



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

IV # \_\_\_\_\_

POLITICAL PRISONER REGISTRATION FORM  
(Two Copies)

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

<sup>^</sup>  
HỒ  
Last

NGỌC  
Middle

PHƯỚC  
First

Current Address 313 Lô P Ctxà THANH ĐA. Phường 27 Quận Bình Thạnh HCM

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.

Name, Address & Telephone

Relationship

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

5. NAME OF PRINCIPAL APPLICANT (PA) : HỒ NGỌC PHƯỚC  
(Listed on page 1)

NAME OF DEPENDENT/ACCOMPANYING RELATIVES	DATE OF BIRTH	RELATIONSHIP TO PA.
<u>TRẦN NGỌC ANH</u>	<u>3/1/ 1930</u>	<u>WIFE</u>
<u>HỒ PHƯỚC ĐẠT</u>	<u>25/1/ 1961</u>	<u>SON</u>
<u>TRẦN THI MỸ PHƯƠNG</u>	<u>26/2/ 1961</u>	<u>DAUGHTER-IN-LAW</u>
<u>HỒ THI PHƯƠNG THẢO</u>	<u>4/4/ 1987</u>	<u>GRAND DAUGHTER</u>

DEPENDENT'S ADDRESS : (if different from above)

S/A

6. ADDITIONAL INFORMATION :

Hô chí Minh City, March 15th, 1988.

To: THE DIRECTOR OF THE ORDERLY DEPARTURE  
PROGRAMME (ODP) AMERICAN EMBASSY ODP  
Box 58 APO SAN FRANCISCO 96346.001

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

Dear Sir,

I undersigned: NGỌC PHƯỚC

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

Marital status: Married

Education: Finished high school

Home address: 313/128 P. Cửu Long THANH-ĐA

Phường 27, Quận Bình Thạnh, Thành Phố Hồ Chí Minh

Mailing address: same as above

Current occupation

Before April 30th 1975

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

Serial number: 4547.102 G75

Rank: Lieutenant Colonel

Occupation: Military Security Department

After April 30th 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 H.N.H.C.R. in order I and my family may  
leave Viet Nam to go to United States of America  
for the purpose: REFUGEE.

Please accept here our deeply gratefulness.

Respect fully yours.

Attached herewith.

- Released Certificate (photocopy)

Phuoc

QUESTIONNAIRE FOR ODP APPLICANTS

A. BASIC IDENTIFICATION DATA:

1. Name: Hồ Ngọc Phước
2. Date, place of birth: 27-10-1925 tại CホC CEN (NAM VIETNAM)
3. Residence address: 313 - 18 P. Củ Chi - Thành Phố  
Hồ Chí Minh  
District 29 - Quận Bình Thạnh, Thành phố Hồ Chí Minh
4. Mailing address: as above
5. Current occupation: Trung Tá Trưởng Phòng Giám Sát - lồng quát  
tại Cục An Ninh QUÂN ĐỘI

B. RELATIVES TO ACCOMPANY ME:

1. Name	2. Date of Birth	3. Place of Birth	4. Sex	5. Marital Status	6. Relationship
1. TÙM NGÀ ANH	3-1-1930	CHOLON	Nữ	Dã lập; già dặn	Vợ
2. HỒ PHƯỚC ĐẠT	25-5-1961	SAIGON	Nam	Dã lập già dặn	Còn
3. TRẦN THỊ MỸ PHƯƠNG	26-2-1961	CHOLON	Nữ	Dã lập già dặn	Còn
4. HỒ THỊ PHƯƠNG THẮO	4-4-1987	SAIGON	Nữ	(S)	Cháu

C. SERVICES WITH GVN OR RVN AF BY YOU:

1. Name of person serving: Hồ Ngọc Phước
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 Trưởng Vũ Đức Nhuận
6. Reason for leaving: Vì có 30-4-1975, di cai tao.

D. TRAINING OUTSIDE VIETNAM OF YOU:

1. Name of student trainer:	2. School and school address:	3. Dates	4. Description of courses	5. Who paid for training
- Sư Đoàn 25 Hoa Kỳ		1 tháng (1957)	Du hành quan sát	Chính phủ Hoa Kỳ
+ tại Hawaii		3 tháng (1959)	Khóa Đại Sĩ Trưởng Bô Trưởng	Chính phủ Hoa Kỳ
- Trường Fort Benning		3 tháng (1960)	Khóa An Ninh Cán Bản	Chính phủ Hoa Kỳ
tại Georgia				
- Trường Tùy Bão Hoa Kỳ				
tại đảo Biển Dương				
(OKINAWA)				

Tổ chức cấp bằng sau 2 khóa học tại Trường và An Ninh Cán Bản

E. RE-EDUCATION OF YOU:

1. Name of person in re-education: Hồ Ngọc Phước
2. Total time of re-education: 12 năm + 7 tháng + 28 ngày  
(từ ngày 15.6.1975 đến 13.2.1988)

Signature

Date 15-3-1988

BỘ NỘI VỤ

Trại

CỘNG HÒA XÃ HỘI CHỦ NGHĨA VIỆT NAM  
Độc lập - Tự do - Hạnh phúc

Số /HS

10/10/88  
20.2.88  
Mẫu số 001-QLTG, ban  
hành theo công văn số  
2565 ngày 27 tháng 11  
năm 1972

