERICANS: Single \_\_\_\_\_ Married \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Full Name of Mother \_\_\_\_\_ Her age \_\_\_\_\_

Address: \_\_\_\_\_

Full Name of the U.S. Citizen Father (if know) \_\_\_\_\_

Address: \_\_\_\_\_

I Swear that the above information is true to the best of my knowledge.

Signature [Signature] Date \_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_

My Commission expires \_\_\_\_\_

**DESCRIPTION OF PAST ASSOCIATION (of Emigrant)**

**U.S. GOVERNMENT EMPLOYEE**

U.S. Government Agency N/A Last Title/Grade \_\_\_\_\_

Name/Position of supervisor \_\_\_\_\_

**EMPLOYEE OF AMERICAN COMPANY OR ORGANIZATION:**

U.S. Company, Contractor, Agency, Organization or Foundation

N/A

Last Title / Grade \_\_\_\_\_ Name/Position of Supervisor \_\_\_\_\_

**EMPLOYEE OF VIETNAMESE GOVERNMENT**

Ministry or Military \_\_\_\_\_

Name/ Position of supervisor \_\_\_\_\_

Was time spent in \_\_\_\_\_

Years 13 Month \_\_\_\_\_

**FORMER STUDENT IN U.S.**

School N/A \_\_\_\_\_

Type of Degree or Certificate \_\_\_\_\_

Dates of Employment \_\_\_\_\_

Month/Year

**ASIAN-AMERICANS:** Single \_\_\_\_\_ Married \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Full Name of Mother \_\_\_\_\_ Her age \_\_\_\_\_

Address: \_\_\_\_\_

Full Name of the U.S. Citizen Father (if know) \_\_\_\_\_

Address: \_\_\_\_\_

I Swear that the above information is true to the best of my knowledge.

Signature [Signature] Date \_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_

My Commission expires \_\_\_\_\_

*Phuoc*  
*313 - 15 G Cu Xa Thang*  
*Da # 727*  
*Q. T. Buie TP HCP*  
*HO 20*

*Colonel*

ban  
auz Ban

# ODP CHECK FORM

DATE: 7-5-93

To: MR. RICARDO WARNER  
RP/RAP/SEA. (ODP)  
Department of State  
Washington, D.C. 20520  
Tel.: (202) 663-1053

King so chit n  
ban tro -

From: Families of Vietnamese Political Prisoners Association  
P.O. Box 5435-Arlington, Virginia 22205-0635  
or 7813 Marthas Lane, Falls Church, Va. 22043

Name: Ho Ngoc Phuong

Date of Birth: 10.27.25

Address in VN: 113/6 Tran Binh Trong P. 10  
Quận Phú Nhuận - TP HCM  
2/13 Lõ G Cu xa' Thang Da # 727  
Q. Tân Bình - TP HCM.

Spouse Name:

Number of Accompanying Relatives:

Reeducation Time: 13 Years Months Days

IV # 253-927

VEWL # approved 7/1

HO # 20-1021 B end of.

I-171: Yes No mit: Yes No

Special List #

R.D. List #

Sponsor:

Remarks (from Mr. Warner)

★ DAL 8/93  
Thang 1 huy  
I U # 332-309  
DOB 12/4/52  
Can au loc  
5 Phay Thi

Final  
Approved 8/1/93  
end 11/93



COMMONWEALTH OF VIRGINIA  
COUNTY OF FAIRFAX



HOME BASED CARE CHECKLIST  
CLIENT RESPONSIBILITIES

*Mr Hoang,*

You will need to obtain the following information in order to be assessed for Home Based Care Services. After you have gathered this information, please call the Social Worker listed at the bottom of this form for an appointment. In order to be evaluated, this information needs to be returned within ten days.

- (1) Copy of Social Security card
- (2) Income verification (including Social Security, Pensions, interest from bank accounts and investments and family contributions)
- (3) Health insurance verification (copy of Medicare/Medicaid, BC/BS cards)

*Chad Phineas Ho* ed for

- (4) Physician statement *Re: M*

*Ken  
Hick  
Bae* *Services and Medu*

During your first interview, please release form so that we can discuss physician and home care agencies.

*SS #*

sign a  
ibers,

SOCIAL WORKER

PHONE

DATE

*Mae Christian*

*533-5451*

*2/16/94*



# Refugee Services

Phone: (703) 524-2130

CATHOLIC DIOCESE OF ARLINGTON, VA

80 No. Glebe Rd., Arlington, VA 22203

## FAIRFAX CITY/COUNTY REFERRAL FOR SERVICES

Name of Refugee HO NGOC PHUOC Size of Family 01  
Date of Arrival 1/27/94  
Address: \_\_\_\_\_ Tel. \_\_\_\_\_

1. Social Security Card Office 7777 Leesburg Pike, Falls Church  
Date of application \_\_\_\_\_ Date of reception \_\_\_\_\_
2. Health Screening: call for appointment  
Falls Church: 7115 Leesburg Pike, Falls Church VA  
Tel: (703) 534-8343  
Springfield: 5700 Hanover Ave., Springfield VA  
Tel: (703) 569-1031  
Mt. Vernon: 6301 Richmond Hwy., Alexandria, VA  
Tel: (703) 660-7100  
Herdon/Reston: 1850 Cameron Glen Dr., Suite 100 Reston  
Tel: (703) 481-4242

Wife  
and  
two

Appointment dates: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

3. Department of Human Development Call for appointment  
6245 Leesburg Pike, 2nd floor, Falls Church. Tel: 533-5300  
12011 Government Ctr Parkway-Bldg B3, Fairfax VA 22035-1102. Tel: 324-7625  
8850 Richmond Hwy., Alexandria Tel: 799-8400  
1850 Cameron Glen Dr. Suite 700, Reston Tel: 481-4025

Date applied: \_\_\_\_\_ Type of assistance: \_\_\_\_\_  
Medicaid \_\_\_\_\_ Food Stamp \_\_\_\_\_ Cash \_\_\_\_\_

4. School registration:  
Adult(s) 6131 Willston Dr., Falls Church Tel. 536-2048  
Children: 2831 Graham Rd., Falls church, Tel. 8765230/31

Date of registration \_\_\_\_\_ Date Starting \_\_\_\_\_  
Name of School \_\_\_\_\_ Grade \_\_\_\_\_

5. Dept. of Human Dev./Manpower  
6131 Willston Dr., Falls Church, VA Tel. 536-2036  
Date of Registration \_\_\_\_\_  
Name of the Employment Specialist/Counselor \_\_\_\_\_

6. Financial assistance from MRS/USCC/Arlington  
Direct assistance to the Family \$ 500.00  
Date 1/28/1994 Case Manager Ngoc-Anh Davis

low  
out Ban

**ODP CHECK FORM**

DATE: 7-5-93

To: MR. RICARDO WARNER  
RP/RAP/SEA. (ODP)  
Department of State  
Washington, D.C. 20520  
Tel.: (202) 663-1053

Xung so chit in  
bàn thờ -

From: Families of Vietnamese Political Prisoners Association  
P.O.Box 5435-Arlington, Virginia 22205-0635  
or 7813 Marthas Lane, Falls Church, Va. 22043

Name: Hồ Ngọc Phước

Date of Birth: 10.27.25

Address in VN: 113/6 Tân Bình Trưng P. 10  
Quận Phú Nhuận - TP HCM  
213 Lố G Cư xá Thành Đa # 727  
Q. Tân Bình - TP HCM.

Spouse Name: \_\_\_\_\_

Number of Accompanying Relatives: \_\_\_\_\_

Reeducation Time: 13 Years \_\_\_\_\_ Months \_\_\_\_\_ Days

IV # 253-927

VEWL # \_\_\_\_\_

HO # 20-1021 B

I-171: \_\_\_\_\_ Yes \_\_\_\_\_ No ; Exit Permit: \_\_\_\_\_ Yes \_\_\_\_\_ No

Special List # \_\_\_\_\_

R.D. List # \_\_\_\_\_

Sponsor: \_\_\_\_\_

Remarks (from Mr. Warner): \_\_\_\_\_

Sincerely,

Khuc Minh Tho  
(703) 358-5154 (O); (703) 560-0058 (H)

approved 7/1  
end of  
NDV  
Final  
Approved 7/1/93  
end 11/93

Departure Number

930000318 03

Immigration and  
Naturalization Service

I-94  
Departure Record

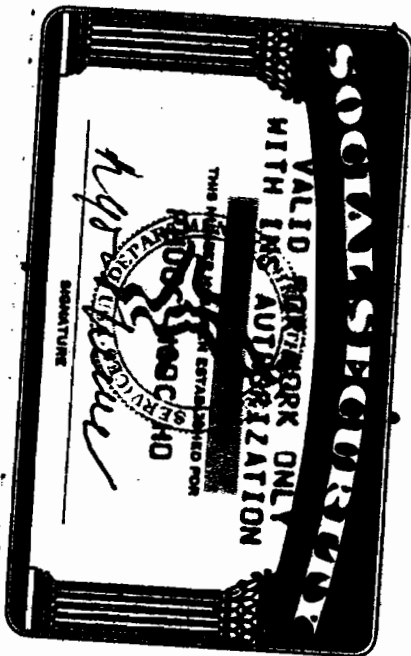
ADMITTED AS A NONIMMIGRANT  
PURSUANT TO SEC. 287 OF  
THE IAN ACT. IF YOU DE-  
PART THE U.S., YOU WILL  
NEED PRIOR PERMISSION  
FROM INS TO RETURN.  
EMPLOYMENT AUTHORIZED

JAN 27 1994 SFR 530

14. Family Name HO	
15. First (Given) Name PHUOC NGOC	16. Birth Date (Day/Mo/Yr) 27 10 25
17. Country of Citizenship VIETNAM	

See Other Side

STAPLE HERE



**Warning** - A nonimmigrant who accepts unauthorized employment is subject to deportation.

**Important** - Retain this permit in your possession; you must surrender it when you leave the U.S. Failure to do so may delay your entry into the U.S. in the future.

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- Across the Mexican border, to a U.S. Official.

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**Record of Changes**

AN 73324693	VN V087814	IVN 253927
ARLINGTON	VA 22204	USCC

Port:

Departure Record

Date:

Carrier:

Flight #/Ship Name:

For sale by the Superintendent of Documents, U.S. Government Printing Office  
Washington, D.C. 20402

Departure Number

930000318 03

Immigration and  
Naturalization Service

I-94  
Departure Record

ADMITTED AS A RETURN  
PURSUANT TO SEC. 207 OF  
THE INA ACT. IF YOU DE-  
PART THE U.S., YOU WILL  
NEED PRIOR PERMISSION  
FROM INS TO RETURN.  
EMPLOYMENT AUTHORIZED

JAN 27 1994 SFR 530

14. Family Name

HO

15. First (Given) Name

PHUOC NGOC

16. Birth Date (Day/Mo/Yr)

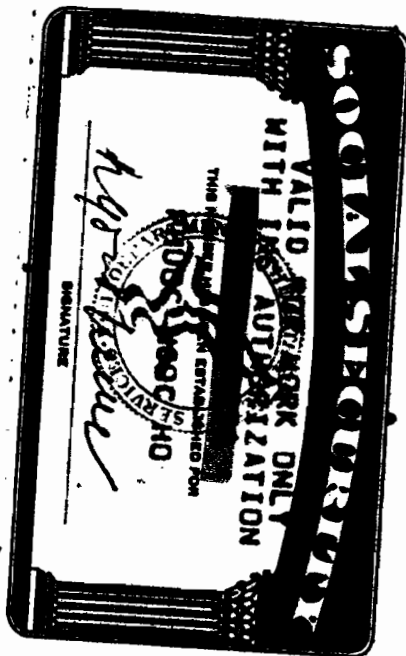
27 10 25

17. Country of Citizenship

VIETNAM

See Other Side

STAPLE HERE



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ARLINGTON VA 22204 USCC

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Departure Number

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Immigration and  
Naturalization Service

I-94  
Departure Record

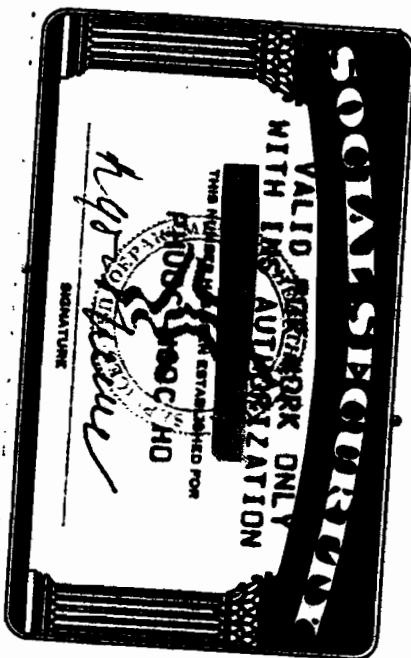
ADMITTED AS A NONIMMIGRANT  
PURSUANT TO SEC. 287 OF  
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JAN 27 1994 SFR 530

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15. First (Given) Name PHUOC NGOC	16. Birth Date (Day/Mo/Yr) 27 10 25
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STAPLE HERE



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ARLINGTON	VA 22204	USCC

Port:

Departure Record

Date:

Carrier:

Flight #/Ship Name:

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Washington, D.C. 20402

Departure Number

930000318 03

Immigration and  
Naturalization Service

I-94

Departure Record

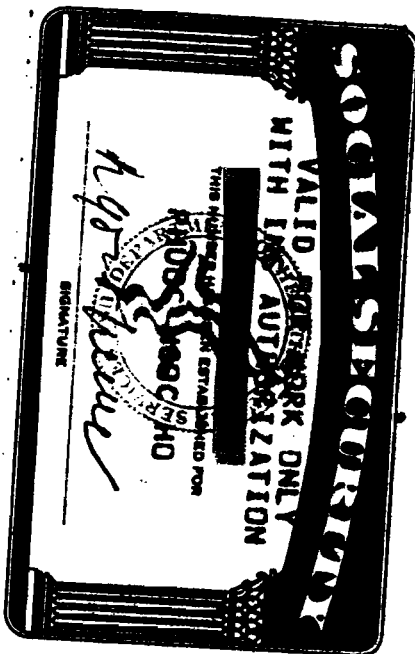
ADMITTED AS A RETURNING  
Pursuant to Sec. 287 of  
the IIR Act. If you de-  
part the U.S., you will  
need prior permission  
from INS to return.  
EMPLOYMENT AUTHORIZED

JAN 27 1994 SFR 530

14. Family Name HO	
15. First (Given) Name PHUOC NGOC	16. Birth Date (Day/Mo/Yr) 27 10 25
17. Country of Citizenship VIETNAM	

See Other Side

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**Record of Changes**

AN 73324693	V# V087816	IV# 253927
ARLINGTON	VA 22204	USCC

Port:

Departure Record

Date:

Carrier:

Flight #/Ship Name:

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Washington, D.C. 20402

Departure Number

930000318 03

Immigration and  
Naturalization Service

I-94  
Departure Record

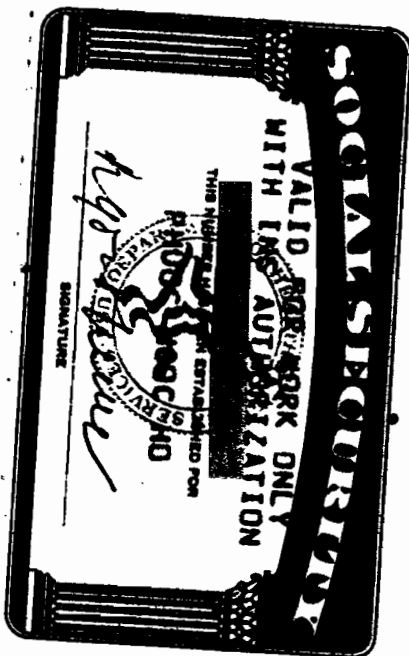
ADMITTED AS A REFUGEE  
PURSUANT TO SEC. 207 OF  
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NEED PRIOR PERMISSION  
FROM INS TO RETURN.  
EMPLOYMENT AUTHORIZED

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15. First (Given) Name PHUOC NGOC	16. Birth Date (Day/Mo/Yr) 27 10 25
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ARLINGTON		VA 22204		USCC

Port:

Departure Record

Date:

Carrier:

Flight #/Ship Name:

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Washington, D.C. 20403

Departure Number

930000318 03

Immigration and  
Naturalization Service

I-94  
Departure Record

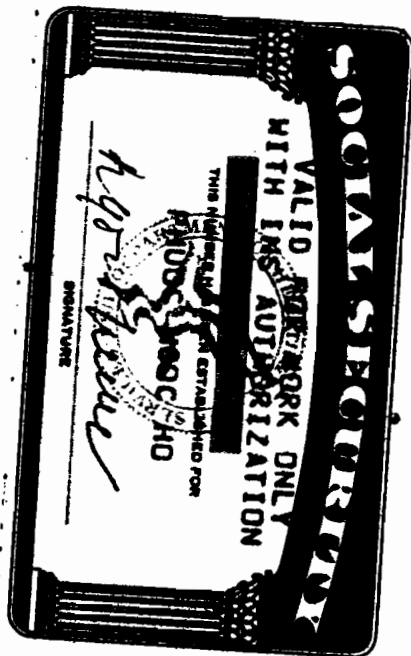
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EMPLOYMENT AUTHORIZED

JAN 27 1994 SFR 530

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15. First (Given) Name PHUOC NGOC	16. Birth Date (Day/Mo/Yr) 27 10 25
17. Country of Citizenship VIETNAM	

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ARLINGTON	VA 22204	USCC

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Date:

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Washington, D.C. 20402



Departure Number

930000318 03

Immigration and  
Naturalization Service

I-94  
Departure Record

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PURSUANT TO SEC. 207 OF  
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FROM INS TO RETURN.  
EMPLOYMENT AUTHORIZED

JAN 27 1994 SFR 530

14. Family Name  
HO

15. First (Given) Name  
PHUOC NGOC

17. Country of Citizenship  
VIETNAM

16. Birth Date (Day / Mo / Yr)  
27 / 10 / 25

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Record of Changes

A# 73324693 V# V087814 IV# 253927  
ARLINGTON VA 22204 USCC

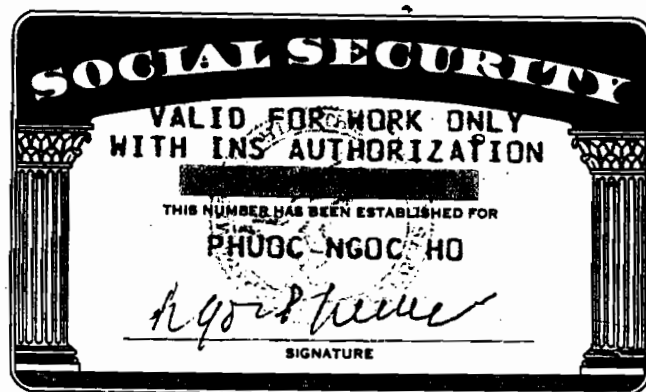
Port:

Departure Record

Date:

STAPLE HERE

See Other Side



Submit **WEDNESDAY ONLY** between 8:00 AM to 11:00 AM

**COPY**

**WORKSHEET FOR ALIENS PAROLED UNDER PL 95-412 OR PL 96-212**

NAME: HO PHUOC ngoc A# 73324693  
Last First Middle

CURRENT ADDRESS: \_\_\_\_\_  
Number Street Apt.  
Annandale VA 22003  
City/Town State Zip Code

Mother's Name: TIEU Hoi Thi  
Last First Middle  
Father's Name: ho THINH VAN  
Last First Middle

Date of Birth: 10 27 1925 Country Code: \_\_\_\_\_  
Month Day Year (Country Name): vietnam

City of Birth: Vietnam  
City of Residence: Annandale  
City or original destination: San Francisco

DATE OF PAROLE INTO THE USA: 01 27 1994  
Month Day Year

Verified from \_\_\_\_\_ by \_\_\_\_\_

List all absences and periods of absences from the USA during the past year.  
If none, state none. none

Have you been arrested? no. If yes list charges, dates, and convictions.

I HO PHUOC NGOC do swear that I know the contents of this worksheet  
subscribed by me, including the attached documents, and that the same are true to the best of my  
knowledge.

\_\_\_\_\_  
Complete and true signature of applicant  
Subscribed and sworn to before me by the above-named applicant at WAS  
on \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of INS OFFICIAL

ADMISSION FOR PERMANENT RESIDENCE CLASS \_\_\_\_\_ is recommended.  
effective \_\_\_\_\_  
Computer Form I-485D

\_\_\_\_\_  
Signature of Recommending Officer Title Date

PLEASE PRINT OR TYPE - SEE INSTRUCTIONS ON REVERSE SIDE

1

Name	HO	PHUOC	NGOC	Date	9-20-1995	A-73324693
	Last (Family)	First (Given)	Middle			Alien Registration Number
Country of Birth	VietNam		Country of Citizenship	VietNam		
Native Language	Vietnamese		Date of Birth	10-27-1925		
Current Address			VA	22003		
	Number and Street	Apartment No.	City	State	ZIP	Telephone Number

My three (3) most recent cities of residence in the United States have been (list most recent first):

2

CITY OR TOWN	STATE	FROM month/year	TO month/year
Annandale	Virginia	9-1994	PRESENT
Falls Church	Virginia	1-1994	9-1994

There are 01 members of my household, 0 of whom are employed. They are (please use another sheet if needed):

3

NAME	RELATIONSHIP TO ME	SEX M/F	DATE OF BIRTH mo/da/yr	COUNTRY OF BIRTH	ALIEN NUMBER	CURRENTLY EMPLOYED? yes no	ATTENDING SCHOOL? yes no
(SELF)	(SELF)					<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

My employment since entering the United States has been (list most recent first):

4

COMPANY NAME	LOCATION CITY, STATE	DATES FROM TO mo/yr mo/yr	JOB TITLE	WAGE PER HOUR	CHECK ONE: PART TIME	FULL TIME
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

My major occupation or profession before coming to the U.S. was:

My education before coming to the United States was (check all that apply):

5

<input type="checkbox"/> Grades 1-8	<input type="checkbox"/> Technical school	<input type="checkbox"/> Some university	<input type="checkbox"/> Graduate studies
<input type="checkbox"/> Some high school	<input type="checkbox"/> Technical school certificate	<input type="checkbox"/> University diploma	<input type="checkbox"/> Professional training
<input checked="" type="checkbox"/> High school diploma			<input type="checkbox"/> Graduate degree

My knowledge of English was acquired by (check all that apply):

<input type="checkbox"/> Training in the U.S.	<input type="checkbox"/> Training in another country	<input type="checkbox"/> Training in refugee camp
<input type="checkbox"/> Use in the U.S.	<input type="checkbox"/> Use in another country	<input type="checkbox"/> Other (please explain):

I have had the following training or education in the U.S. (check all that apply):

6

TYPE OF SCHOOL	COURSE OF STUDY	CHECK IF STILL ATTENDING	CHECK IF COMPLETED
<input type="checkbox"/> High school		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> College		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Technical/Vocational		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (specify):		<input type="checkbox"/>	<input type="checkbox"/>

My English ability is (check one):

7

<input type="checkbox"/> None
<input type="checkbox"/> A few words
<input checked="" type="checkbox"/> Fair
<input type="checkbox"/> Good

Since in the United States, I have received the following public assistance in my own name:

8

	FROM month/year	TO month/year
<input type="checkbox"/> Cash assistance (welfare)		
<input type="checkbox"/> Food stamps		
<input checked="" type="checkbox"/> SSI (gold check)	2-1994	present
<input checked="" type="checkbox"/> Medical assistance	2-1994	present
<input type="checkbox"/> Other (specify):		

U.S. Department of Justice  
Immigration and Naturalization Service

FORM G-325A  
BIOGRAPHIC INFORMATION

OMB No. 1115-0066

(Family name) <b>HO</b>	(First name) <b>PHUOC</b>	(Middle name) <b>NGOC</b>	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.) <b>10-27-25</b>	NATIONALITY <b>Vietnamese</b>	FILE NUMBER <b>73324693</b>
ALL OTHER NAMES USED (including names by previous marriages)			CITY AND COUNTRY OF BIRTH <b>Vietnam</b>		SOCIAL SECURITY NO.	
FAMILY NAME <b>HO</b>		FIRST NAME <b>THINH</b>	DATE, CITY AND COUNTRY OF BIRTH (if known)		CITY AND COUNTRY OF RESIDENCE <b>Dead</b>	
FATHER <b>HO</b>		MOTHER (Maiden name) <b>TIEU HOI</b>		Unknown		Dead
HUSBAND (if none, so state) OR WIFE <b>x</b>	FAMILY NAME (For wife, give maiden name) <b>TRAN</b>	FIRST NAME <b>ANH</b>	BIRTHDATE <b>1930</b>	CITY & COUNTRY OF BIRTH <b>Vietnam</b>	DATE OF MARRIAGE <b>03-06-1950</b>	PLACE OF MARRIAGE <b>Vietnam</b>
FORMER HUSBANDS OR WIVES (if none, so state) FAMILY NAME (For wife, give maiden name)		None				
FAMILY NAME (For wife, give maiden name)		FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE	
APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.						
STREET AND NUMBER		CITY	PROVINCE OR STATE	COUNTRY	FROM MONTH YEAR	TO MONTH YEAR
				<b>U.S.A.</b>	<b>09</b>	<b>1994</b>
				<b>U.S.A.</b>	<b>01</b>	<b>1994 09 1994</b>
<b>Lo P cu xa Thanh Da 313</b>		<b>HCM city</b>		<b>Vietnam</b>		<b>1988 01 1994</b>
APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR						
STREET AND NUMBER		CITY	PROVINCE OR STATE	COUNTRY	FROM MONTH YEAR	TO MONTH YEAR
<b>Lo P cu xa Thanh Da 313</b>		<b>HCM city</b>		<b>Vietnam</b>		<b>1988 1994</b>
APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST						
FULL NAME AND ADDRESS OF EMPLOYER			OCCUPATION (SPECIFY)	FROM MONTH YEAR	TO MONTH YEAR	PRESENT TIME
<b>none (S.S.I. disable)</b>						
Show below last occupation abroad if not shown above. (Include all information requested above.)						
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:			SIGNATURE OF APPLICANT		DATE <b>09-20-1995</b>	
<input type="checkbox"/> NATURALIZATION <input type="checkbox"/> OTHER (SPECIFY):			<input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT			
Are all copies legible? <input type="checkbox"/> Yes			IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:			

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

**APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.**

COMPLETE THIS BOX (Family name)	(Given name)	(Middle name)	(Alien registration number)
<b>HO</b>	<b>PHUOC</b>	<b>NGOC</b>	<b>733-24-693</b>

U.S. Department of Justice  
Immigration and Naturalization Service

FORM G-325A  
**BIOGRAPHIC INFORMATION**

OMB No. 1115-0086

(Family name) <b>HO</b>	(First name) <b>PHUOC</b>	(Middle name) <b>NGOC</b>	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.) <b>10-27-25</b>	NATIONALITY <b>Vietnamese</b>	FILE NUMBER <b>73324693</b>
ALL OTHER NAMES USED (including names by previous marriages)			CITY AND COUNTRY OF BIRTH <b>Vietnam</b>		SOCIAL SECURITY NO. <b>[REDACTED]</b>	
FAMILY NAME <b>HO</b>		FIRST NAME <b>THINH</b>	DATE, CITY AND COUNTRY OF BIRTH (If known) <b>Unknown</b>		CITY AND COUNTRY OF RESIDENCE <b>Dead</b>	
MOTHER (Maiden name) <b>TIEU HOI</b>						
HUSBAND (If none, so state) OR WIFE <b>x</b>	FAMILY NAME (For wife, give maiden name) <b>TRAN</b>	FIRST NAME <b>ANH</b>	BIRTHDATE <b>1930</b>	CITY & COUNTRY OF BIRTH <b>Vietnam</b>	DATE OF MARRIAGE <b>03-06-1950</b>	PLACE OF MARRIAGE <b>Vietnam</b>
FORMER HUSBANDS OR WIVES (If none, so state) FAMILY NAME (For wife, give maiden name)		None	FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR
			<b>U.S.A.</b>	<b>09</b>	<b>1994</b>		
			<b>US.A</b>	<b>01</b>	<b>1994</b>	<b>09</b>	<b>1994</b>
<b>Lo P cu xa Thanh Da 313</b>	<b>HCM city</b>		<b>Vietnam</b>		<b>1988</b>	<b>01</b>	<b>1994</b>

APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR
<b>Lo P cu xa Thanh Da 313</b>	<b>HCM city</b>		<b>Vietnam</b>		<b>1988</b>		<b>1994</b>

APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST

FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION (SPECIFY)	FROM		TO	
		MONTH	YEAR	MONTH	YEAR
<b>none (S.S.I. disable)</b>					

Show below last occupation abroad if not shown above. (Include all information requested above.)

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<input type="checkbox"/> NATURALIZATION	<input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT		
<input type="checkbox"/> OTHER (SPECIFY):			
Are all copies legible? <input type="checkbox"/> Yes		IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:	

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

**APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.**

COMPLETE THIS BOX (Family name)	(Given name)	(Middle name)	(Alien registration number)
<b>HO</b>	<b>PHUOC</b>	<b>NGOC</b>	<b>733-24-693</b>

McGill  
Adair

.....

Immigration and Naturalization Service

PLEASE PRINT OR TYPE - SEE INSTRUCTIONS ON REVERSE SIDE

1

Name HO PHUOC NGOC Date 08 - 1975 A- 72324693  
Last (Family) First (Given) Middle Alien Registration Number

Country of Birth VIETNAM Country of Citizenship VIETNAM [REDACTED]  
Social Security Number

Native Language VIETNAMESE Date of Birth 10.27.1925  
Month/Day/Year

Current Address VA 22003 [REDACTED]  
Number and Street Apartment No. City State ZIP Telephone Number

My three (3) most recent cities of residence in the United States have been (list most recent first):

2

CITY OR TOWN	STATE	FROM month/year	TO month/year
<u>Manassas</u>	<u>Virginia</u>	<u>9/1994</u>	<u>PRESENT</u>
<u>Falls Church</u>	<u>"</u>	<u>1/1994</u>	<u>9/1994</u>

There are 0 members of my household, 0 of whom are employed. They are (please use another sheet if needed).

3

NAME	RELATIONSHIP TO ME	SEX M/F	DATE OF BIRTH mo/da/yr	COUNTRY OF BIRTH	ALIEN NUMBER	CURRENTLY EMPLOYED? yes no	ATTENDING SCHOOL? yes no
(SELF)	(SELF)	M				<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

My employment since entering the United States has been (list most recent first): None

4

COMPANY NAME	LOCATION CITY, STATE	DATES FROM TO mo/yr mo/yr	JOB TITLE	WAGE PER HOUR	CHECK ONE: PART TIME FULL TIME
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>

My major occupation or profession before coming to the U.S. was:

My education before coming to the United States was (check all that apply):

5

- ☐ Grades 1-8 ☐ Technical school ☐ Some university ☐ Graduate studies  
☐ Some high school ☐ Technical school certificate ☐ University diploma ☐ Professional training  
☒ High school diploma ☐ Graduate degree

My knowledge of English was acquired by (check all that apply):

- ☐ Training in the U.S. ☐ Training in another country ☐ Training in refugee camp  
☐ Use in the U.S. ☐ Use in another country ☐ Other (please explain):

I have had the following training or education in the U.S. (check all that apply): None

6

TYPE OF SCHOOL	COURSE OF STUDY	CHECK IF STILL ATTENDING	CHECK IF COMPLETED
<input type="checkbox"/> High school		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> College		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Technical/Vocational		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (specify):		<input type="checkbox"/>	<input type="checkbox"/>

7

My English ability is (check one):

- ☐ None  
☐ A few words  
☐ Fair  
☐ Good

Since in the United States, I have received the following public assistance in my own name:

8

	FROM month/year	TO month/year
<input type="checkbox"/> Cash assistance (welfare)		
<input type="checkbox"/> Food stamps		
<input checked="" type="checkbox"/> SSI (gold check)	<u>2/94</u>	<u>Present</u>
<input checked="" type="checkbox"/> Medical assistance	<u>2/94</u>	<u>Present</u>
<input type="checkbox"/>		

Submit WEDNESDAY ONLY between 8:00 AM to 11:00 AM

**WORKSHEET FOR ALIENS PAROLED UNDER PL 95-412 OR PL 96-212**

NAME: HO PHUOC NGOC A# 733 24693  
Last First Middle

CURRENT ADDRESS: \_\_\_\_\_  
Number Street Apt.  
Annandale VA 22003  
City/Town State Zip Code

Mother's Name: TIEU HDI THI  
Last First Middle

Father's Name: HO THI THI  
Last First Middle

Date of Birth: 10 27 1925 Country Code: \_\_\_\_\_  
Month Day Year (Country Name): VIETNAM

City of Birth: \_\_\_\_\_

City of Residence: \_\_\_\_\_

City or original destination: \_\_\_\_\_

DATE OF PAROLE INTO THE USA: 01 27 1994  
Month Day Year

Verified from \_\_\_\_\_ by \_\_\_\_\_

List all absences and periods of absences from the USA during the past year.

If none, state none. None

Have you been arrested? No. If yes list charges, dates, and convictions.

I HO PHUOC NGOC do swear that I know the contents of this worksheet subscribed by me, including the attached documents, and that the same are true to the best of my knowledge.