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SIISLD

## GIẤY RA TRẠI

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

Thi hành án vẫn, quyết định tha số 46 ngày 4 tháng 2 năm 1979  
của Bộ Nội Vụ

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

Họ, tên khai sinh: Nguyễn Văn Phong Sinh năm 1929

Các tên gọi khác:

Nơi sinh: Hải Dương

Nơi đăng ký nhân khẩu thường trú trước khi bị bắt: Số 318 ấp 6 xã Thành An, Tp. Vinh  
Q. Nghi Phong, Tỉnh Nghệ An

Can tội: Trưởng phòng giao bán súng quân đội ra biển

Bị bắt ngày: 19/4/79; Án phạt:

Theo quyết định, án vẫn số: ngày tháng năm của

Số 10/1/88  
Địa chỉ: Số 318 ấp 6 xã Thành An, Tp. Vinh, Nghệ An

CHỨNG NHẬN GIỎI  
Đã được giải thích: Ngày: 13/3/1988  
Xuất trình tại UBND xã: Ngày: 13/3/1988

Ngày: 13/3/1988 Nhập xét quá trình cải tạo

TRUNG PHƯƠNG, B. SINH THÀNH

Nơi Phân số nhiều có giao trong hố tên Đào Công, xã

chỗ hình số 05 xã Thành An

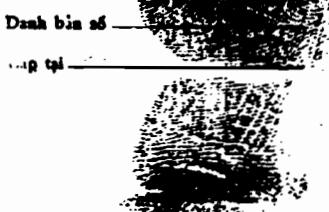
Năm 1988

Đương sự phải trình diện tại UBND Phường, xã: Ngày: 13/3/1988

Trước ngày 13 tháng 3 năm 1988

Làm số  
103

Cửu



Họ tên, chữ ký  
người được cấp giấy

Nhiều

Ngày: 13 tháng 3 năm 1988

Trưởng trại  
(ghi rõ họ, tên, cấp bậc, chức vụ)

Trưởng trại  
Hà

Xin chào  
anh Hô Mười Phuoc 1925  
Cô tên Công an phuoc 27  
QB Thành - Bình chánh ngày 10/2/88.

Ngày 10/2/88



CAF 17  
Hoàng Phuoc

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

Kính gửi: Bà Trưởng Thủ Lập

Hội Đồng Quản Trị  
Board of Directors

KHÚC MINH THO  
NGUYỄN THỊ HẠNH  
NGUYỄN QUÝNH GIAO  
NGUYỄN VĂN GIỎI  
NGUYỄN XUÂN LAN  
HIẾP LOWMAN  
TRẦN KIM DUNG  
TRẦN THỊ PHƯƠNG

Ban Chấp Hành T.U.  
Executive Board

KHÚC MINH THO  
President  
NGUYỄN QUÝNH GIAO  
1st Vice-President  
TRẦN KIM DUNG  
2nd Vice-President  
NGUYỄN VĂN GIỎI  
Secretary General  
TRẦN THỊ PHƯƠNG  
Deputy Secretary  
NGUYỄN THỊ HẠNH  
Treasurer

Cố Vấn Đoàn  
Advisory Committee

HIẾP LOWMAN  
NGUYỄN XUÂN LAN

SUISSE

Hội Gia-Đình Tù-Nhân Chinh-Trị Việt-Nam đã nhận được  
thủ và hồ sơ của Ông/Bà xin đoàn tụ cho thân bằng quyền  
thuộc. Chúng tôi thành thật cảm ơn Ông/Bà đã传播 long tin  
tưởng và hưởng ứng hoạt động của Hội trong công tác nhân  
dao 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 muôn rồi Việt-Nam theo chương trình "Ra đi có  
trật tự" (ODP) để nộp cho cơ quan có thẩm quyền xét.

Nếu Ông/Bà chưa lập hồ sơ đoàn tụ cho thân nhân,  
xin hãy điền các mâu định kèm gửi về cho Hội, đồng thời  
chung tôi cũng đề nghị Ông/Bà tiếp xúc với cơ quan thiền  
nguyên 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 tinh cách tự nguyên, nên xin  
Ông/Bà vui lòng mỗi khi liên lạc thủ tín với Hội, gửi  
cho một phong bì có dán tem sẵn để tiện việc phục dấp.

Kính thư,

Ba Khúc Minh Tho  
Chu Tich

HỒ SƠ TÊN:

HỒ NGỌC PHƯỚC  
Lieutenant Colonel

TÀI LIỆU CÀN BỘ TÚC: (Bản sao, mỗi thứ 2 bản)

LỜI

I-171

TV#

ĐIỀN VÀO MÂU ĐỊNH KEM (Mỗi mâu 2 bản)



BY AIR MAIL  
FLUGPOST PAR AVION

Tết

Bà Khúc & bà 916iulu Bão

APR 29 1981 130X 5435 Arlington

VA 22205-0635

U.S.A

M<sup>me</sup> Truong

Suisse

Genève 29 Avril 88

Sinh gửi Bà Khúc Thị Minh Lương  
Mỹ Ban đặc nhiệm tư nhân Quân sự

Chuẩn Bà

Minh gửi cho Bà các xít lô  
số 10 Ngọc Phước là Cải tạo  
nơi thuốc và nóm lết này.  
Chuẩn mực của bà và Chuẩn là  
điều cần với Cảnh sát, nên  
nếu tôi sẽ lấy liên lạc  
nơi đây cần tôi cho liên