\_\_\_\_\_  
Complete and true signature of applicant

Subscribed and sworn to before me by the above-named applicant at WAS

on \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of INS OFFICIAL

ADMISSION FOR PERMANENT RESIDENCE CLASS \_\_\_\_\_ is recommended.  
effective \_\_\_\_\_

Computer Form I-485D

\_\_\_\_\_  
Signature of Recommending Officer Title Date



U.S. Department of Justice  
Immigration and Naturalization ServiceFORM G-325A  
BIOGRAPHIC INFORMATION

OMB No. 1115-0066

(Family name) HO	(First name) PHUOC	(Middle name) NGOC	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo-Day-Yr) 10-27-25	NATIONALITY VIETNAMESE	FILE NUMBER A-733 24 693
ALL OTHER NAMES USED (Including names by previous marriages)			CITY AND COUNTRY OF BIRTH VIETNAM			SOCIAL SECURITY NO. [REDACTED]
FATHER FAMILY NAME HO		FIRST NAME THINH	DATE, CITY AND COUNTRY OF BIRTH (If known) unknown		CITY AND COUNTRY OF RESIDENCE Dead	
MOTHER (Maiden name) TIEU		FIRST NAME HOI	DATE, CITY AND COUNTRY OF BIRTH (If known)		CITY AND COUNTRY OF RESIDENCE	
HUSBAND (If none, so state) <input checked="" type="checkbox"/> WIFE	FAMILY NAME (For wife, give maiden name) TRAN	FIRST NAME ANH	BIRTHDATE 1930	CITY & COUNTRY OF BIRTH VIETNAM	DATE OF MARRIAGE 03-06-40	PLACE OF MARRIAGE VIETNAM
FORMER HUSBANDS OR WIVES (If none, so state) None						
FAMILY NAME (For wife, give maiden name)		FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE	

## APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR
		VIRGINIA	USA	09	1994	PRESENT TIME	
		VIRGINIA	USA	01	1994	09	1994
		VIETNAM	VN		1988	01	1994

## APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR
LOP U2 21 THANH DA 313	HO CHI MINH CITY	VIETNAM	VIETNAM		1988		1994

## APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST

FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION (SPECIFY)	FROM		TO	
		MONTH	YEAR	MONTH	YEAR
NONE					PRESENT TIME

Show below last occupation abroad if not shown above. (Include all information requested above.)

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:

☐ NATURALIZATION☒ STATUS AS PERMANENT RESIDENT☐ OTHER (SPECIFY):

SIGNATURE OF APPLICANT

DATE 08 - 1995

Are all copies legible? ☐ Yes

IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

**APPLICANT:** BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.

COMPLETE THIS BOX (Family name)	(Given name)	(Middle name)	(Alien registration number)
HO	PHUOC	NGOC	733 24 693

**APPLICANT**

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK  
LAST NAME NAW FIRST NAME JOE MIDDLE NAME DOE

LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED

A. ASES AKA

O  
R  
I

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOE  
Month Day Year

DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

CITIZENSHIP CTZ

SEX

RACE

AGE

HEIGHT

WEIGHT

EYES

HAIR

PLACE OF BIRTH POB

EMPLOYER AND ADDRESS

YOUR NO OCA

FBI NO EBJ

ARMED FORCES NO MANU

LEAVE BLANK

CLASS

MISCELLANEOUS NO MANU

1. R THUMB

2. R INDEX

3. R MIDDLE

4. R RING

5. R LITTLE

6. L THUMB

7. L INDEX

8. L MIDDLE

9. L RING

10. L LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

11. THUMB

12. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

1. Tên: Hồ Ngọc Phước Ngày/nơi sinh (tỉnh): Oct. 27, 1925  
A# 733 24693 Số Xã Hội: [REDACTED] Ngày đến Mỹ: Jan 27, 1994  
Trình độ học vấn (VN) Tiểu học Học gì tại Mỹ: [REDACTED] Xong/Đang học  
Địa chỉ: 7813 Martha Lane, F.C. 1922043 Điện thoại: (703) 560-0078  
Chiều cao: [REDACTED] Cân nặng: [REDACTED] Trình độ Anh Ngữ: [REDACTED]

Hưởng trợ cấp xã hội: Tiền mặt: [REDACTED] từ tháng: 10/94 đến tháng: tiếp tục

Foodstamps: [REDACTED] từ tháng: [REDACTED] đến tháng: [REDACTED]

Medicaid: 494 từ tháng: [REDACTED] đến tháng: tiếp tục

SSI: ✓ từ tháng: [REDACTED] đến tháng: [REDACTED] loại khác: [REDACTED] từ tháng: [REDACTED] đến tháng: [REDACTED]

2. Tên cha: Hồ, Thịnh Văn Ngày/nơi sinh (tỉnh): Unknown

Địa chỉ hiện tại của cha: [REDACTED]

Tên mẹ: Tiêu, Hồ Thị Ngày/nơi sinh (tỉnh): Unknown

Địa chỉ hiện tại của mẹ: [REDACTED]

3. Tên (vợ/chồng): Taân Ngọc Anh Ngày/nơi sinh: 1930

A# [REDACTED] Số Xã Hội: [REDACTED] Ngày đến Hoa Kỳ: [REDACTED]

Ngày và nơi lập hôn thú: 6 March, 1950

Địa chỉ hiện tại: 313 Lô P Cư Xá Thuận Đa, Phường 27 TP HCM

4. Tên vợ/chồng trước: [REDACTED] Ngày/Nơi sinh: [REDACTED]

Ngày/nơi lập hôn thú: [REDACTED] Ngày/Nơi ly dị: [REDACTED]

5. Địa chỉ trong vòng 5 năm qua (xin ghi địa chỉ hiện tại trước):

Địa chỉ	Từ tháng, năm	Đến tháng, năm
a. <u>313 Lô P Cư Xá Thuận Đa VN</u>	<u>1988</u>	<u>1994</u>
b. <u>[REDACTED]</u>	<u>1/1994</u>	<u>9/1994</u>
c. <u>[REDACTED]</u>		
d. <u>Nursing Home</u>		
e. <u>[REDACTED]</u>		

6. Tên/Địa chỉ làm việc trong vòng 5 năm qua (xin ghi địa chỉ hiện tại trước):

Lương/Giờ	Địa chỉ/Chức vụ	Từ tháng, năm	Đến tháng, năm	FT/PT
<u>[REDACTED]</u>	a. <u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	FT/PT
<u>[REDACTED]</u>	b. <u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	FT/PT
<u>[REDACTED]</u>	c. <u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	FT/PT
<u>[REDACTED]</u>	d. <u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	FT/PT
<u>[REDACTED]</u>	e. <u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	FT/PT

7. Tên các con (Trai hay gái) Ngày/Nơi sinh Số A Số Xã Hội

a. Hồ Phước Đạt 1961 VN [REDACTED] [REDACTED]

b. [REDACTED] [REDACTED] [REDACTED] [REDACTED]

c. [REDACTED] [REDACTED] [REDACTED] [REDACTED]

d. [REDACTED] [REDACTED] [REDACTED] [REDACTED]

e. [REDACTED] [REDACTED] [REDACTED] [REDACTED]

f. [REDACTED] [REDACTED] [REDACTED] [REDACTED]

PLEASE PRINT OR TYPE - SEE INSTRUCTIONS ON REVERSE SIDE

1

Name HO PHUOC NGOC Date 08 - 1995 A- 722 24693  
Last (Family) First (Given) Middle Alien Registration Number

Country of Birth VIETNAM Country of Citizenship VIETNAM  
Social Security Number

Native Language VIETNAMESE Date of Birth 10-27-1925  
Month/Day/Year

Current Address 22003       
Number and Street Apartment No. City State ZIP Telephone Number

My three (3) most recent cities of residence in the United States have been (list most recent first):

2

CITY OR TOWN	STATE	FROM month/year	TO month/year
<u>Manassas</u>	<u>Virginia</u>	<u>9/1994</u>	<u>PRESENT</u>
<u>Falls Church</u>	<u>"</u>	<u>1/1994</u>	<u>9/1994</u>

There are 0 members of my household, 0 of whom are employed. They are (please use another sheet if needed):

3

NAME	RELATIONSHIP TO ME	SEX M/F	DATE OF BIRTH mo/day/yr	COUNTRY OF BIRTH	ALIEN NUMBER	CURRENTLY EMPLOYED? yes no	ATTENDING SCHOOL? yes no
(SELF)	(SELF)	<u>M</u>				<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

My employment since entering the United States has been (list most recent first): None

4

COMPANY NAME	LOCATION CITY, STATE	DATES FROM TO mo/yr mo/yr	JOB TITLE	WAGE PER HOUR	CHECK ONE: PART TIME FULL TIME
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>

My major occupation or profession before coming to the U.S. was:

My education before coming to the United States was (check all that apply):

5

☐ Grades 1-8 ☐ Technical school ☐ Some university ☐ Graduate studies  
☐ Some high school ☐ Technical school certificate ☐ University diploma ☐ Professional training  
☒ High school diploma ☐ Graduate degree

My knowledge of English was acquired by (check all that apply):

☐ Training in the U.S. ☐ Training in another country ☐ Training in refugee camp  
☐ Use in the U.S. ☐ Use in another country ☐ Other (please explain):

I have had the following training or education in the U.S. (check all that apply): None

6

TYPE OF SCHOOL	COURSE OF STUDY	CHECK IF STILL ATTENDING	CHECK IF COMPLETED
<input type="checkbox"/> High school		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> College		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Technical/Vocational		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (specify):		<input type="checkbox"/>	<input type="checkbox"/>

My English ability is (check one):

7

☐ None  
☐ A few words  
☐ Fair  
☐ Good

Since in the United States, I have received the following public assistance in my own name:

8

	FROM month/year	TO month/year
<input type="checkbox"/> Cash assistance (welfare)		
<input type="checkbox"/> Food stamps		
<input checked="" type="checkbox"/> SSI (gold check)	<u>2/94</u>	<u>Present</u>
<input checked="" type="checkbox"/> Medical assistance	<u>2/94</u>	<u>Present</u>

Submit WEDNESDAY ONLY between 8:00 AM to 11:00 AM

**WORKSHEET FOR ALIENS PAROLED UNDER PL 95-412 OR PL 96-212**

NAME: HO PHUOC NGOC A# 733 24693  
Last First Middle

CURRENT ADDRESS: \_\_\_\_\_  
Number Street Apt.  
Manassas VA 22003  
City/Town State Zip Code

Mother's Name: TIEU HOI THI  
Last First Middle  
Father's Name: HO THINH VAI  
Last First Middle

Date of Birth: 10 27 1925 Country Code: \_\_\_\_\_  
Month Day Year (Country Name): VIETNAM

City of Birth: \_\_\_\_\_  
City of Residence: \_\_\_\_\_  
City or original destination: \_\_\_\_\_

DATE OF PAROLE INTO THE USA: 01 27 1994  
Month Day Year

Verified from \_\_\_\_\_ by \_\_\_\_\_

List all absences and periods of absences from the USA during the past year.  
If none, state none. None

Have you been arrested? No. If yes list charges, dates, and convictions.

I HO PHUOC NGOC do swear that I know the contents of this worksheet  
subscribed by me, including the attached documents, and that the same are true to the best of my  
knowledge.

\_\_\_\_\_  
Complete and true signature of applicant

Subscribed and sworn to before me by the above-named applicant at WAS  
on \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of INS OFFICIAL

ADMISSION FOR PERMANENT RESIDENCE CLASS \_\_\_\_\_ is recommended.  
effective \_\_\_\_\_  
Computer Form I-485D

\_\_\_\_\_  
Signature of Recommending Officer Title Date

U.S. Department of Justice  
Immigration and Naturalization ServiceFORM G-325A  
BIOGRAPHIC INFORMATION

OMB No. 1115-0066

(Family name) <b>HO</b>	(First name) <b>PHUOC</b>	(Middle name) <b>NGOC</b>	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo-Day-Yr) <b>10-27-25</b>	NATIONALITY <b>VIETNAMESE</b>	FILE NUMBER <b>A 733 24 693</b>
ALL OTHER NAMES USED (Including names by previous marriages)			CITY AND COUNTRY OF BIRTH <b>VIETNAM</b>		SOCIAL SECURITY NO. [REDACTED]	
FATHER MOTHER (Maiden name)		FAMILY NAME <b>HO THINH</b>		DATE, CITY AND COUNTRY OF BIRTH (if known) <b>unknown</b>		CITY AND COUNTRY OF RESIDENCE <b>Dead</b>
HUSBAND (if none, so state) OR <b>WIFE</b>		FAMILY NAME <b>TRAN</b>		FIRST NAME <b>ANH</b>	BIRTHDATE <b>1930</b>	CITY & COUNTRY OF BIRTH <b>VIETNAM</b>
				DATE OF MARRIAGE <b>03-06-40</b>	PLACE OF MARRIAGE <b>VIETNAM</b>	
FORMER HUSBANDS OR WIVES (if none, so state) <b>None</b>						
FAMILY NAME For wife give maiden name		FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE	

## APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR
	<b>Annamite</b>	<b>VIRGINIA</b>	<b>USA</b>	<b>09</b>	<b>1974</b>	PRESENT TIME	
	<b>Falls Church,</b>	<b>VIRGINIA</b>	<b>USA</b>	<b>01</b>	<b>1994</b>	<b>09</b>	<b>1994</b>
	<b>Honk City</b>	<b>VIETNAM</b>	<b>VN</b>		<b>1988</b>	<b>01</b>	<b>1994</b>

## APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR
<b>15 P W L THANH DA 313</b>	<b>Honk City</b>	<b>VIETNAM</b>	<b>VIETNAM</b>		<b>1988</b>		<b>1994</b>

## APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST

FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION (SPECIFY)	FROM		TO	
		MONTH	YEAR	MONTH	YEAR
<b>NONE</b>					PRESENT TIME

Show below last occupation abroad if not shown above. (Include all information requested above.)

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:		SIGNATURE OF APPLICANT		DATE <b>08 - 1991</b>	
<input type="checkbox"/> NATURALIZATION	<input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT				
<input type="checkbox"/> OTHER (SPECIFY):					
Are all copies legible? <input type="checkbox"/> Yes		IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:			

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

**APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.**

COMPLETE THIS BOX (Family name)	(Given name)	(Middle name)	(Alien registration number)
<b>HO</b>	<b>PHUOC</b>	<b>NGOC</b>	<b>733 24 693</b>

# APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK  
 LAST NAME NAAM FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O  
R  
I

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOE  
 Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE OF OFFICIAL TAKING FINGERPRINTS \_\_\_\_\_

CITIZENSHIP CTZ

SEX

RACE

REL

POB

EYES

HAIR

PLACE OF BIRTH POB

EMPLOYER AND ADDRESS

YOUR NO OCA

LEAVE BLANK

FBI NO EBI

CLASS \_\_\_\_\_

ARMED FORCES NO ANU

MISCELLANEOUS NO AMU

1 R THUMB

2 R INDEX

3 R MIDDLE

4 R RING

5 R LITTLE

6 L THUMB

7 L INDEX

8 L MIDDLE

9 L RING

10 L LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

1 THUMB

2 THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

1. Tên: Hồ Ngọc Phước Ngày/nơi sinh (tỉnh): Oct. 27, 1925  
A# 733 24693 Số Xã Hội: [REDACTED] Ngày đến Mỹ: Jan. 27, 1994  
Trình độ học vấn (VN) Tiểu học Học gì tại Mỹ: [REDACTED]; Xong/Dang học  
Địa chỉ: 7813 Marthas Lane, F.C. VA 22043 Điện thoại: (703) 556-0058  
Chiều cao: [REDACTED] Cân nặng: [REDACTED] Trình độ Anh Ngữ: [REDACTED]

Hưởng trợ cấp xã hội: Tiền mặt: [REDACTED] từ tháng: 10/94 đến tháng: tiếp tục  
Foodstamps: [REDACTED] từ tháng: [REDACTED] đến tháng: [REDACTED]  
Medicaid: 494 từ tháng: [REDACTED] đến tháng: tiếp tục  
SSI: ✓ từ tháng: [REDACTED] đến tháng: [REDACTED] loại khác: [REDACTED] từ tháng: [REDACTED] đến tháng: [REDACTED]

2. Tên cha: Hồ, Thịnh Văn Ngày/nơi sinh (tỉnh): UNKNOWN  
Địa chỉ hiện tại của cha: [REDACTED]  
Tên mẹ: Tiêu, Hồ Thị Ngày/nơi sinh (tỉnh): UNKNOWN  
Địa chỉ hiện tại của mẹ: [REDACTED]

3. Tên (vợ/chồng): Trần Ngọc Anh Ngày/nơi sinh: 1930  
A# [REDACTED] Số Xã Hội: [REDACTED] Ngày đến Hoa Kỳ: [REDACTED]  
Ngày và nơi lập hôn thú: 6 March, 1950  
Địa chỉ hiện tại: 313 Lô P Củ Xà Thau Đa, Phường 27 TP HCM

4. Tên vợ/chồng trước: [REDACTED] Ngày/Nơi sinh: [REDACTED]  
Ngày/nơi lập hôn thú: [REDACTED] Ngày/Nơi ly dị: [REDACTED]

5. Địa chỉ trong vòng 5 năm qua (xin ghi địa chỉ hiện tại trước):

Địa chỉ	Từ tháng, năm	Đến tháng, năm
a. <u>313 Lô P Củ Xà Thau Đa VN</u>	<u>1988</u>	<u>1994</u>
b. <u>[REDACTED]</u>	<u>1/1994</u>	<u>9/1994</u>
c. <u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
d. <u>Nursing Home</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
e. <u>[REDACTED]</u> , Anh. VA 22003	<u>[REDACTED]</u>	<u>[REDACTED]</u>

6. Tên/Địa chỉ làm việc trong vòng 5 năm qua (xin ghi địa chỉ hiện tại trước):

Lương/Giờ	Địa chỉ/Chức vụ	Từ tháng, năm	Đến tháng, năm	FT/PT
<u>[REDACTED]</u>	a. <u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	FT/PT
<u>[REDACTED]</u>	b. <u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	FT/PT
<u>[REDACTED]</u>	c. <u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	FT/PT
<u>[REDACTED]</u>	d. <u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	FT/PT
<u>[REDACTED]</u>	e. <u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	FT/PT

Tên các con (Trai hay gái)	Ngày/Nơi sinh	Số A	Số Xã Hội
a. <u>Hồ Phước Đạt</u>	<u>1981 VN</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
b. <u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
c. <u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
d. <u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
e. <u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
f. <u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>



PLEASE PRINT OR TYPE - SEE INSTRUCTIONS ON REVERSE SIDE

1

Name HO PHUOC NGOC Date 08 - 1995 A- 722 24693  
Last (Family) First (Given) Middle Alien Registration Number

Country of Birth VIETNAM Country of Citizenship VIETNAM [REDACTED]  
Social Security Number

Native Language VIETNAMESE Date of Birth 10.27.1925  
Month/Day/Year

Current Address \_\_\_\_\_  
Number and Street Apartment No. City State ZIP Telephone Number

My three (3) most recent cities of residence in the United States have been (list most recent first):

2

CITY OR TOWN	STATE	FROM month/year	TO month/year
<u>Manassas</u>	<u>Virginia</u>	<u>9/1994</u>	<u>PRESENT</u>
<u>Falls Church</u>	<u>VA</u>	<u>1/1994</u>	<u>9/1994</u>

There are 0 members of my household, 0 of whom are employed. They are (please use another sheet if needed):

3

NAME	RELATIONSHIP TO ME	SEX M/F	DATE OF BIRTH mo/da/yr	COUNTRY OF BIRTH	ALIEN NUMBER	CURRENTLY EMPLOYED? yes no	ATTENDING SCHOOL? yes no
(SELF)	(SELF)	<u>M</u>				<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" 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	<input type="checkbox"/> yes <input type="checkbox"/> no

My employment since entering the United States has been (list most recent first): None

4

COMPANY NAME	LOCATION CITY, STATE	DATES FROM TO mo/yr mo/yr	JOB TITLE	WAGE PER HOUR	CHECK ONE: PART FULL TIME TIME
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>

My major occupation or profession before coming to the U.S. was:

My education before coming to the United States was (check all that apply):

- 5
- ☐ Grades 1-8    ☐ Technical school    ☐ Some university    ☐ Graduate studies  
☐ Some high school    ☐ Technical school certificate    ☐ University diploma    ☐ Professional training  
☒ High school diploma    ☐ Graduate degree

My knowledge of English was acquired by (check all that apply):

- ☐ Training in the U.S.    ☐ Training in another country    ☐ Training in refugee camp  
☐ Use in the U.S.    ☐ Use in another country    ☐ Other (please explain):

I have had the following training or education in the U.S. (check all that apply): None

6

TYPE OF SCHOOL	COURSE OF STUDY	CHECK IF STILL ATTENDING	CHECK IF COMPLETED
<input type="checkbox"/> High school		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> College		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Technical/Vocational		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (specify):		<input type="checkbox"/>	<input type="checkbox"/>

My English ability is (check one):

- 7
- ☐ None  
☐ A few words  
☐ Fair  
☐ Good

Since in the United States, I have received the following public assistance in my own name:

8

	FROM month/year	TO month/year
<input type="checkbox"/> Cash assistance (welfare)		
<input type="checkbox"/> Food stamps		
<input checked="" type="checkbox"/> SSI (gold check)	<u>2/94</u>	<u>Present</u>
<input checked="" type="checkbox"/> Medical assistance	<u>2/94</u>	<u>Present</u>

Submit WEDNESDAY ONLY between 8:00 AM to 11:00 AM

**WORKSHEET FOR ALIENS PAROLED UNDER PL 95-412 OR PL 96-212**

NAME: HO PHUOC NGOC A# 733 24693  
Last First Middle

CURRENT ADDRESS: \_\_\_\_\_  
Number Street Apt.  
Mundale VA 22003  
City/Town State Zip Code

Mother's Name: TIEU HOI THI  
Last First Middle  
Father's Name: HO THINH WAN  
Last First Middle

Date of Birth: 10 27 1925 Country Code: \_\_\_\_\_  
Month Day Year (Country Name): VIETNAM

City of Birth: \_\_\_\_\_  
City of Residence: \_\_\_\_\_  
City or original destination: \_\_\_\_\_

DATE OF PAROLE INTO THE USA: 01 27 1994  
Month Day Year

Verified from \_\_\_\_\_ by \_\_\_\_\_

List all absences and periods of absences from the USA during the past year.

If none, state none. None

Have you been arrested? No. If yes list charges, dates, and convictions.

I HO PHUOC NGOC do swear that I know the contents of this worksheet subscribed by me, including the attached documents, and that the same are true to the best of my knowledge.

\_\_\_\_\_  
Complete and true signature of applicant

Subscribed and sworn to before me by the above-named applicant at WAS

on \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of INS OFFICIAL

ADMISSION FOR PERMANENT RESIDENCE CLASS \_\_\_\_\_ is recommended.  
effective \_\_\_\_\_

Computer Form I-485D

\_\_\_\_\_  
Signature of Recommending Officer Title Date

U.S. Department of Justice  
Immigration and Naturalization ServiceFORM G-325A  
BIOGRAPHIC INFORMATION

OMB No. 1115-0068

(Family name) HO	(First name) PHUOC	(Middle name) NGOC	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.) 10-27-25	NATIONALITY VIETNAMESE	FILE NUMBER A 733 24693
ALL OTHER NAMES USED (Including names by previous marriages)			CITY AND COUNTRY OF BIRTH VIETNAM		SOCIAL SECURITY NO. [REDACTED]	
FATHER MOTHER (Maiden name)		FAMILY NAME THINH	FIRST NAME HOI	DATE, CITY AND COUNTRY OF BIRTH (If known) unknown	CITY AND COUNTRY OF RESIDENCE Dead	
HUSBAND (If none, so state) OR WIFE	FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE
	TRAN	ANH	1930	VIETNAM	03-06-450	VIETNAM
FORMER HUSBANDS OR WIVES (If none, so state) None						
FAMILY NAME (For wife give maiden name)		FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE	

## APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR
	Annandale	VIRGINIA	USA	09	1994	PRESENT TIME	
	Falls Church	VIRGINIA	USA	01	1994	09	1994
10 P. 422 TIANHUA 313	ITOM CITY	VIETNAM	VN		1988	01	1994

## APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR
10 P. 422 TIANHUA 313	ITOM CITY	VIETNAM	VIETNAM		1988		1994

## APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST

FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION (SPECIFY)	FROM		TO	
		MONTH	YEAR	MONTH	YEAR
NONE					PRESENT TIME

Show below last occupation abroad if not shown above. (Include all information requested above.)

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:	SIGNATURE OF APPLICANT	DATE
<input type="checkbox"/> NATURALIZATION <input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT <input type="checkbox"/> OTHER (SPECIFY):		08 - 1995
Are all copies legible? <input type="checkbox"/> Yes	IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:	

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

**APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.**

COMPLETE THIS BOX (Family name)	(Given name)	(Middle name)	(Alien registration number)
HO	PHUOC	NGOC	733 24693

# APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

22 LEAVE BLANK

LAST NAME NAJ FIRST NAME MIDDLE NAME

SIGNATURE OF PERSON FINGERPRINTED

A. ASES AKA

O  
R  
I

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOE  
Month Day Year

DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

CITIZENSHIP CTZ

SEX

RACE

HGT

WGT

EYES

HAIR

PLACE OF BIRTH POP

EMPLOYER AND ADDRESS

YOUR NO OCA

FB NO EBI

ARMED FORCES NO ANU

LEAVE BLANK

CLASS

MISCELLANEOUS NO ANU

1 R THUMB

2 R INDEX

3 R MIDDLE

4 R RING

5 R LITTLE

6 L THUMB

7 L INDEX

8 L MIDDLE

9 L RING

10 L LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L THUMB

R THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

Departure Number

930000318 03

Immigration and  
Naturalization Service

I-94  
Departure Record

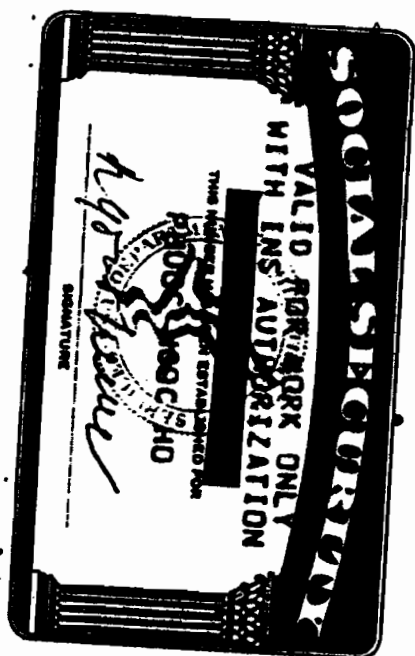
ADMITTED AS A REFUGEE  
PURSUANT TO SEC. 207 OF  
THE INA ACT. IF YOU DE-  
PART THE U.S., YOU WILL  
NEED PRIOR PERMISSION  
FROM INS TO RETURN.  
EMPLOYMENT AUTHORIZED

JAN 27 1994 SFR 530

14. Family Name HO	
15. First (Given) Name PHUOC NGOC	16. Birth Date (Day Mo Yr) 27 10 25
17. Country of Citizenship VIETNAM	

See Other Side

STAPLE HERE



**Warning** - A nonimmigrant who accepts unauthorized employment is subject to deportation.

**Important** - Retain this permit in your possession; you must surrender it when you leave the U.S. Failure to do so may delay your entry into the U.S. in the future.

You are authorized to stay in the U.S. only until the date written on this form. To remain past this date, without permission from immigration authorities, is a violation of the law.

**Surrender this permit when you leave the U.S.:**

- By sea or air, to the transportation line;
- Across the Canadian border, to a Canadian Official;
- Across the Mexican border, to a U.S. Official.

Students planning to reenter the U.S. within 30 days to return to the same school, see "Arrival-Departure" on page 2 of Form I-20 prior to surrendering this permit.

Record of Changes

AN	73324693	VN	V087814	IVN	253927
ARLINGTON		VA	22204	USCC	

Port:

Departure Record

Date:

Carrier:

Flight #/Ship Name:

For sale by the Superintendent of Documents, U.S. Government Printing Office  
Washington, D.C. 20402

**CỘNG HÒA XÃ HỘI CHỦ NGHĨA VIỆT NAM**  
**Socialist Republic of Viet Nam**

Bộ Ngoại giao nước Cộng hòa Xã hội chủ nghĩa Việt Nam yêu cầu các nhà chức trách có thẩm quyền của Việt Nam và các nước cho phép người mang hộ chiếu này được đi lại dễ dàng và được tạo mọi sự giúp đỡ và bảo vệ cần thiết.

*The Ministry of Foreign Affairs of the Socialist Republic of Vietnam requests the competent authorities of Vietnam and of other countries to allow this passport bearer to pass freely and afford assistance and protection in case of need.*



**HỘ CHIẾU**  
**Passport**

Số  
N<sup>o</sup> PT 116130/90 DC

Họ và tên Full name

HỒ NGOC PHUỐC

Ngày sinh Date of birth

1925

Nơi sinh Place of birth

Quảng Nam

Chỗ ở Domicile

Quảng Nam

Nghề nghiệp Occupation

Chiều cao Height

Vết tích đặc biệt khác Other particular signs



Ảnh và chữ ký người mang hộ chiếu  
Photo and signature of the passport bearer



4

Hộ chiếu này có giá trị đến ngày

*This passport is valid up to*

05.12.1995

Người mang hộ chiếu này được phép đi đến

*This passport bearer is allowed to travel to*

TẤT CẢ CÁC NƯỚC

ALL COUNTRIES

Cấp tại Hà Nội ngày 05 tháng 12 năm 1990

*Issued at*

on

CỤC QUẢN LÝ VƯỢT NHẬP CẢNH

Hàng Phòng



*Trần Văn*

5

TRẺ EM CÙNG ĐI VỚI NGƯỜI MANG HỘ CHIẾU  
CHILDREN ACCOMPANYING THE PASSPORT BEARER

1

Họ và tên *Full name*

Ngày sinh *Date of birth*

Nơi sinh *Place of birth*

2

Họ và tên *Full name*

Ngày sinh *Date of birth*

Nơi sinh *Place of birth*

3

Họ và tên *Full name*

Ngày sinh *Date of birth*

Nơi sinh *Place of birth*



Departure Number

930000318 03

Immigration and  
Naturalization Service

I-94  
Departure Record

ADMITTED AS A REFUGEE  
PURSUANT TO SEC. 207 OF  
THE INA ACT. IF YOU DE-  
PART THE U.S., YOU WILL  
NEED PRIOR PERMISSION  
FROM INS TO RETURN.  
EMPLOYMENT AUTHORIZED

JAN 27 1994 SFR 530

14. Family Name

HO

15. First (Given) Name

PHUOC NGOC

16. Birth Date (Day Mo Yr)

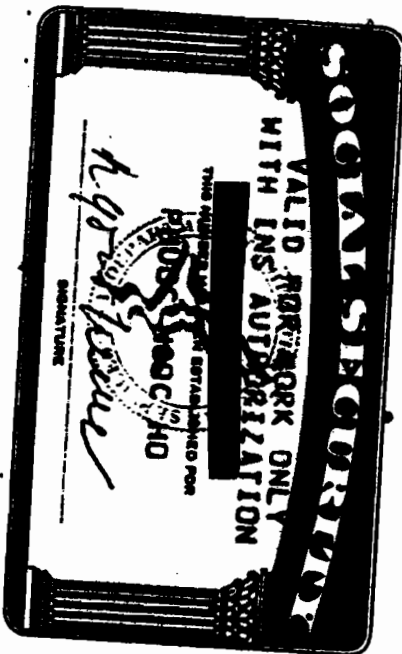
27 10 25

17. Country of Citizenship

VIETNAM

See Other Side

STAPLE HERE



**Warning** - A nonimmigrant who accepts unauthorized employment is subject to deportation.

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- Across the Canadian border, to a Canadian Official;
- Across the Mexican border, to a U.S. Official.

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**Record of Changes**

AN 73324693 VN V087814 IVN 253927

ARLINGTON

VA 22204

USCC

Port:

Departure Record

Date:

Carrier:

Flight #/Ship Name:

For sale by the Superintendent of Documents, U.S. Government Printing Office  
Washington, D.C. 20402

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**Socialist Republic of Viet Nam**

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*The Ministry of Foreign Affairs of the Socialist Republic of Vietnam requests the competent authorities of Vietnam and of other countries to allow this passport bearer to pass freely and afford assistance and protection in case of need.*



**HỘ CHIẾU**  
**Passport**

Số  
Nº PT 116130/90 DC

Họ và tên Full name

HỒ NGỌC PHƯỚC

Ngày sinh Date of birth

1925

Nơi sinh Place of birth

Quảng Ngãi

Chỗ ở Domicile

Quảng Ngãi

Nghề nghiệp Occupation

Chiều cao Height

Vết tích đặc biệt khác Other particular signs



Ảnh và chữ ký người mang hộ chiếu

Photo and signature of the passport bearer



4

Hộ chiếu này có giá trị đến ngày

*This passport is valid up to*

05.12.1995

Người mang hộ chiếu này được phép đi đến

*This passport bearer is allowed to travel to*

TẤT CẢ CÁC NƯỚC

ALL COUNTRIES

Cấp tại Hà Nội ngày 05 tháng 12 năm 1990

*Issued at*

on

CỤC QUẢN LÝ XUẤT NHẬP CẢNH

THÀNH PHỐ HÀ NỘI



*Trần Văn*

5

TRẺ EM CÙNG ĐI VỚI NGƯỜI MANG HỘ CHIẾU  
CHILDREN ACCOMPANYING THE PASSPORT BEARER

1

Họ và tên *Full name*

Ngày sinh *Date of birth*

Nơi sinh *Place of birth*

2

Họ và tên *Full name*

Ngày sinh *Date of birth*

Nơi sinh *Place of birth*

3

Họ và tên *Full name*

Ngày sinh *Date of birth*

Nơi sinh *Place of birth*

1. Tên: Hồ Ngọc Phước Ngày/nơi sinh (tỉnh): Oct. 27, 1925  
A# 733 24693 Số Xã Hội: [REDACTED] Ngày đến Mỹ: Jan. 27, 1994  
Trình độ học vấn (VN) Tung Học Học gì tại Mỹ: Xong/Đang học

Địa chỉ: 7813 Marthas Lane, T.C. Va. 22043 Điện thoại: (703) 560-0058

Chiều cao:      Cân nặng:      Trình độ Anh Ngữ:     

Hưởng trợ cấp xã hội: Tiền mặt: ~~800~~ từ tháng: 10/94 đến tháng: tiếp tục

Foodstamps:      từ tháng:      đến tháng:     

Medicaid: 494 từ tháng:      đến tháng: tiếp tục

SSI: ✓ từ tháng:      đến tháng:      loại khác:      từ tháng:      đến tháng:     