Xin chào Bà

Cảm ơn Bà

Yêu Chuẩn Thị Lan

Đại sứ quán

Suisse

## THE TRAVELERS AID SOCIETY OF WASHINGTON, D.C. INC.

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

**Member of American Council for Nationalities Service**

IV # 253927

## **ORDERLY DEPARTURE PROGRAM**

**DATE** \_\_\_\_\_

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

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

Date of Birth: Jan. 12, 1939 Place of Birth SÀI GÒN, 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 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 GIAI, QUỐC XÃ
HÈ NGỌC PHƯƠC	OCT. 27, 1925		THÀNH PHỐ # 727
IV# 2534127	VIETNAM		

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

**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**

NIA

**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 151A Location \_\_\_\_\_

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

**Dates of Employment or Training** **To** \_\_\_\_\_

\_\_\_\_\_ My \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Full name of mother \_\_\_\_\_ her age \_\_\_\_\_

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

Full name of the U.S. citizen father (if known) \_\_\_\_\_

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

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

**Signature**  **Date** \_\_\_\_\_

SUBSCRIBED AND SWEARN BEFORE ME THIS

**Signature of Notary Public**

**My Commission expires**

## **THE TRAVELERS AID SOCIETY OF WASHINGTON, D.C. INC.**

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

**Member of American Council for Nationalities Service**

IV # 253927

## ORDERLY DEPARTURE PROGRAM

**DATE** \_\_\_\_\_

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

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

Alien number \_\_\_\_\_ or Naturalization Certificate No. 11853778

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. CĂN XÁ
HÈ NGỌC PHƯƠC	OCT. 27, 1925		THÀNH ĐA # 727
IV# 253427	Vietnam		

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

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 done

Name/ Position of s Mr. S. B. Rao

12/27/15 *Heads*

Was time spent in reading, writing, or other activities?

Years 13 Month 25 8 5 227

FORMER STUDENT IN U. *Da* # *11* *11* *11*

SCHOOL N.Y.A. 8 T. BURK

Type of Degree or Cert

Dates of Employment: 1/1/02 to 7/1/02

Month/Year

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

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

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

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

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

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

**Signature**  **Date** \_\_\_\_\_

SUBSCRIBED AND SWEARN BEFORE ME THIS

**Signature of Notary Public**

**My Commission expires**

Dear Mr. Warner

## 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

Xin chào Ông/ Bà  
Kính thưa Ông/ Bà

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 Anh Phuoc

Date of Birth: 10.27.25

Address in VN: 113/6 T. Anh Hien Trong, P. 10

Quan Phu Nhieu - TPHCM

213 Lo G Cai xá Thang Da # 727

Spouse Name: Q.Tan Binh - TPHCM.

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

Reeducation Time: 13 Years 0 Months 0 Days

IV # 253-917 Approved 7/1

VFWL # \_\_\_\_\_

HO # 20-1021B and off. \_\_\_\_\_

I-171: Yes N mit: Yes NO No

Special List # \* DAI 8/93 Thang 1/94 \_\_\_\_\_

R.D. List # RT 332-309 Final 11/93 \_\_\_\_\_

Sponsor: GU # 332-52 Approved 11/93 \_\_\_\_\_

Remarks (from Mr. Warner) DOB 12/1/52 end 11/93 \_\_\_\_\_

My wife, Tran, and I are also  
from Phu Nhieu  
St.



COMMONWEALTH OF VIRGINIA  
COUNTY OF FAIRFAX



HOME BASED CARE CHECKLIST  
CLIENT RESPONSIBILITIES

*M. H.*

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 (including Medicare/Medicaid, BC/BS cards)
- (4) Physician statement re: *Medical Physician to be used for services and Medi*

*for  
fair  
Base fir*  
During your first interview, please sign and return the release form so that we can discuss your medical history with your physician and home care agencies.

*SS #*

sign a  
bers,

SOCIAL WORKER

PHONL.

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  
Address: \_\_\_\_\_ Date of Arrival 1/27/94  
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  
Herndon/Reston: 1850 Cameron Glen Dr., Suite 100 Reston  
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

Wife  
and  
the

for  
our  
own

## 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**

Xin chào Ông/ Bà  
Kính thưa -

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 Phuoc

Date of Birth: 10.27.25

Address in VN: 113/6 Tien Hieu Trung P.10  
Quan Phu Nhieu - TPHCM  
213 Lo G Cai Xa Thang Da # 727  
Q.Tan Binh - TPHCM.