2. Tên cha: Hồ, Thịnh Văn Ngày/nơi sinh (tỉnh): unknown

Địa chỉ hiện tại của cha:     

Tên mẹ: Tieu, Hoi Thi Ngày/nơi sinh (tỉnh): unknown

Địa chỉ hiện tại của mẹ:     

3. Tên (vợ/chồng): Tân Ngọc An Ngày/nơi sinh: 1930

A#      Số Xã Hội:      Ngày đến Hoa Kỳ:     

Ngày và nơi lập hôn thú: 6 March 1950

Địa chỉ hiện tại: 313 Lô P Củ Xa' Thau Sa, Phường 27 TP HCM

4. Tên vợ/chồng trước:      Ngày/Nơi sinh:     

Ngày/nơi lập hôn thú:      Ngày/Nơi ly dị:     

5. Địa chỉ trong vòng 5 năm qua (xin ghi địa chỉ hiện tại trước):

Địa chỉ	Từ tháng, năm	Đến tháng, năm
a. <u>313 Lô P. Củ Xa' Thau Sa VN</u>	<u>1988</u>	<u>1994</u>
b. <u>    </u>	<u>1/1994</u>	<u>9/1994</u>
c. <u>    </u>	<u>    </u>	<u>    </u>
d. <u>Nursing Home</u>	<u>    </u>	<u>    </u>
e. <u>    </u>	<u>Va. 22003</u>	<u>    </u>

6. Tên/Địa chỉ làm việc trong vòng 5 năm qua (xin ghi địa chỉ hiện tại trước):

Lương/Giờ	Địa chỉ/Chức vụ	Từ tháng, năm	Đến tháng, năm	FT/PT
<u>    </u>	a. <u>    </u>	<u>    </u>	<u>    </u>	FT/PT
<u>    </u>	b. <u>    </u>	<u>    </u>	<u>    </u>	FT/PT
<u>    </u>	c. <u>    </u>	<u>    </u>	<u>    </u>	FT/PT
<u>    </u>	d. <u>    </u>	<u>    </u>	<u>    </u>	FT/PT
<u>    </u>	e. <u>    </u>	<u>    </u>	<u>    </u>	FT/PT

Tên các con (Trai hay gái)	Ngày/Nơi sinh	Số A	Số Xã Hội
a. <u>Hồ Phước Đạt</u>	<u>1981 VN</u>	<u>    </u>	<u>    </u>
b. <u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
c. <u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
d. <u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
e. <u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
f. <u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>

Departure Number

9300000318 03

Immigration and  
Naturalization Service

I-94  
Departure Record

ADMITTED AS A REFUGEE  
PURSUANT TO SEC. 207 OF  
THE I&N ACT. IF YOU DE-  
PART THE U.S., YOU WILL  
NEED PRIOR PERMISSION  
FROM INS TO RETURN.  
EMPLOYMENT AUTHORIZED

JAN 27 1994 SFR 530

14. Family Name HO	
15. First (Given) Name PHUOC NGOC	16. Birth Date (Day/Mo/Yr) 27 10 25
17. Country of Citizenship VIETNAM	

Warning - A Nonimmigrant who accepts unauthorized employment is subject to deportation.

Important - Retain this permit in your possession; *you must surrender it when you leave the U.S.* Failure to do so may delay your entry into the U.S. in the future.

You are authorized to stay in the U.S. only until the date written on this form. To remain past this date, without permission from immigration authorities, is a violation of the law.

Surrender this permit when you leave the U.S.:

- By sea or air, to the transportation line;
- Across the Canadian border, to a Canadian Official;
- Across the Mexican border, to a U.S. Official.

Students planning to reenter the U.S. within 30 days to return to the same school, see "Arrival-Departure" on page 2 of Form I-20 prior to surrendering this permit.

Record of Changes

A# 73324693	V# V087814	IV# 253927
ARLINGTON	VA 22204	USCC

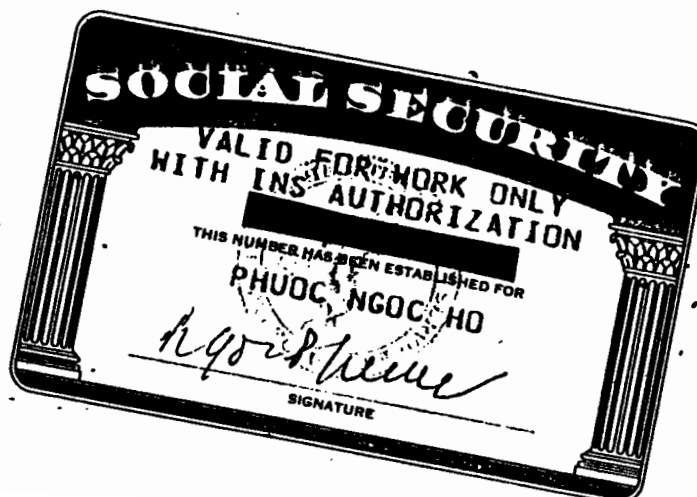
Port:

Departure Record

Date:

STAPLE HERE

See Other Side



PLEASE PRINT OR TYPE - SEE INSTRUCTIONS ON REVERSE SIDE

1 Name HO PHUOC NGOC Date 08-20-1995 A- 722-24693  
Last (Family) First (Given) Middle Alien Registration Number  
Country of Birth VIETNAM Country of Citizenship VIETNAM  
Native Language VIETNAMESE Date of Birth 10-27-1925  
Current Address VA 22003 Social Security Number ( )  
Number and Street Apartment No. City State ZIP Telephone Number

My three (3) most recent cities of residence in the United States have been (list most recent first):

CITY OR TOWN	STATE	FROM month/year	TO month/year
<u>Annandale</u>	<u>Virginia</u>	<u>9/1994</u>	<u>PRESENT</u>
<u>Falls Church</u>	<u>VA</u>	<u>1/1994</u>	<u>9/1994</u>

There are 01 members of my household, 0 of whom are employed. They are (please use another sheet if needed):

NAME	RELATIONSHIP TO ME	SEX M/F	DATE OF BIRTH mo/da/yr	COUNTRY OF BIRTH	ALIEN NUMBER	CURRENTLY EMPLOYED? yes no	ATTENDING SCHOOL? yes no
(SELF)	(SELF)	<u>M</u>				<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

My employment since entering the United States has been (list most recent first): None

COMPANY NAME	LOCATION CITY, STATE	DATES FROM TO mo/yr mo/yr	JOB TITLE	WAGE PER HOUR	CHECK ONE: PART TIME FULL TIME
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>

My major occupation or profession before coming to the U.S. was:

My education before coming to the United States was (check all that apply):

5 ☐ Grades 1-8 ☐ Technical school ☐ Some university ☐ Graduate studies  
☐ Some high school ☐ Technical school certificate ☐ University diploma ☐ Professional training  
☒ High school diploma ☐ Graduate degree

My knowledge of English was acquired by (check all that apply):

☐ Training in the U.S. ☐ Training in another country ☐ Training in refugee camp  
☐ Use in the U.S. ☐ Use in another country ☐ Other (please explain):

I have had the following training or education in the U.S. (check all that apply): None

TYPE OF SCHOOL	COURSE OF STUDY	CHECK IF STILL ATTENDING	CHECK IF COMPLETED
<input type="checkbox"/> High school		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> College		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Technical/Vocational		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (specify):		<input type="checkbox"/>	<input type="checkbox"/>

My English ability is (check one):

7 ☐ None  
☐ A few words  
☒ Fair  
☐ Good

Since in the United States, I have received the following public assistance in my own name:

	FROM month/year	TO month/year
<input type="checkbox"/> Cash assistance (welfare)		
<input type="checkbox"/> Food stamps		
<input checked="" type="checkbox"/> SSI (gold check)	<u>2/94</u>	<u>Present</u>
<input checked="" type="checkbox"/> Medical assistance	<u>2/94</u>	<u>Present</u>

## INSTRUCTIONS

### TO THE APPLICANT—PLEASE TYPE OR PRINT PLAINLY

This form is to be completed in full by persons aged 16 and over. Younger persons should complete Blocks 1 and 2 only.

The information requested on this form is to be used by the Department of Health and Human Services for statistical purposes only. The form will not be retained by the Immigration and Naturalization Service.

#### BLOCK 1

Enter your name, the date on which you are completing this form, and your alien registration number on the first line. On the second line, enter your country of birth, your country of citizenship, and your social security number. On the third line, indicate your native language and your date of birth. Enter your current address and telephone number on the fourth line.

#### BLOCK 2

Fill in your three (3) most recent cities and states of residence in the U.S. in order, starting with your current place of residence. If you have not lived in three (3) different cities since you entered the U.S., write "none" on as many lines as appropriate.

#### BLOCK 3

Show the total number of people living in your household and the number of them currently employed. Fill in the first line for yourself, then list any other persons who live in your household. If more than five (5) persons live with you, please attach a separate page listing the others and giving the information requested.

#### BLOCK 4

Enter the information about all jobs you have held since coming to the U.S., starting with your current or most recent job. Under "job title," write the term that best describes the work you do, such as "machine operator," "nurse," or "chemist." If you have not worked at all since coming to the U.S., write "none." At the bottom of the block, enter your major occupation before coming to the U.S. If you did not work before coming to the U.S., enter "none."

#### BLOCK 5

Check ☒ the block or blocks that best describe your education before coming to the U.S. Also, please check the block or blocks that best describe how and where you have learned English.

#### BLOCK 6

If you have had any training or education in the U.S., check the block or blocks that best describe your training and enter your major course of study. If you have had no training in the U.S., enter "none."

#### BLOCK 7

Check ☒ the block that best describes your ability to use English.

#### BLOCK 8

Check ☒ as many types of public assistance as you have received in your own name, as the principal applicant. Indicate the month and year the assistance started and stopped. If you are still receiving assistance, write "present" in the block headed "TO-month/year."

### TO THE IMMIGRATION AND NATURALIZATION SERVICE

After checking this form to be sure it has been properly completed, forward it directly to the address below. (If you are mailing a small number of forms, they may be folded so the address shows through a # 20 window envelope.)

Data Analysis Unit  
Office of Refugee Resettlement  
DEPARTMENT OF HEALTH & HUMAN SERVICES  
Room 1229 - Switzer Building  
330 C Street, S.W.  
Washington, D.C. 20201



U.S. Department of Justice  
Immigration and Naturalization ServiceFORM G-325A  
BIOGRAPHIC INFORMATION

OMB No. 1115-0066

(Family name) <b>HO</b>	(First name) <b>PHUOC</b>	(Middle name) <b>NGOC</b>	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.) <b>10-27-25</b>	NATIONALITY <b>VIETNAMESE</b>	FILE NUMBER <b>A 733 24 693</b>
ALL OTHER NAMES USED (Including names by previous marriages)			CITY AND COUNTRY OF BIRTH <b>VIETNAM</b>		SOCIAL SECURITY NO. [REDACTED]	
FATHER MOTHER (Maiden name)		FAMILY NAME <b>HO</b> <b>TIEU</b>		FIRST NAME <b>THINH</b> <b>Hoi</b>		DATE, CITY AND COUNTRY OF BIRTH (If known) <b>unknown</b>
HUSBAND (If none, so state) <b>OR WIFE</b>		FAMILY NAME (For wife, give maiden name) <b>TRAN</b>		FIRST NAME <b>ANH</b>	BIRTHDATE <b>1930</b>	CITY & COUNTRY OF BIRTH <b>VIETNAM</b>
DATE OF MARRIAGE <b>03-06-1950</b>		PLACE OF MARRIAGE <b>VIETNAM</b>		CITY AND COUNTRY OF RESIDENCE <b>Dead</b>		
FORMER HUSBANDS OR WIVES (if none, so state) <b>None</b>						
FAMILY NAME (For wife, give maiden name)		FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE		DATE AND PLACE OF TERMINATION OF MARRIAGE

## APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR
		<b>VIRGINIA</b>	<b>USA</b>	<b>09</b>	<b>1994</b>	PRESENT TIME	
		<b>VIRGINIA</b>	<b>USA</b>	<b>01</b>	<b>1994</b>	<b>09</b>	<b>1994</b>
<b>Lô P và Lê THANH DA 313</b>	<b>Hanoi city</b>	<b>VIETNAM</b>	<b>VN</b>		<b>1988</b>	<b>01</b>	<b>1994</b>

## APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR
<b>Lô P và Lê THANH DA 313</b>	<b>Hanoi city</b>	<b>VIETNAM</b>	<b>VIETNAM</b>		<b>1988</b>		<b>1994</b>

## APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST

FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION (SPECIFY)	FROM		TO	
		MONTH	YEAR	MONTH	YEAR
<b>NONE (SSI disabled)</b>				PRESENT TIME	

Show below last occupation abroad if not shown above. (Include all information requested above.)

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:

☐ NATURALIZATION☒ STATUS AS PERMANENT RESIDENT☐ OTHER (SPECIFY):

SIGNATURE OF APPLICANT

DATE **08-1995**

Are all copies legible?

☐ Yes

IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

**APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.**

COMPLETE THIS BOX (Family name)	(Given name)	(Middle name)	(Alien registration number)
<b>HO</b>	<b>PHUOC</b>	<b>NGOC</b>	<b>733 24 693</b>

Submit WEDNESDAY ONLY between 8:00 AM to 11:00 AM

**WORKSHEET FOR ALIENS PAROLED UNDER PL 95-412 OR PL 96-212**

NAME: HO PHUOC NGOC A# 733 24693  
Last First Middle

CURRENT ADDRESS: \_\_\_\_\_  
Number Street Apt.  
Annandale VA 22003  
City/Town State Zip Code

Mother's Name: TIEU Hoi THI  
Last First Middle  
Father's Name: HO THINH VAN  
Last First Middle

Date of Birth: 10 27 1925 Country Code: \_\_\_\_\_  
Month Day Year (Country Name): VIETNAM

City of Birth: Vietnam  
City of Residence: Annandale  
City or original destination: San Francisco

DATE OF PAROLE INTO THE USA: 01 27 1994  
Month Day Year

Verified from \_\_\_\_\_ by \_\_\_\_\_

List all absences and periods of absences from the USA during the past year.  
If none, state none. None

Have you been arrested? No. If yes list charges, dates, and convictions.

I HO PHUOC NGOC do swear that I know the contents of this worksheet subscribed by me, including the attached documents, and that the same are true to the best of my knowledge.

\_\_\_\_\_  
Complete and true signature of applicant

Subscribed and sworn to before me by the above-named applicant at WAS

on \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of INS OFFICIAL

ADMISSION FOR PERMANENT RESIDENCE CLASS \_\_\_\_\_ is recommended.  
effective \_\_\_\_\_

Computer Form I-485D

\_\_\_\_\_  
Signature of Recommending Officer Title Date

# APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK  
 LAST NAME NAW FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

EE LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O  
R  
I

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB  
 Month Day Year

DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

CITIZENSHIP CIT

SEX

RACE

HGT.

WGT.

EYES

HAIR

PLACE OF BIRTH POB

EMPLOYER AND ADDRESS

YOUR NO. OCA

LEAVE BLANK

FBI NO. EBI

ARMED FORCES NO. MNU

CLASS

MISCELLANEOUS NO. MNU

1 R. THUMB

2 R. INDEX

3 R. MIDDLE

4 R. RING

5 R. LITTLE

6 L. THUMB

7 L. INDEX

8 L. MIDDLE

9 L. RING

10 L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

1. Tên: HỒ, PHƯỚC NGOC Ngày/nơi sinh (tỉnh): \_\_\_\_\_  
 A# \_\_\_\_\_ Số Xã Hội: \_\_\_\_\_ Ngày đến Mỹ: \_\_\_\_\_  
 Trình độ học vấn (VN) \_\_\_\_\_ Học gì tại Mỹ: \_\_\_\_\_ Xong/Đang học  
 Địa chỉ: \_\_\_\_\_ Điện thoại: \_\_\_\_\_

Chiều cao: \_\_\_\_\_ Cân nặng: \_\_\_\_\_ Trình độ Anh Ngữ: \_\_\_\_\_  
 Hướng trợ cấp xã hội: Tiền mặt: \_\_\_\_\_ từ tháng: \_\_\_\_\_ đến tháng: \_\_\_\_\_  
 Foodstamps: \_\_\_\_\_ từ tháng: \_\_\_\_\_ đến tháng: \_\_\_\_\_  
 Medicaid: \_\_\_\_\_ từ tháng: \_\_\_\_\_ đến tháng: \_\_\_\_\_  
 SSI: \_\_\_\_\_ từ tháng: \_\_\_\_\_ đến tháng: \_\_\_\_\_ loại khác: \_\_\_\_\_ từ tháng: \_\_\_\_\_ đến tháng: \_\_\_\_\_

2. Tên cha: X. Hồ Văn Thước Ngày/nơi sinh (tỉnh): \_\_\_\_\_  
 Địa chỉ hiện tại của cha: Chết  
 Tên mẹ: X. Nguyễn Thị Thời Ngày/nơi sinh (tỉnh): \_\_\_\_\_  
 Địa chỉ hiện tại của mẹ: Chết

3. Tên vợ/chồng: X. Trần Ngọc Anh Ngày/nơi sinh: 1936  
 A# \_\_\_\_\_ Số Xã Hội: \_\_\_\_\_ Ngày đến Hoa Kỳ: \_\_\_\_\_

\* Ngày và nơi lập hôn thú: X. 06/03/1950  
 Địa chỉ hiện tại: 343 1/2 St. St. Thien Hoa, F22, B. 10, R. 14

4. Tên vợ/chồng trước: \_\_\_\_\_ Ngày/Nơi sinh: \_\_\_\_\_  
 Ngày/nơi lập hôn thú: \_\_\_\_\_ Ngày/Nơi ly dị: \_\_\_\_\_

5. Địa chỉ trong vòng 5 năm qua (xin ghi địa chỉ hiện tại trước):  
 Địa chỉ \_\_\_\_\_ Từ tháng/năm \_\_\_\_\_ Đến tháng/năm \_\_\_\_\_

a. \_\_\_\_\_  
 b. \_\_\_\_\_  
 c. \_\_\_\_\_  
 d. \_\_\_\_\_  
 e. \_\_\_\_\_

6. Tên/Địa chỉ làm việc trong vòng 5 năm qua (xin ghi địa chỉ trước):  
 Tên/Địa chỉ \_\_\_\_\_ Từ tháng/năm \_\_\_\_\_ Đến tháng/năm \_\_\_\_\_

a. \_\_\_\_\_  
 b. \_\_\_\_\_  
 c. \_\_\_\_\_  
 d. \_\_\_\_\_  
 e. \_\_\_\_\_

7. Tên các con (Trai hay gái) Ngày/Nơi sinh Số A Số B  
 a. Hồ Phước Đạt 1961 \_\_\_\_\_  
 b. \_\_\_\_\_  
 c. \_\_\_\_\_  
 d. \_\_\_\_\_  
 e. \_\_\_\_\_  
 f. \_\_\_\_\_

Hồ Sĩ Kim Green Card (Thẻ xanh)  
 Cháu anh Phước

CỘNG HÒA XÃ HỘI CHỦ NGHĨA  
VIỆT NAM



HỘ CHIẾU  
Passport



**FAMILIES OF VIETNAMESE  
POLITICAL PRISONERS ASSOCIATION**

Hội Gia Đình Tù Nhân Chính Trị Việt Nam

**KHUC MINH THO**  
President

P.O. BOX 5435  
Arlington, VA 22205  
FAX: (703) 204-0394

Falls Church, VA 22043  
(703) 560-0058

Submit WEDNESDAY ONLY between 8:00 AM to 11:00 AM

**WORKSHEET FOR ALIENS PAROLED UNDER PL 95-412 OR PL 96-212**

NAME: \_\_\_\_\_ A# \_\_\_\_\_  
                    Last                      First                      Middle

CURRENT ADDRESS: \_\_\_\_\_  
                                    Number                      Street                      Apt.  
\_\_\_\_\_  
                    City/Town                      State                      Zip Code

Mother's Name: \_\_\_\_\_  
                                    Last                      First                      Middle

Father's Name: \_\_\_\_\_  
                                    Last                      First                      Middle

Date of Birth: \_\_\_\_\_ Country Code: \_\_\_\_\_  
                    Month              Day              Year      (Country Name): \_\_\_\_\_

City of Birth: \_\_\_\_\_

City of Residence: \_\_\_\_\_

City or original destination: \_\_\_\_\_

DATE OF PAROLE INTO THE USA: \_\_\_\_\_  
  Month              Day              Year

Verified from \_\_\_\_\_ by \_\_\_\_\_

List all absences and periods of absences from the USA during the past year.

If none, state none.

Have you been arrested? \_\_\_\_\_. If yes list charges, dates, and convictions.

I \_\_\_\_\_ do swear that I know the contents of this worksheet subscribed by me, including the attached documents, and that the same are true to the best of my knowledge.

\_\_\_\_\_  
Complete and true signature of applicant  
Subscribed and sworn to before me by the above-named applicant at WAS  
on \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of INS OFFICIAL

ADMISSION FOR PERMANENT RESIDENCE CLASS \_\_\_\_\_ is recommended.  
effective \_\_\_\_\_

Computer Form I-485D

\_\_\_\_\_  
Signature of Recommending Officer              Title              Date

PLEASE PRINT OR TYPE - SEE INSTRUCTIONS ON REVERSE SIDE

1

Name _____ Last (Family) First (Given) Middle	Date _____	A- _____ Alien Registration Number
Country of Birth _____	Country of Citizenship _____	Social Security Number _____
Native Language _____	Date of Birth _____	Month/Day/Year _____
Current Address _____ Number and Street Apartment No. City State ZIP	Telephone Number _____	

My three (3) most recent cities of residence in the United States have been (list most recent first):

2

CITY OR TOWN	STATE	FROM month/year	TO month/year
			PRESENT

There are \_\_\_\_\_ members of my household, \_\_\_\_\_ of whom are employed. They are (please use another sheet if needed):

3

NAME	RELATIONSHIP TO ME	SEX M/F	DATE OF BIRTH mo/da/yr	COUNTRY OF BIRTH	ALIEN NUMBER	CURRENTLY EMPLOYED? yes no	ATTENDING SCHOOL? yes no
(SELF)	(SELF)					<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

My employment since entering the United States has been (list most recent first):

4

COMPANY NAME	LOCATION CITY, STATE	DATES FROM TO mo/yr mo/yr	JOB TITLE	WAGE PER HOUR	CHECK ONE: PART FULL TIME TIME
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>

My major occupation or profession before coming to the U.S. was:

My education before coming to the United States was (check all that apply):

5

<input type="checkbox"/> Grades 1-8	<input type="checkbox"/> Technical school	<input type="checkbox"/> Some university	<input type="checkbox"/> Graduate studies
<input type="checkbox"/> Some high school	<input type="checkbox"/> Technical school certificate	<input type="checkbox"/> University diploma	<input type="checkbox"/> Professional training
<input type="checkbox"/> High school diploma			<input type="checkbox"/> Graduate degree

My knowledge of English was acquired by (check all that apply):

<input type="checkbox"/> Training in the U.S.	<input type="checkbox"/> Training in another country	<input type="checkbox"/> Training in refugee camp
<input type="checkbox"/> Use in the U.S.	<input type="checkbox"/> Use in another country	<input type="checkbox"/> Other (please explain):

I have had the following training or education in the U.S. (check all that apply):

6

TYPE OF SCHOOL	COURSE OF STUDY	CHECK IF STILL ATTENDING	CHECK IF COMPLETED
<input type="checkbox"/> High school		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> College		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Technical/Vocational		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (specify):		<input type="checkbox"/>	<input type="checkbox"/>

My English ability is (check one):

7

<input type="checkbox"/> None
<input type="checkbox"/> A few words
<input type="checkbox"/> Fair
<input type="checkbox"/> Good

Since in the United States, I have received the following public assistance in my own name:

8

	FROM month/year	TO month/year
<input type="checkbox"/> Cash assistance (welfare)		
<input type="checkbox"/> Food stamps		
<input type="checkbox"/> SSI (gold check)		
<input type="checkbox"/> Medical assistance		
<input type="checkbox"/> Other (specify):		

Họ và tên Full name

HỒ NGỌC PHƯỚC

Ngày sinh Date of birth

1925

Nơi sinh Place of birth

Quận Hưng

Chỗ ở Domicile

Trụ tại 4th Floor

Nghề nghiệp Occupation

Chiều cao Height

Vết tích đặc biệt khác Other particular signs



Ảnh và chữ ký người mang hộ chiếu

Photo and signature of the passport bearer



**Warning** - A nonimmigrant who accepts unauthorized employment is subject to deportation.

**Important** - Retain this permit in your possession; *you must surrender it when you leave the U.S.* Failure to do so may delay your entry into the U.S. in the future.

You are authorized to stay in the U.S. only until the date written on this form. To remain past this date, without permission from immigration authorities, is a violation of the law.

**Surrender this permit when you leave the U.S.:**

- By sea or air, to the transportation line;
- Across the Canadian border, to a Canadian Official;
- Across the Mexican border, to a U.S. Official.

Students planning to reenter the U.S. within 30 days to return to the same school, see "Arrival-Departure" on page 2 of Form I-20 **prior to surrendering this permit.**

**Record of Changes**

---

<b>A#</b>	<b>73324693</b>	<b>V#</b>	<b>V087814</b>	<b>IV#</b>	<b>253927</b>
<b>ARLINGTON</b>		<b>VA</b>	<b>22204</b>	<b>USCC</b>	

---

**Port:**

**Departure Record**

**Date:**

**STAPLE HERE**

**See Other Side**

1. Tên: \_\_\_\_\_ Ngày/nơi sinh (tỉnh): \_\_\_\_\_  
 A# \_\_\_\_\_ Số Xã Hội: \_\_\_\_\_ Ngày đến Mỹ: \_\_\_\_\_  
 Trình độ học vấn (VN) \_\_\_\_\_ Học gì tại Mỹ: \_\_\_\_\_ Xong/Đang học  
 Địa chỉ: \_\_\_\_\_ Điện thoại: \_\_\_\_\_  
 Chiều cao: \_\_\_\_\_ Cân nặng: \_\_\_\_\_ Trình độ Anh Ngữ: \_\_\_\_\_  
 Hưởng trợ cấp xã hội: Tiền mặt: \_\_\_\_\_ từ tháng: \_\_\_\_\_ đến tháng: \_\_\_\_\_  
 Foodstamps: \_\_\_\_\_ từ tháng: \_\_\_\_\_ đến tháng: \_\_\_\_\_  
 Medicaid: \_\_\_\_\_ từ tháng: \_\_\_\_\_ đến tháng: \_\_\_\_\_  
 SSI: \_\_\_\_\_ từ tháng: \_\_\_\_\_ đến tháng: \_\_\_\_\_ loại khác: \_\_\_\_\_ từ tháng: \_\_\_\_\_ đến tháng: \_\_\_\_\_

2. Tên cha: \_\_\_\_\_ Ngày/nơi sinh (tỉnh): \_\_\_\_\_  
 Địa chỉ hiện tại của cha: \_\_\_\_\_  
 Tên mẹ: \_\_\_\_\_ Ngày/nơi sinh (tỉnh): \_\_\_\_\_  
 Địa chỉ hiện tại của mẹ: \_\_\_\_\_

3. Tên vợ/chồng: \_\_\_\_\_ Ngày/nơi sinh: \_\_\_\_\_  
 A# \_\_\_\_\_ Số Xã Hội: \_\_\_\_\_ Ngày đến Hoa Kỳ: \_\_\_\_\_  
 Ngày và nơi lập hôn thú: \_\_\_\_\_  
 Địa chỉ hiện tại: \_\_\_\_\_

4. Tên vợ/chồng trước: \_\_\_\_\_ Ngày/Nơi sinh: \_\_\_\_\_  
 Ngày/nơi lập hôn thú: \_\_\_\_\_ Ngày/Nơi ly dị: \_\_\_\_\_

5. Địa chỉ trong vòng 5 năm qua (xin ghi địa chỉ hiện tại trước):

Địa chỉ	Từ tháng, năm	Đến tháng, năm
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____
e. _____	_____	_____

6. Tên/Địa chỉ làm việc trong vòng 5 năm qua (xin ghi địa chỉ hiện tại trước):

Lương/Giờ	Địa chỉ/Chức vụ	Từ tháng, năm	Đến tháng, năm	
_____	a. _____	_____	_____	FT/PT
_____	b. _____	_____	_____	FT/PT
_____	c. _____	_____	_____	FT/PT
_____	d. _____	_____	_____	FT/PT
_____	e. _____	_____	_____	FT/PT

Tên các con (Trai hay gái)	Ngày/Nơi sinh	Số A	Số Xã Hội
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____
d. _____	_____	_____	_____
e. _____	_____	_____	_____
f. _____	_____	_____	_____

**CỘNG HÒA XÃ HỘI CHỦ NGHĨA VIỆT NAM**  
**Socialist Republic of Viet Nam**

Bộ Ngoại giao nước Cộng hòa Xã hội chủ nghĩa Việt Nam yêu cầu các nhà chức trách có thẩm quyền của Việt Nam và các nước cho phép người mang hộ chiếu này được đi lại dễ dàng và được tạo mọi sự giúp đỡ và bảo vệ cần thiết.

*The Ministry of Foreign Affairs of the Socialist Republic of Vietnam requests the competent authorities of Vietnam and of other countries to allow this passport bearer to pass freely and afford assistance and protection in case of need.*



**HỘ CHIẾU**  
**Passport**

Số  
N<sup>o</sup> PT 116130/90 DC

Họ và tên Full name

HỒ NGOC PHUỐC

Ngày sinh Date of birth

1925

Nơi sinh Place of birth

Quảng Ninh

Chỗ ở Domicile

Trụ tại Quảng Ninh

Nghề nghiệp Occupation

/

Chiều cao Height

Vết tích đặc biệt khác Other particular signs



Ảnh và chữ ký người mang hộ chiếu  
Photo and signature of the passport bearer



4

Hộ chiếu này có giá trị đến ngày

*This passport is valid up to*

05.12.1995

Người mang hộ chiếu này được phép đi đến

*This passport bearer is allowed to travel to*

TẤT CẢ CÁC NƯỚC

ALL COUNTRIES

Cấp tại Hà Nội ngày 05 tháng 12 năm 1990

*Issued at*

*on*

CỤC QUẢN LÝ XUẤT NHẬP CẢNH



*Trần Văn*

5

TRẺ EM CÙNG ĐI VỚI NGƯỜI MANG HỘ CHIẾU  
*CHILDREN ACCOMPANYING THE PASSPORT BEARER*

Họ và tên *Full name*

Ngày sinh *Date of birth*

Nơi sinh *Place of birth*

Họ và tên *Full name*

Ngày sinh *Date of birth*

Nơi sinh *Place of birth*

Họ và tên *Full name*

Ngày sinh *Date of birth*

Nơi sinh *Place of birth*

APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK  
LAST NAME NAM FIRST NAME MIDDLE NAME

FB LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O  
R  
I

DCINSWF00  
USINS  
ARLINGTON, VA

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB  
Month Day Year

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

CITIZENSHIP CTZ

SEX RACE HGT WGT EYES HAIR

PLACE OF BIRTH POB

EMPLOYER AND ADDRESS

YOUR NO. OCA

LEAVE BLANK

FBI NO. EBJ

CLASS \_\_\_\_\_

ARMED FORCES NO. MNU

REF. \_\_\_\_\_

REASON FINGERPRINTED

SOCIAL SECURITY NO. SOC

MISCELLANEOUS NO. MNU

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

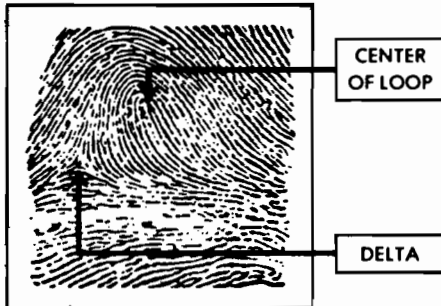
RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

**FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE**

**WASHINGTON, D.C. 20537**

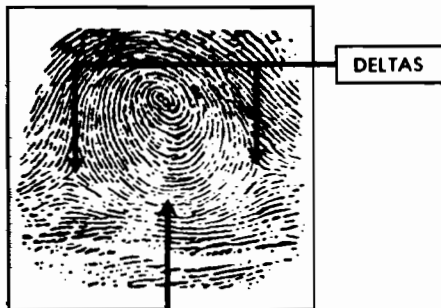
**APPLICANT**

**1. LOOP**



THE LINES BETWEEN CENTER OF  
LOOP AND DELTA MUST SHOW

**2. WHORL**



THESE LINES RUNNING BETWEEN  
DELTAS MUST BE CLEAR

**3. ARCH**



ARCHES HAVE NO DELTAS

TO OBTAIN CLASSIFIABLE FINGERPRINTS:

1. USE BLACK PRINTER'S INK.
2. DISTRIBUTE INK EVENLY ON INKING SLAB.
3. WASH AND DRY FINGERS THOROUGHLY.
4. ROLL FINGERS FROM NAIL TO NAIL, AND AVOID ALLOWING FINGERS TO SLIP.
5. BE SURE IMPRESSIONS ARE RECORDED IN CORRECT ORDER.
6. IF AN AMPUTATION OR DEFORMITY MAKES IT IMPOSSIBLE TO PRINT A FINGER, MAKE A NOTATION TO THAT EFFECT IN THE INDIVIDUAL FINGER BLOCK.
7. IF SOME PHYSICAL CONDITION MAKES IT IMPOSSIBLE TO OBTAIN PERFECT IMPRESSIONS, SUBMIT THE BEST THAT CAN BE OBTAINED WITH A MEMO STAPLED TO THE CARD EXPLAINING THE CIRCUMSTANCES.
8. EXAMINE THE COMPLETED PRINTS TO SEE IF THEY CAN BE CLASSIFIED, BEARING IN MIND THAT MOST FINGERPRINTS FALL INTO THE PATTERNS SHOWN ON THIS CARD (OTHER PATTERNS OCCUR INFREQUENTLY AND ARE NOT SHOWN HERE)

**THIS CARD FOR USE BY:**

**LEAVE THIS SPACE BLANK**

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.\*
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.\*
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.\*\*
4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

**INSTRUCTIONS:**

- \*1. PRINTS MUST FIRST BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
  2. PRIVACY ACT OF 1974 (P.L. 93-579) REQUIRES THAT FEDERAL, STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH SOLICITATION, AND USES WHICH WILL BE MADE OF IT.
  - \*\*3. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI.
  4. FBI NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.
- MISCELLANEOUS NO. . RECORD: OTHER ARMED FORCES NO., PASSPORT NO. (PP), ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS), VETERANS' ADMINISTRATION CLAIM NO. (VA).