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

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

Reeducation Time: 13 Years    Months    Days

IV # 253-927 Approved 7/1

VENL # \_\_\_\_\_

HO # 20-1021B end 6/8

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)

Departure Number

930000318 03

Immigration and  
Naturalization Service

I-94  
Departure Record

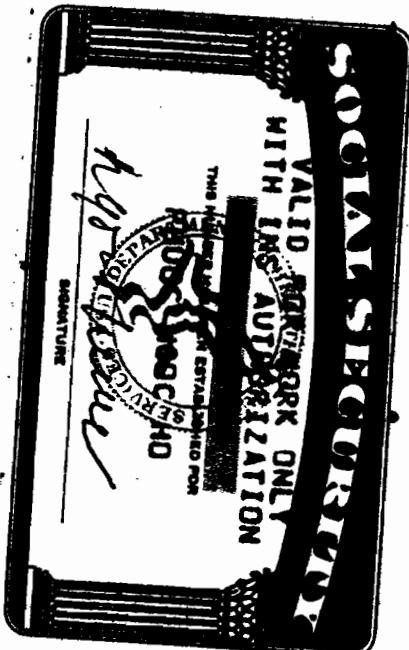
ADMITTED AS A REFUGEE  
PURSUANT TO SEC. 207 OF  
THE IIR ACT. IF YOU DE-  
PART THE U.S., YOU WILL  
NEED PRIOR PERMISSION  
FROM INS TO RETURN.  
EMPLOYMENT AUTHORIZED

JAN 27 1994 SFR 530

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

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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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 I# 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

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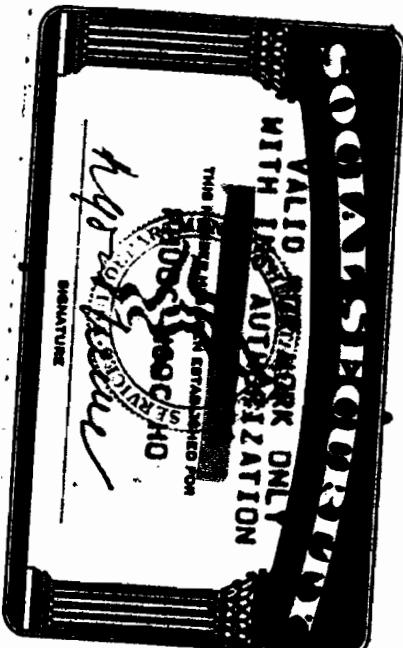
I-94  
Departure Record

JAN 27 1994 SFR 530

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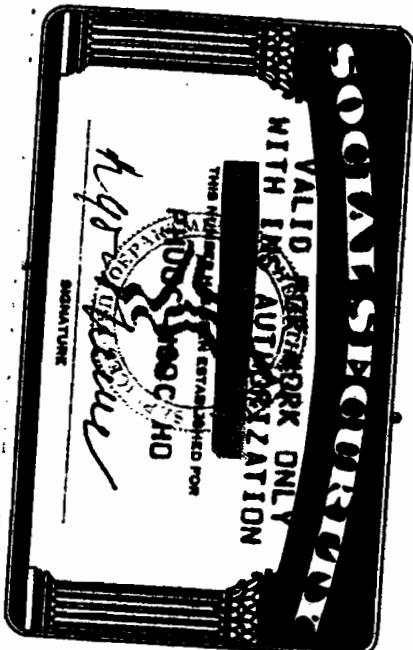
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JAN 27 1994 SFR 530

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Record of Changes

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

Port: Departure Record

Date:

Carrier:

Flight #/Ship Name:

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Departure Number

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Naturalization Service

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EMPLOYMENT AUTHORIZED

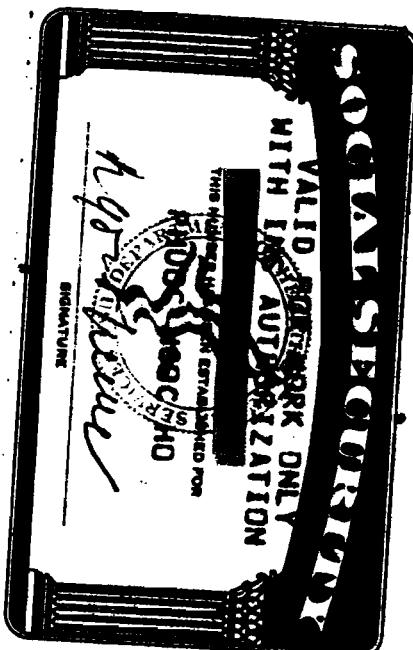
I-94  
Departure Record

JAN 27 1994 SFR 530

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ARLINGTON VA 22204 USCC

Port: Departure Record

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Departure Number

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Immigration and  
Naturalization Service

I-94  
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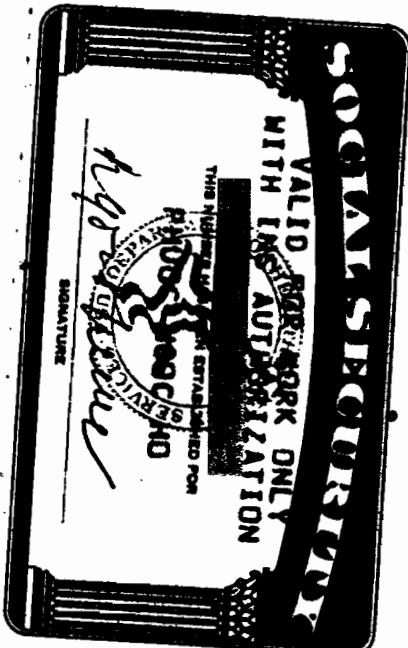
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JAN 27 1994 SFR 500

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17. Country of Citizenship VIETNAM		