U.S. Department of Justice  
Immigration and Naturalization ServiceFORM G-325A  
BIOGRAPHIC INFORMATION

OMB No. 1115-0066

(Family name)	(First name)	(Middle name)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.)	NATIONALITY	FILE NUMBER A-
ALL OTHER NAMES USED (Including names by previous marriages)			CITY AND COUNTRY OF BIRTH		SOCIAL SECURITY NO. (If any)	
FATHER		FAMILY NAME		FIRST NAME	DATE, CITY AND COUNTRY OF BIRTH (If known)	CITY AND COUNTRY OF RESIDENCE
MOTHER (Maiden name)		FAMILY NAME		FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH
HUSBAND (If none, so state) OR WIFE		FAMILY NAME (For wife, give maiden name)		FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH
DATE OF MARRIAGE		PLACE OF MARRIAGE				
FORMER HUSBANDS OR WIVES (if none, so state)						
FAMILY NAME (For wife, give maiden name)		FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE	

## APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR
						PRESENT TIME	

## APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR

## APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST

FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION (SPECIFY)	FROM		TO	
		MONTH	YEAR	MONTH	YEAR
				PRESENT TIME	

Show below last occupation abroad if not shown above. (Include all information requested above.)

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:		SIGNATURE OF APPLICANT		DATE	
<input type="checkbox"/> NATURALIZATION	<input type="checkbox"/> STATUS AS PERMANENT RESIDENT				
<input type="checkbox"/> OTHER (SPECIFY):					
Are all copies legible? <input type="checkbox"/> Yes		IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:			

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

**APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.**

COMPLETE THIS BOX (Family name)	(Given name)	(Middle name)	(Alien registration number)



FORM G-325A  
**BIOGRAPHIC INFORMATION**

OMB No. 1115-0066

(Family name)	(First name)	(Middle name)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.)	NATIONALITY	FILE NUMBER A-
ALL OTHER NAMES USED (including names by previous marriages)				CITY AND COUNTRY OF BIRTH		SOCIAL SECURITY NO. (if any)
FATHER		FAMILY NAME		FIRST NAME	DATE, CITY AND COUNTRY OF BIRTH (if known)	CITY AND COUNTRY OF RESIDENCE
MOTHER (Maiden name)		FAMILY NAME		FIRST NAME	DATE, CITY AND COUNTRY OF BIRTH	CITY AND COUNTRY OF RESIDENCE
HUSBAND (if none, so state) OR WIFE	FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE
FORMER HUSBANDS OR WIVES (if none, so state)		FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE
APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.				FROM		TO
STREET AND NUMBER		CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR
APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR				FROM		TO
STREET AND NUMBER		CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR
APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST				FROM		TO
FULL NAME AND ADDRESS OF EMPLOYER			OCCUPATION (SPECIFY)	MONTH	YEAR	MONTH
						YEAR
Show below last occupation abroad if not shown above. (Include all information requested above.)						
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:			SIGNATURE OF APPLICANT		DATE	
<input type="checkbox"/> NATURALIZATION <input type="checkbox"/> STATUS AS PERMANENT RESIDENT <input type="checkbox"/> OTHER (SPECIFY):						
Are all copies legible? <input type="checkbox"/> Yes			IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:			

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

**APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.**

COMPLETE THIS BOX (Family name) (Given name) (Middle name) (Alien registration number)			
(OTHER AGENCY USE)			INS USE (Office of Origin)
			OFFICE CODE:
			TYPE OF CASE:
			DATE:
Form G-325 A (Rev. 10-1-82) (2) Rec Br.			

# BIOGRAPHIC INFORMATION

(Family name)	(First name)	(Middle name)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.)	NATIONALITY	FILE NUMBER A-
ALL OTHER NAMES USED (Including names by previous marriages)			CITY AND COUNTRY OF BIRTH		SOCIAL SECURITY NO. (If any)	
FATHER MOTHER (Maiden name)		FAMILY NAME		FIRST NAME	DATE, CITY AND COUNTRY OF BIRTH (If known)	CITY AND COUNTRY OF RESIDENCE
HUSBAND (If none, so state) OR WIFE		FAMILY NAME (For wife, give maiden name)		FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH
FORMER HUSBANDS OR WIVES (if none, so state)		FAMILY NAME (For wife, give maiden name)		FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE
						DATE AND PLACE OF TERMINATION OF MARRIAGE

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR
							PRESENT TIME

APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR

APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST

FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION (SPECIFY)	FROM		TO	
		MONTH	YEAR	MONTH	YEAR
					PRESENT TIME

Show below last occupation abroad if not shown above. (Include all information requested above.)

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:		SIGNATURE OF APPLICANT	DATE
<input type="checkbox"/> NATURALIZATION	<input type="checkbox"/> STATUS AS PERMANENT RESIDENT		
<input type="checkbox"/> OTHER (SPECIFY):			
Are all copies legible? <input type="checkbox"/> Yes		IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:	

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

**APPLICANT:** BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.

COMPLETE THIS BOX (Family name) (Given name) (Middle name) (Alien registration number)			
(OTHER AGENCY USE)		INS USE (Office of Origin)	
		OFFICE CODE:	
		TYPE OF CASE:	
		DATE:	
Form G-325 A (Rev. 10-1-82)		(3) C.	

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

**(4) Consul**

## INSTRUCTIONS

### TO THE APPLICANT—PLEASE TYPE OR PRINT PLAINLY

This form is to be completed in full by persons aged 16 and over. Younger persons should complete Blocks 1 and 2 only.

The information requested on this form is to be used by the Department of Health and Human Services for statistical purposes only. The form will not be retained by the Immigration and Naturalization Service.

#### BLOCK 1

Enter your name, the date on which you are completing this form, and your alien registration number on the first line. On the second line, enter your country of birth, your country of citizenship, and your social security number. On the third line, indicate your native language and your date of birth. Enter your current address and telephone number on the fourth line.

#### BLOCK 2

Fill in your three (3) most recent cities and states of residence in the U.S. in order, starting with your current place of residence. If you have not lived in three (3) different cities since you entered the U.S., write "none" on as many lines as appropriate.

#### BLOCK 3

Show the total number of people living in your household and the number of them currently employed. Fill in the first line for yourself, then list any other persons who live in your household. If more than five (5) persons live with you, please attach a separate page listing the others and giving the information requested.

#### BLOCK 4

Enter the information about all jobs you have held since coming to the U.S., starting with your current or most recent job. Under "job title," write the term that best describes the work you do, such as "machine operator," "nurse," or "chemist." If you have not worked at all since coming to the U.S., write "none." At the bottom of the block, enter your major occupation before coming to the U.S. If you did not work before coming to the U.S., enter "none."

#### BLOCK 5

Check ☒ the block or blocks that best describe your education before coming to the U.S. Also, please check the block or blocks that best describe how and where you have learned English.

#### BLOCK 6

If you have had any training or education in the U.S., check the block or blocks that best describe your training and enter your major course of study. If you have had no training in the U.S., enter "none."

#### BLOCK 7

Check ☒ the block that best describes your ability to use English.

#### BLOCK 8

Check ☒ as many types of public assistance as you have received in your own name, as the principal applicant. Indicate the month and year the assistance started and stopped. If you are still receiving assistance, write "present" in the block headed "TO-month/year."

### TO THE IMMIGRATION AND NATURALIZATION SERVICE

After checking this form to be sure it has been properly completed, forward it directly to the address below. (If you are mailing a small number of forms, they may be folded so the address shows through a # 20 window envelope.)

Data Analysis Unit  
Office of Refugee Resettlement  
DEPARTMENT OF HEALTH & HUMAN SERVICES  
Room 1229 - Switzer Building  
330 C Street, S.W.  
Washington, D.C. 20201

PLEASE PRINT OR TYPE - SEE INSTRUCTIONS ON REVERSE SIDE

1

Name _____ Last (Family) First (Given) Middle	Date _____	A- _____ Alien Registration Number
Country of Birth _____	Country of Citizenship _____	_____
Native Language _____	Date of Birth _____ Month/Day/Year	_____
Current Address _____ Number and Street Apartment No. City State ZIP	_____	_____
My three (3) most recent cities of residence in the United States have been (list most recent first):		_____

2

CITY OR TOWN	STATE	FROM month/year	TO month/year
			PRESENT

There are \_\_\_\_\_ members of my household, \_\_\_\_\_ of whom are employed. They are (please use another sheet if needed):

3

NAME	RELATIONSHIP TO ME	SEX M/F	DATE OF BIRTH mo/da/yr	COUNTRY OF BIRTH	ALIEN NUMBER	CURRENTLY EMPLOYED? yes no	ATTENDING SCHOOL? yes no
(SELF)	(SELF)					<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

My employment since entering the United States has been (list most recent first):

4

COMPANY NAME	LOCATION CITY, STATE	DATES FROM TO mo/yr mo/yr	JOB TITLE	WAGE PER HOUR	CHECK ONE: PART TIME FULL TIME
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>

My major occupation or profession before coming to the U.S. was:

My education before coming to the United States was (check all that apply):

5

<input type="checkbox"/> Grades 1-8	<input type="checkbox"/> Technical school	<input type="checkbox"/> Some university	<input type="checkbox"/> Graduate studies
<input type="checkbox"/> Some high school	<input type="checkbox"/> Technical school certificate	<input type="checkbox"/> University diploma	<input type="checkbox"/> Professional training
<input type="checkbox"/> High school diploma			<input type="checkbox"/> Graduate degree

My knowledge of English was acquired by (check all that apply):

<input type="checkbox"/> Training in the U.S.	<input type="checkbox"/> Training in another country	<input type="checkbox"/> Training in refugee camp
<input type="checkbox"/> Use in the U.S.	<input type="checkbox"/> Use in another country	<input type="checkbox"/> Other (please explain):

I have had the following training or education in the U.S. (check all that apply):

6

TYPE OF SCHOOL	COURSE OF STUDY	CHECK IF STILL ATTENDING	CHECK IF COMPLETED
<input type="checkbox"/> High school		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> College		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Technical/Vocational		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (specify):		<input type="checkbox"/>	<input type="checkbox"/>

7

My English ability is (check one):

- ☐ None  
☐ A few words  
☐ Fair  
☐ Good

Since in the United States, I have received the following public assistance in my own name:

8

	FROM month/year	TO month/year
<input type="checkbox"/> Cash assistance (welfare)		
<input type="checkbox"/> Food stamps		
<input type="checkbox"/> SSI (gold check)		
<input type="checkbox"/> Medical assistance		
<input type="checkbox"/> Other (specify):		

OMB No. 1115-0088

**PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT**

**COMPLETE THIS BOX** (Family name) (Given name) (Middle name) (Alien registration number)

**APPLICANT**

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK  
LAST NAME NAM FIRST NAME MIDDLE NAME

FB LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O  
R  
I

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB  
Month Day Year

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

CITIZENSHIP CTZ

SEX

RACE

HGT

WGT

EYES

HAIR

PLACE OF BIRTH POB

EMPLOYER AND ADDRESS

YOUR NO. OCA

LEAVE BLANK

REASON FINGERPRINTED

ARMED FORCES NO. MNU

CLASS

SOCIAL SECURITY NO. SOC

REF.

MISCELLANEOUS NO. MNU

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY



COMMONWEALTH OF VIRGINIA  
COUNTY OF FAIRFAX



HOME BASED CARE CHECKLIST  
CLIENT RESPONSIBILITIES

*Mr Hoang,*

You will need to obtain the following information in order to be assessed for Home Based Care Services. After you have gathered this information, please call the Social Worker listed at the bottom of this form for an appointment. In order to be evaluated, this information needs to be returned within ten days.

- (1) Copy of Social Security card
- (2) Income verification (including Social Security, Pensions, interest from bank accounts and investments and family contributions)
- (3) Health insurance verifications (ie. copy of Medicare/Medicaid, BC/BS cards)
- (4) Physician statement *re: Medical Condition, need for*  
*services and Medications*

*See*  
*file*  
*Base*  
During your first interview, you will be asked to sign a release form so that we can discuss your case with family members, physician and home care agencies.

SOCIAL WORKER

PHONE

DATE

*Mae Christian*  
533-5451

2/16/94



# Refugee Services

Phone: (703) 524-2130

CATHOLIC DIOCESE OF ARLINGTON, VA

80 No. Glebe Rd., Arlington, VA 22203

## FAIRFAX CITY/COUNTY REFERRAL FOR SERVICES

Name of Refugee HO NGOC PHUOC Size of Family 01  
Date of Arrival 1/27/94  
Address: Falls Church, Va. 22043 Tel. (703) 560-0058

1. Social Security Card Office 7777 Leesburg Pike, Falls Church  
Date of application \_\_\_\_\_ Date of reception \_\_\_\_\_
2. Health Screening: call for appointment  
Falls Church: 7115 Leesburg Pike, Falls Church VA  
Tel: (703) 534-8343  
Springfield: 5700 Hanover Ave., Springfield VA  
Tel: (703) 569-1031  
Mt. Vernon: 6301 Richmond Hwy., Alexandria, VA  
Tel: (703) 660-7100  
Herdon/Reston: 1850 Cameron Glen Dr., Suite 100 Reston, VA  
Tel: (703) 481-4242

Appointment dates: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

3. Department of Human Development Call for appointment  
6245 Leesburg Pike, 2nd floor, Falls Church. Tel: 533-5300  
12011 Government Ctr Parkway-Bldg B3, Fairfax VA 22035-1102. Tel: 324-7625  
8850 Richmond Hwy., Alexandria Tel: 799-8400  
1850 Cameron Glen Dr. Suite 700, Reston Tel: 481-4025

Date applied: \_\_\_\_\_ Type of assistance: \_\_\_\_\_  
Medicaid \_\_\_\_\_ Food Stamp \_\_\_\_\_ Cash \_\_\_\_\_

4. School registration:  
Adult(s) 6131 Willston Dr., Falls Church Tel. 536-2048  
Children: 2831 Graham Rd., Falls church, Tel. 8765230/31  
Date of registration \_\_\_\_\_ Date Starting \_\_\_\_\_  
Name of School \_\_\_\_\_ Grade \_\_\_\_\_

5. Dept. of Human Dev./Manpower  
6131 Willston Dr., Falls Church, VA Tel. 536-2036  
Date of Registration \_\_\_\_\_  
Name of the Employment Specialist/Counselor \_\_\_\_\_

6. Financial assistance from MRS/USCC/Arlington  
Direct assistance to the Family \$ 500.00  
Date 1/28/1994 Case Manager Ngoc-Anh Davis

U S . IMMIGRATION SVC.  
EASTERN SVC. CENTER  
75 LOWER WELDEN ST.  
ST. ALBANS, VT 05479-0001

Name _____		A
<p><b>APPLICANTS MUST ESTABLISH THAT THEY ARE ADMISSIBLE TO THE UNITED STATES, EXCEPT AS OTHERWISE PROVIDED BY LAW, ALIENS WITHIN ANY OF THE FOLLOWING CLASSES ARE NOT ADMISSIBLE TO THE UNITED STATES:</b></p> <div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><ol style="list-style-type: none"><li>1. Aliens who have committed or who have been convicted of a crime involving moral turpitude (does not include minor traffic violations);</li><li>2. Aliens who have been engaged in or who intend to engage in any commercialized sexual activity;</li><li>3. Aliens who are or at any time have been, anarchists, or members of or affiliated with any communist or other totalitarian party, including any subdivision or affiliate thereof;</li><li>4. Aliens who have advocated or taught, either by personal utterance, or by means of any written or printed matter, or through affiliation with an organization, (i) opposition to organized government, (ii) the overthrow of government by force or violence, (iii) the assaulting or killing of government officials because of their official character, (iv) the unlawful destruction of property, (v) sabotage, or (vi) the doctrines of world communism, or the establishment of a totalitarian dictatorship in the United States;</li><li>5. Aliens who intend to engage in prejudicial activities or unlawful activities of a subversive nature;</li><li>6. Aliens who have been convicted of violation of any law or regulation relating to narcotic drugs or marijuana, or who have been illicit traffickers in narcotic drugs or marijuana;</li><li>7. Aliens who have been involved in assisting any other aliens to enter the United States in violation of law;</li></ol></div><div style="width: 50%;"><ol style="list-style-type: none"><li>8. Aliens who have applied for exemption or discharge from training or service in the Armed Forces of the United States on the ground of alienage and who have been relieved or discharged from such training or service.</li><li>9. Aliens who are mentally retarded, insane, or have suffered one or more attacks of insanity;</li><li>10. Aliens afflicted with psychopathic personality, sexual deviation, mental defect, narcotic drug addiction, chronic alcoholism or any dangerous contagious disease;</li><li>✓ 11. Aliens who have a physical defect, disease or disability affecting their ability to earn a living;</li><li>12. Aliens who are paupers, professional beggars or vagrants;</li><li>13. Aliens who are polygamists or advocate polygamy;</li><li>14. Aliens who have been excluded from the United States within the past year, or who at any time have been deported from the United States, or who at any time have been removed from the United States at Government expense;</li><li>15. Aliens who have procured or attempted to procure a visa by fraud or misrepresentation;</li><li>16. Aliens who have departed from or remained outside the United States to avoid military service in time of war or national emergency.</li></ol></div></div>		
<p>Do any of the foregoing classes apply to you?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p style="text-align: center;">(If answer is Yes, explain on reverse)</p> <p><i>Further, I have never ordered, assisted or otherwise participated in the persecution of any person because of race, religion or political opinion.</i></p> <p>I understand all the foregoing statements, having asked for and obtained a translation or explanation of every point which was not understood or clear to me.</p>		
<b>(COMPLETE &amp; TRUE SIGNATURE OF APPLICANT)</b>		
<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Signature of Interpreter</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Name of Interpreter (Print)</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Signature of Interpreter</div> <div style="border-bottom: 1px solid black;">Name of Interpreter (Print)</div>	<div style="display: flex; justify-content: space-between;"><div>Subscribed and sworn to (Affirmed) by the above named applicant before me this 19      at</div><div>day of</div></div> <div style="border-bottom: 1px solid black; margin-top: 20px; text-align: center;">Signature of Officer</div> <div style="border-bottom: 1px solid black; margin-top: 5px; text-align: center;">Title</div>	

11. I am disabled and currently in a  
nursing home:  
LEEWOOD NURSING HOME

U. S. Department of Justice  
Immigration and Naturalization Service

Notice of Action

Applicant/Petitioner A # A73324693		Application/Petition I-485 APPL. TO REGISTER PERMANENT RESIDENCE OR ADJUST STATUS
Receipt # EAC9602352821		Applicant/Petitioner HO, PHUOC NGOC
Notice Date January 11, 1996	Page 1	Beneficiary

PHUOC NGOC HO

PLEASE ATTACH THE ENCLOSED COLOR-CODED RETURN ADDRESS LABEL TO THE OUTSIDE OF YOUR RESPONSE ENVELOPE TO ENSURE FASTER SERVICE.