See Other Side

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Immigration and  
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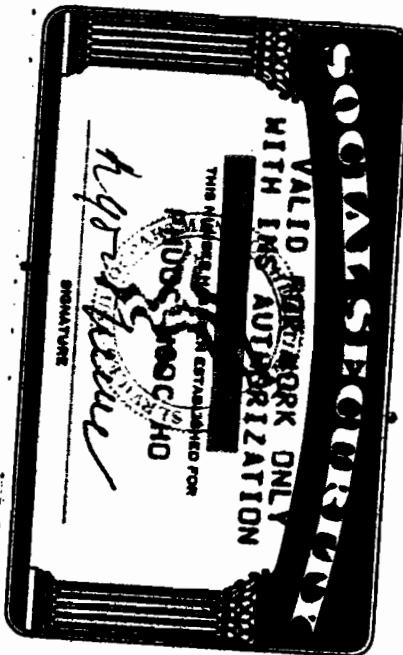
I-94  
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JAN 27 1994 SFR 530

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JAN 27 1994 SFR 530

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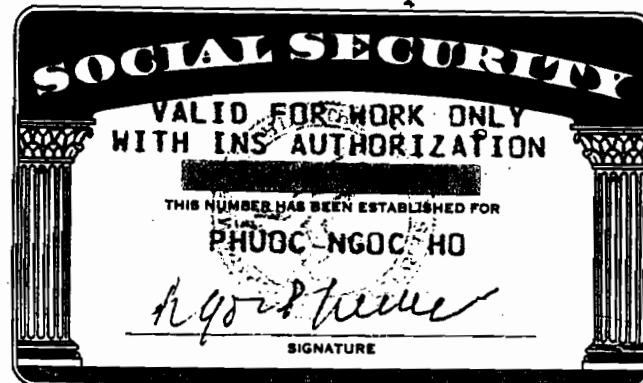
A# 73324693 V# V087814 IV# 253927  
ARLINGTON VA 22204 USCC

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:** \_\_\_\_\_

Annandale VA 22003  
City/Town State Zip Code

Mother's Name: TIEU Moi 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:** Appleton

City or original destination: San Francisco

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

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

Complete and true signature of applicant

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

**Signature of INS OFFICIAL**

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

---

**Signature of Recommending Officer**

---

**Title**

Date

1 PLEASE PRINT OR TYPE - SEE INSTRUCTIONS ON REVERSE SIDE

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		Social Security Number
Native Language	Vietnamese				Date of Birth	10-27-1925
Current Address	Number and Street	Apartment No.	City	State	ZIP	Month/Day/Year
				VA	22003	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
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):

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"/> X	<input type="checkbox"/> <input checked="" type="checkbox"/> X
						<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): none

COMPANY NAME	LOCATION CITY, STATE	DATES FROM mo/yr	TO 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"/>
						<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):

<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): 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):

<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:

	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	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>					
FATHER <b>HO</b>	FAMILY NAME <b>THINH</b>	FIRST NAME <b>Unknown</b>	CITY AND COUNTRY OF RESIDENCE					
MOTHER (Maiden name) <b>TIEU</b>	MOTHER (Maiden name) <b>HOI</b>		Dead					
HUSBAND (If none, so state) WIFE <input checked="" type="checkbox"/>	FAMILY NAME OR (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)	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	MONTH	YEAR	MONTH	YEAR	
				<b>U.S.A.</b>	<b>09</b>	<b>1994</b>	PRESENT TIME	
				<b>U.S.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	MONTH	YEAR	MONTH	YEAR	
<b>Lo P cu xa Thanh Da 313 HCM city</b>				<b>Vietnam</b>				
APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (If none, so state.) LIST PRESENT EMPLOYMENT FIRST								
FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION (SPECIFY)			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.)								
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:			SIGNATURE OF APPLICANT			DATE <b>09-20-1995</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) <b>HO</b>	(Given name) <b>PHUOC</b>	(Middle name) <b>NGOC</b>	(Alien registration number) <b>733-24-693</b>
--	------------------------------	------------------------------	--

U.S. Department of Justice  
Immigration and Naturalization Service

FORM 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 73324693	
ALL OTHER NAMES USED (including names by previous marriages)			CITY AND COUNTRY OF BIRTH Vietnam				
FATHER MOTHER (Maiden name)		FAMILY NAME HO THINH TIEU HOI	FIRST NAME Unknown	DATE, CITY AND COUNTRY OF BIRTH (If known) CITY AND COUNTRY OF RESIDENCE Dead			
HUSBAND (If none, so state) OR WIFE X		FAMILY NAME (For wife, give maiden name) TRAN	FIRST NAME ANH	BIRTHDATE 1930	CITY & COUNTRY OF BIRTH Vietnam	DATE OF MARRIAGE 03-06-1950	PLACE OF MARRIAGE Vietnam
FORMER HUSBANDS OR WIVES (If none, so state)		None		DATE & PLACE OF MARRIAGE		DATE AND PLACE OF TERMINATION OF MARRIAGE	
FAMILY NAME (For wife, give maiden name)		FIRST NAME	BIRTHDATE				
APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.							
STREET AND NUMBER		CITY	PROVINCE OR STATE	COUNTRY		FROM	TO
				U.S.A.		09	1994
				U.S.A.		01	1994
Lo P cu xa Thanh Da 313 HCM city			Vietnam			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
Lo P cu xa Thanh Da 313 HCM city				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
none (S.S.T. disable)							
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			
<input type="checkbox"/> NATURALIZATION <input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT <input type="checkbox"/> OTHER (SPECIFY):				DATE 09-20-1995			
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	733-24-693

1. Tên: Hồ Ngọc Phước Ngày/nơi sinh (tỉnh): Oct. 27, 1925  
 Số Xã Hội: 733 24693 Ngày đến Mỹ: Jan 27, 1994  
 Trình độ học vấn (VN) Tổng Học Học gì tại Mỹ: Xong/Đang học  
 Địa chỉ: 2813 Marthan Lane, F.C. 19220-0123 Điện thoại: (703) 568-5058  
 Chiều cao: \_\_\_\_\_ Cân nặng: \_\_\_\_\_ Trình độ Anh Ngữ: \_\_\_\_\_  
 Hướng trợ cấp xã hội: Tiền mặt: 0 từ tháng: 10/1993 đến tháng: trịt  
 Foodstamps: \_\_\_\_\_ từ tháng: \_\_\_\_\_ đến tháng: \_\_\_\_\_  
 Medicaid: 1/94 từ tháng: \_\_\_\_\_ đến tháng: trịt  
 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: Tiku, Hồi Thị Ngày/nơi sinh (tỉnh): Unknown  
 Địa chỉ hiện tại của mẹ: \_\_\_\_\_  
 3. Tên vợ/chồng: Trần Ngọc Anh Ngày/nơi sinh: 1930  
 Số Xã Hội: \_\_\_\_\_ Ngày đến Hoa Kỳ: \_\_\_\_\_  
 Ngày và nơi lập hôn thú: 6 March, 1950  
 Địa chỉ hiện tại: 313 Lô P Cei Xá Thủ Đức, 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
<u>313 Lô P Cei Xá Thủ Đức VN</u>	<u>1/1988</u>	<u>1/1994</u>
<u>F C Ua 22044</u>	<u>1/1994</u>	<u>9/1994</u>
<u>Nursing Home</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
a.			
b.			
c.			
d.			
e.			

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

a. <u>Hồ Phuoc Dat</u>	<u>1961 VN</u>		
b.			
c.			
d.			
e.			
f.			

FT/PT  
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 FT/PT  
 FT/PT

1. PLEASE PRINT OR TYPE - SEE INSTRUCTIONS ON REVERSE SIDE

Name HO PHUOC NGOC Date 08 - 1975 A- 72224693  
 Last (Family) First (Given) Middle Alien Registration Number

Country of Birth VIETNAM Country of Citizenship VIETNAM

Native Language VIETNAMESE

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>Innandale</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>

3. There are 0 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 <input type="checkbox"/> no <input checked="" type="checkbox"/>	ATTENDING SCHOOL? yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
(SELF)	(SELF)	M				<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"/>

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

COMPANY NAME	LOCATION CITY, STATE	DATES FROM mo/yr	TO 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"/>
						<input type="checkbox"/>	<input type="checkbox"/>

5. 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):

<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):

6. 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"/>

7. My English ability is (check one):

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

8. 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>2/1994</u>	<u>Present</u>
<input checked="" type="checkbox"/> Medical assistance		<u>2/1994</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. \_\_\_\_\_

Minneapolis \_\_\_\_\_ MINN \_\_\_\_\_ 22003  
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's Name: TIEU HOI NGOC  
Last First Middle

Father's Name: NGOC TRUONG NGOC  
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-73324693
ALL OTHER NAMES USED (including names by previous marriages)			CITY AND COUNTRY OF BIRTH VIETNAM		SOCIAL SECURITY NO. [REDACTED]	
FAMILY NAME FATHER MOTHER (Maiden name)		FIRST NAME THI NH TIEU HOI	DATE, CITY AND COUNTRY OF BIRTH (If known) Unknown		CITY AND COUNTRY OF RESIDENCE Dead	
HUSBAND (If none, so state) OR <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 03-06-1970	PLACE OF MARRIAGE VIETNAM
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	MONTH	YEAR	FROM TO
		VIRGINIA	USA	09	1974	PRESENT TIME
		VIRGINIA	USA	01	1974	09 1974
		VIETNAM	VN	1988	01	1994
APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR						
STREET AND NUMBER LỘP Ủ 21 T HÀNH ĐA 313	CITY HCM CITY	PROVINCE OR STATE VIETNAM	COUNTRY VIETNAM	MONTH	YEAR	FROM TO
1988 1994						
APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (If none, so state.) LIST PRESENT EMPLOYMENT FIRST						
FULL NAME AND ADDRESS OF EMPLOYER NONE	OCCUPATION (SPECIFY)	MONTH	YEAR	MONTH	YEAR	FROM TO
						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: <input type="checkbox"/> NATURALIZATION <input type="checkbox"/> OTHER (SPECIFY):		SIGNATURE OF APPLICANT Date 08-1991				
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: HO PHUOC NGOC 73324693				

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) HO	(Given name) PHUOC	(Middle name) NGOC	(Alien registration number) 73324693
---------------------------------------	-----------------------	-----------------------	---

**APPLICANT**

LEAVE BLANK

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

LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED

ALASES AKA

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RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOE  
Month  Day  Year DATE  SIGNATURE OF OFFICIAL TAKING FINGERPRINTSCITIZENSHIP CIASEX  RACE  REL  HGT  EYES  HAIR PLACE OF BIRTH POP