Notice also sent to:  
NONE

**IMPORTANT: THIS NOTICE CONTAINS YOUR UNIQUE NUMBER AND MUST BE RESUBMITTED IN THE ORIGINAL WITH THE REQUESTED INFORMATION. WHEN YOU HAVE COMPLIED WITH THE INSTRUCTIONS ON THIS FORM, RESUBMIT THIS NOTICE AND ALL REQUESTED DOCUMENTS AND/OR INFORMATION. PLEASE ATTACH THE ENCLOSED COLOR-CODED RETURN ADDRESS LABEL TO THE OUTSIDE OF YOUR RESPONSE ENVELOPE TO ENSURE FASTER SERVICE.**

To ensure a prompt response use the enclosed address label when you reply. If you have not heard from us within 90 days then you may contact this office at (802) 527-3160.

You did not submit a Statement of Fact.

Submit a Form G-646 Sworn Statement of Refugee Applying for Entry into the United States (statement of fact)/or a Form I-485D worksheet for Aliens Paroled under PL 95-412 or PL 96-212 (statement of fact).

You must appear in person at the local immigration office to complete and sign the statement of fact in front of an Immigration Official. The statement must also be signed by the Immigration Official.

You will be notified separately about any other applications or petitions you filed. Save this notice. Please enclose a copy of it if you write to us about this case, or if you file another application based on this decision. Our address is:

IMMIGRATION & NATURALIZATION SERVICE  
VERMONT SERVICE CENTER  
75 LOWER WELDEN STREET  
ST. ALBANS, VT 05479-0001

RSM001

## Additional Information for Applicants and Petitioners

### General:

The filing of an application or petition does not in itself allow a person to enter or remain in the United States and does not confer any other right or benefit.

### Inquiries:

If you do not hear from us within the processing time given on this notice and you want to know the status of this case, contact your local INS office.

You should also contact your local INS office if you have questions about this notice.

Please have this form with you whenever you contact a local office about this case.

### Requests for Evidence:

If this notice asks for more evidence, you can submit it or you can ask for a decision based on what you have already filed. When you reply please include a copy of the other side of this notice and also include any papers attached to this notice.

### Reply Period:

If this notice indicates that you must reply by a certain date and you do not reply by that date, then we will issue a decision based on the evidence on file. No extension of time will be granted. After we issue a decision any new evidence must be submitted with a new application or petition, motion or appeal, as discussed under "Denials."

### Approval of a Petition:

Approval of an immigrant or nonimmigrant petition means that the person for whom it was filed, called the beneficiary, has been found eligible for the requested classification. However, approval of a petition does not give any status or right. Actual status is given when the beneficiary is given the proper visa and uses it to enter the United States. Please contact the appropriate U.S. Consulate directly if you have any questions about visa issuance.

For nonimmigrant petitions, the beneficiary should contact the consulate after he or she receives our approval notice. For approved immigrant petitions, the beneficiary should wait to be contacted by the consulate.

If the beneficiary is now in the United States and believes he or she may be eligible for the new status without going abroad for a visa, then he or she should contact a local INS office about applying here.

### Denials:

A denial means that, after every consideration, INS has concluded that the evidence submitted does not establish eligibility for the requested benefit.

If you believe there is more evidence that will establish eligibility, you can file a new application or petition or you can file a motion to reopen this case. If you believe the denial is inconsistent with precedent decisions or regulations, you can file a motion for reconsideration.

If the front of this notice states that this denial can be appealed and you believe the decision is in error, you can file an appeal.

You can obtain more information about these processes from your local INS office.



11/02/95

ERC-96-023-52821

ERCKMA01

# Notice of Action



RECEIPT NUMBER EAC-96-023-52821		CASE TYPE I485 APPLICATION TO ADJUST TO PERMANENT RESIDENT STATUS
RECEIPT DATE November 2, 1995	PRIORITY DATE	APPLICANT A73 324 693 HO, PHUOC NGOC
NOTICE DATE November 2, 1995	PAGE 1 of 1	

PHUOC NGOC HO

Notice Type: Receipt Notice

Fee Waived

Section: Other basis for adjustment

The above application or petition has been received. It usually takes 30 to 90 days from the date of this receipt for us to process this type of case. Please notify us immediately if any of the above information is incorrect. Our customer service phone number is listed below.

We will send you a written notice as soon as we make a decision on this case. You can also use the phone number below to obtain case status information direct from our automated system 24 hours a day with a touch-tone phone and the receipt number for this case (at the top of this notice).

Please see the additional information on the back. You will be notified separately about any other cases you filed.

IMMIGRATION & NATURALIZATION SERVICE  
VERMONT SERVICE CENTER  
75 LOWER WELDEN STREET  
SAINT ALBANS VT 05479-0001  
Customer Service Telephone: (802) 527-3160



- *Please save this notice for your records. Please enclose a copy if you have to write us or a U.S. Consulate about this case, or if you file another application based on this decision.*
  - *You will be notified separately about any other applications or petitions you have filed.*
- 

## ***Additional Information***

### **GENERAL.**

The filing of an application or petition does not in itself allow a person to enter the United States and does not confer any other right or benefit.

### **INQUIRIES.**

You should contact the office listed on the reverse of this notice if you have questions about the notice, or questions about the status of your application or petition. *We recommend you call.* However, if you write us, please enclose a copy of this notice with your letter.

### **APPROVAL OF NONIMMIGRANT PETITION.**

Approval of a nonimmigrant petition means that the person for whom it was filed has been found eligible for the requested classification. If this notice indicated we are notifying a U. S. Consulate about the approval for the purpose of visa issuance, and you or the person you filed for have questions about visa issuance, please contact the appropriate U. S. Consulate directly.

### **APPROVAL OF AN IMMIGRANT PETITION.**

Approval of an immigrant petition does not convey any right or status. The approved petition simply establishes a basis upon which the person you filed for can apply for an immigrant or fiance(e) visa or for adjustment of status.

A person is not guaranteed issuance of a visa or a grant of adjustment simply because this petition is approved. Those processes look at additional criteria.

If this notice indicates we have approved the immigrant petition you filed, and have forwarded it to the Department of State Immigrant Visa Processing Center, that office will contact the person you filed the petition for directly with information about visa issuance.

In addition to the information on the reverse of this notice, the instructions for the petition you filed provide additional information about processing after approval of the petition.

For more information about whether a person who is already in the U. S. can apply for adjustment of status, please see Form I-485, *Application to Register Permanent Residence or Adjust Status*.



## Additional Information for Applicants and Petitioners

### General:

The filing of an application or petition does not in itself allow a person to enter or remain in the United States and does not confer any other right or benefit.

### Inquiries:

If you do not hear from us within the processing time given on this notice and you want to know the status of this case, contact your local INS office.

You should also contact your local INS office if you have questions about this notice.

Please have this form with you whenever you contact a local office about this case.

### Requests for Evidence:

If this notice asks for more evidence, you can submit it or you can ask for a decision based on what you have already filed. When you reply please include a copy of the other side of this notice and also include any papers attached to this notice.

### Reply Period:

If this notice indicates that you must reply by a certain date and you do not reply by that date, then we will issue a decision based on the evidence on file. No extension of time will be granted. After we issue a decision any new evidence must be submitted with a new application or petition, motion or appeal, as discussed under "Denials."

### Approval of a Petition:

Approval of an immigrant or nonimmigrant petition means that the person for whom it was filed, called the beneficiary, has been found eligible for the requested classification. However, approval of a petition does not give any status or right. Actual status is given when the beneficiary is given the proper visa and uses it to enter the United States. Please contact the appropriate U.S. Consulate directly if you have any questions about visa issuance.

For nonimmigrant petitions, the beneficiary should contact the consulate after he or she receives our approval notice. For approved immigrant petitions, the beneficiary should wait to be contacted by the consulate.

If the beneficiary is now in the United States and believes he or she may be eligible for the new status without going abroad for a visa, then he or she should contact a local INS office about applying here.

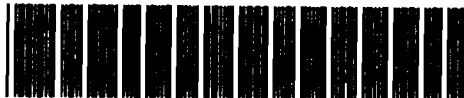
### Denials:

A denial means that, after every consideration, INS has concluded that the evidence submitted does not establish eligibility for the requested benefit.

If you believe there is more evidence that will establish eligibility, you can file a new application or petition or you can file a motion to reopen this case. If you believe the denial is inconsistent with precedent decisions or regulations, you can file a motion for reconsideration.

If the front of this notice states that this denial can be appealed and you believe the decision is in error, you can file an appeal.

You can obtain more information about these processes from your local INS office.



11/02/95

EAC-96-023-52821

ERCKMA01

SPONSORSHIP AGREEMENTName (PA): HO NGOC PHUOC Number in Family: 1Sponsor: KHUC MINH THO Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: Arlington County Mental Health Center

Contact #1: \_\_\_\_\_ Contact #2: \_\_\_\_\_

We are happy that you have agreed to assist in the sponsorship of refugees in the United States under the Refugee Resettlement Program.

MRS/USCC/ARLINGTON  
(Resettlement Office)

has nothing to do with the selection for resettlement of refugees or with the time when they might arrive.

We will contact you as soon as we receive any information from our New York office. We will also notify you when we receive arrival information.

I agree to assist the refugee(s) as much as possible. Specifically, I agree to:

1. Keep MRS/USCC/ARLINGTON (resettlement office) informed of my home and work telephone number and let them know when I plan to leave \_\_\_\_\_ for more than a few days. Yes \_\_\_\_\_ No \_\_\_\_\_  
(location)
2. Pick up the refugees at their point of arrival. Yes ☒ No \_\_\_\_\_
3. Provide housing for \_\_\_\_\_ week(s) after arrival. Yes ☒ No \_\_\_\_\_
4. Provide household goods. Yes \_\_\_\_\_ No \_\_\_\_\_
5. Provide food for \_\_\_\_\_ week(s) after arrival. Yes \_\_\_\_\_ No \_\_\_\_\_
6. Provide clothing. Yes \_\_\_\_\_ No \_\_\_\_\_
7. Provide transportation to agencies providing the following services: Social Security, School Registration, Health Screening, English Classes, and Employment Services. I will complete the necessary forms at their offices or at any other agency's involved in resettlement.  
Yes ☒ No \_\_\_\_\_
8. Help find employment and encourage them to avoid the use of welfare.  
Yes ☒ No \_\_\_\_\_

9. Cooperate with the Case Manager in the development and implementation of a resettlement plan. Yes X No
10. Describe in detail the plans that have been made to assist the refugees with:  
(include \$ amount and/or # of weeks provided)

amt./# of wks provided

Housing:

Food:

Utilities:

Household Goods:

Health Care:

Transportation:

Clothing:

Education:

Employment:

Other:

If at any time I feel that I will be unable to perform these duties, I will make arrangements to discuss the matter with the Case Manager.

X Sponsor's signature: Date: 8/26/93

Case Manager's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Refugee Services

Phone: (703) 524-2130

CATHOLIC DIOCESE OF ARLINGTON, VA

80 No. Glebe Rd., Arlington, VA 22203

## FAIRFAX CITY/COUNTY REFERRAL FOR SERVICES

Name of Refugee HO NGOC PHUOC Size of Family 01  
Address: \_\_\_\_\_ Date of Arrival 1/27/94  
Tel. (703) 560-0058

1. Social Security Card Office 7777 Leesburg Pike, Falls Church  
Date of application \_\_\_\_\_ Date of reception \_\_\_\_\_
2. Health Screening: call for appointment  
Falls Church: 7115 Leesburg Pike, Falls Church VA  
Tel: (703) 534-8343  
Springfield: 5700 Hanover Ave., Springfield VA  
Tel: (703) 569-1031  
Mt. Vernon: 6301 Richmond Hwy., Alexandria, VA  
Tel: (703) 660-7100  
Herdon/Reston: 1850 Cameron Glen Dr., Suite 100 Reston, VA  
Tel: (703) 481-4242

Appointment dates: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

3. Department of Human Development Call for appointment  
6245 Leesburg Pike, 2nd floor, Falls Church. Tel: 533-5300  
12011 Government Ctr Parkway-Bldg B3, Fairfax VA 22035-1102. Tel: 324-7625  
8850 Richmond Hwy., Alexandria Tel: 799-8400  
1850 Cameron Glen Dr. Suite 700, Reston Tel: 481-4025

Date applied: \_\_\_\_\_ Type of assistance: \_\_\_\_\_  
Medicaid \_\_\_\_\_ Food Stamp \_\_\_\_\_ Cash \_\_\_\_\_

4. School registration:  
Adult(s) 6131 Willston Dr., Falls Church Tel. 536-2048  
Children: 2831 Graham Rd., Falls church, Tel. 8765230/31  
Date of registration \_\_\_\_\_ Date Starting \_\_\_\_\_  
Name of School \_\_\_\_\_ Grade \_\_\_\_\_

5. Dept. of Human Dev./Manpower  
6131 Willston Dr., Falls Church, VA Tel. 536-2036  
Date of Registration \_\_\_\_\_  
Name of the Employment Specialist/Counselor \_\_\_\_\_

6. Financial assistance from MRS/USCC/Arlington  
Direct assistance to the family \$ 500.00  
Date 1/28/1994 Case Manager Ngoc-Anh Davis

- Passport + I-94

- làm giấy nếu khi  
có thể được rút ứng

Ans Phuc

506

8980

SS #

SS Tel.

301.913-

SSI

Ans Phuc

Và Green Card

Sos: Ms Christine  
Kin companion  
2/16/94 - 4:30 pm.

- To Mrs. Phineas
- Williston School
- Funding (x - ~~xxxx~~)
- Reception - Picnic

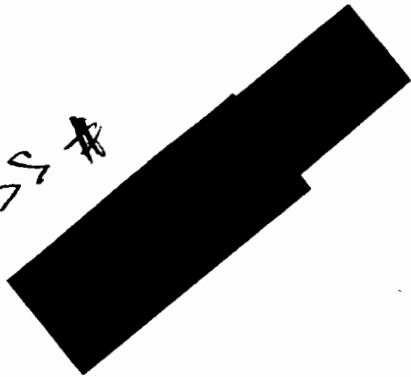
July SS #

1-31-94.

Mae Christian

533-5451

SS #



**Pages Removed (S.S.)**

27 page(s) was/were removed from the file of HỒ NGỌC PHƯỚC  
(10-27-1925) due to containing Social Security numbers. The page(s) was/were copied  
with the Social Security numbers covered up. The copy/copies was/were placed back into  
the above mentioned file and the original(s) was/were placed into the Restricted/Reserved  
files.

-Anna Mallett

Date: October 12th 2007

Viết thư → Bà Erường Thị Lấp (Suisse)

COMPUTERIZED

X

Chưa có báo lãnh

Hồ sơ còn thiếu

{  
LOI  
I-171  
IV #



CONTROL

☐ Card  
☒ Doc. Request Form 5/4/88  
☐ Release Order  
☐ Computer  
☐ [illegible]  
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☐ [illegible]