EMPLOYER AND ADDRESS

YOUNG OSA

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3 R MIDDLE

4 R PING

5 R LITTLE

6 L THUMB

7 L INDEX

8 L MIDDLE

9 L PING

10 L LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

6 THUMB

7 THUMB

EIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY



1. PLEASE PRINT OR TYPE - SEE INSTRUCTIONS ON REVERSE SIDE

Name HO PHUOC NGOC Date 18 - 1975 A- 72224693  
 Last (Family) First (Given) Middle Alien Registration Number

Country of Birth VIETNAM Country of Citizenship VIETNAM  
 Native Language VIETNAMESE

Current Address \_\_\_\_\_  
 Number and Street \_\_\_\_\_ Apartment No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Date of Birth 10.27.1925  
 Month/Day/Year \_\_\_\_\_ 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>Innandale</u>	<u>Virginia</u>	<u>9/1994</u>	<u>PRESENT</u>
<u>Falls church</u>	"	<u>1/1994</u>	<u>9/1994</u>

There are 1 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 <input type="checkbox"/> no <input checked="" type="checkbox"/>	ATTENDING SCHOOL? yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
(SELF)	(SELF)	M				<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"/>

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

COMPANY NAME	LOCATION CITY, STATE	DATES FROM mo/yr	TO 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"/>
						<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):

<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	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):

<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:

	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.

Minneapolis MINN 22003  
City/Town State Zip Code

Mother's Name: TIEU HOI  
Last First Middle

Father's Name: TRAN VAN  
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 Service**

**FORM G-325A**  
**BIOGRAPHIC INFORMATION**

OMB No. 1115-0086

(Family name) HO	(First name) PHUOC	(Middle name) NGOC	2 MALE 1 FEMALE	BIRTHDATE (Mo-Day-Yr) 10-27-25	NATIONALITY VIETNAMESE	FILE NUMBER A-73324693	
ALL OTHER NAMES USED (Including names by previous marriage)			CITY AND COUNTRY OF BIRTH		SOCIAL SECURITY NO. [REDACTED]		
			VIETNAM				
FAMILY NAME		FIRST NAME	DATE, CITY AND COUNTRY OF BIRTH (If known)		CITY AND COUNTRY OF RESIDENCE		
FATHER	HO THINH		unknown		Da Nang		
MOTHER (Maiden name)	TIEU Hoi						
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	03-06-1970	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	MONTH	YEAR	FROM	TO
	Annamville	VIRGINIA	USA	09	1974		PRESIDENT TIME
	Falls Church,	VIRGINIA	USA	01	1994	09	1994
	Ho Chi Minh City	VIETNAM	VN	09	1988	01	1994
APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR							
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	FROM	TO
107 Phu Nhieu	Ho Chi Minh City	VIETNAM	VIETNAM	12	1988	1988	1994
APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (If none, so state.) LIST PRESENT EMPLOYMENT FIRST							
FULL NAME AND ADDRESS OF EMPLOYER				OCCUPATION (SPECIFY)		MONTH	YEAR
NONE							
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		DUE 08-1994	
<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)  
HO PHUOC NGOC 73324693

**APPLICANT**

LEAVE BLANK

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

LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED

ALIAS AKA

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RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOE  
MONTH Day YEAR YearDATE  SIGNATURE OF OFFICIAL TAKING FINGERPRINTSCITIZENSHIP CLZ

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REL

NGT

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PLACE OF BIRTH POP

EMPLOYER AND ADDRESS

YOUTH ACA

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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

EIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

1. Tên: Hồ Ngọc Phước Ngày/nơi sinh (tỉnh): Oct. 27, 1925  
A# 733 24693 Số Xã Hội: \_\_\_\_\_ Ngày đến Mỹ: Jan 27, 1994

Trình độ học vấn (VN) Trung Học Học gì tại Mỹ: \_\_\_\_\_ Xong/Đang học  
Địa chỉ: 7813 Mar Vista Blvd, T.C. 92204 Điện thoại: (702) 566-2058

Chiều cao: \_\_\_\_\_ Cân nặng: \_\_\_\_\_ Trình độ Anh Ngữ: \_\_\_\_\_  
Hỗ trợ cấp xã hội: Tiền mặt: \_\_\_\_\_ từ tháng: 10/1993 đến tháng: 11/1994

Foodstamps: \_\_\_\_\_ từ tháng: \_\_\_\_\_ đến tháng: \_\_\_\_\_

Medicaid: ✓ 1/94 từ tháng: \_\_\_\_\_ đến tháng: 1/1994

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, Ho Thi Ngày/nơi sinh (tỉnh): UNKNOWN

Địa chỉ hiện tại của mẹ: \_\_\_\_\_

3. Tên vợ/chồng: Trần Ngọc Anh 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 Xá Thủ Đức, 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. 313 Lô P Củ Xá Thủ Đức VN	1988	1994
b. _____	1/1994	9/1994
c. _____	_____	_____
d. Nursing Home	_____	_____
e. _____, Anh. VN. 27003	_____	_____

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.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____

FT/PT

FT/PT

FT/PT

FT/PT

FT/PT

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

a. Hồ Phuoc Dai	1961 VN	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____
d. _____	_____	_____	_____
e. _____	_____	_____	_____
f. _____	_____	_____	_____

PLEASE PRINT OR TYPE - SEE INSTRUCTIONS ON REVERSE SIDE

1 Name HO PHUOC NGOC Date 08 - 1975 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 \_\_\_\_\_ 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 TO  
 month/year month/year

<u>Annandale</u>	<u>Virginia</u>	<u>9/1994</u>	<u>PRESENT</u>
<u>Falls Church</u>	"	<u>1/1994</u>	<u>9/1994</u>

There are 1 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 <input type="checkbox"/> no <input checked="" type="checkbox"/>	ATTENDING SCHOOL? yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
(SELF)	(SELF)	M				<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"/>

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

4

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

<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 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. \_\_\_\_\_

Minneapolis \_\_\_\_\_ MIN \_\_\_\_\_ 22003 \_\_\_\_\_  
City/Town State Zip Code

Mother's Name: TIEU HOI \_\_\_\_\_  
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: \_\_\_\_\_

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

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

DATE OF PAROLE INTO THE USA: 01 27 1964  
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	SEX MALE FEMALE	BIRTHDATE (Mo.-Day-Yr) 10-27-25	NATIONALITY VIETNAMESE	FILE NUMBER A-73324693
ALL OTHER NAMES USED (Including names by previous marriages)			CITY AND COUNTRY OF BIRTH VIETNAM		SOCIAL SECURITY NO.	

FAMILY NAME		FIRST NAME	DATE, CITY AND COUNTRY OF BIRTH (If known)		CITY AND COUNTRY OF RESIDENCE	
FATHER	HO	THINH	unknown		dead	
MOTHER (Maiden name)	TIEU	HOI				
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 03-06-1950	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.				FROM	TO
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR
16 Phu Nhieu, TPHCM 313	Armenia	VIRGINIA	USA	09	1974
	Falls church,	VIRGINIA	USA	01	1974
	TPHCM CITY	VIETNAM	VN	1988	01

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
16 Phu Nhieu, TPHCM 313	TPHCM CITY	VIETNAM	VIETNAM	1988	1994

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
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:	STATUS OF APPLICANT	DATE 08-1971
<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)
HO	PHUOC	NGOC	73324693

**APPLICANT**

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK  
LAST NAME NAK FIRST NAME JOHN MIDDLE NAME 

LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKAO

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH 105  
Month May Day 19 Year 60DATE 10-10-60 SIGNATURE OF OFFICIAL TAKING FINGERPRINTSCITIZENSHIP USSEX M RACE W HEIGHT 5'11 WEIGHT 165 EYES Brown HAIR BlackPLACE OF BIRTH POB

EMPLOYER AND ADDRESS

YOUNG NO 000

LEAVE BLANK

FBI NO E91ARMED FORCES NO NA111CLASS MISCELLANEOUS NA111

1 R THUMB

2 R INDEX

3 R MIDDLE

4 R PINK

5 R LITTLE

6 L THUMB

7 L INDEX

8 L MIDDLE

9 L PINK

10 L LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L THUMB

R THUMB

EIGHT FINGERS TAKEN SIMULTANEOUSLY

Departure Number

930000318 03

Immigration and  
Naturalization Service

I-94  
Departure Record

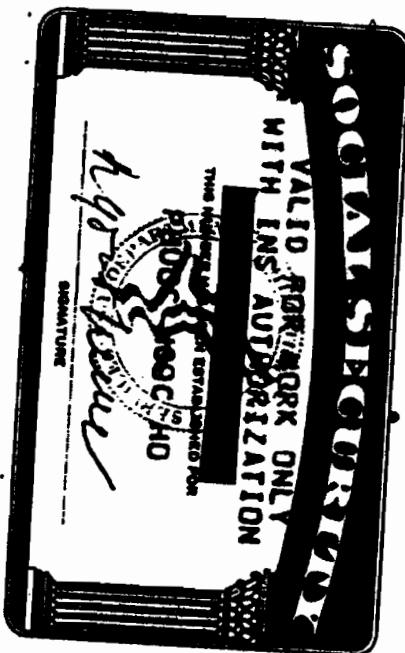
ADMITTED AS A REFUGEE  
PURSUANT TO SEC. 207 OF  
THE IOM ACT. IF YOU DE-  
PART THE U.S., YOU WILL  
NEED PRIOR PERMISSION  
FROM INS TO RETURN.  
EMPLOYMENT AUTHORIZED

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

AE 73324693 VN V087814 IV 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  
Nº PT 116130/90.07

Họ và tên Full name

HÓ NGỌC PHƯỚC

Ngày sinh Date of birth

1925

Nơi sinh Place of birth

Giáp Núi

Chỗ ở Domicile

Tp. Hồ Chí Minh

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



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 Ha Noi ngày 05 tháng 12 năm 1990  
Issued at on

SỞ QUẢN LÝ XUẤT NHẬP CẨM



Tin tức

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

1

Họ và tên Full name

2

Ngày sinh Date of birth

3

Nơi sinh Place of birth

4

Họ và tên Full name

5

Ngày sinh Date of birth

6

Nơi sinh Place of birth

7

Họ và tên Full name

8

Ngày sinh Date of birth

9

Nơi sinh Place of birth

Departure Number

930000318 03

Immigration and  
Naturalization Service

I-94  
Departure Record

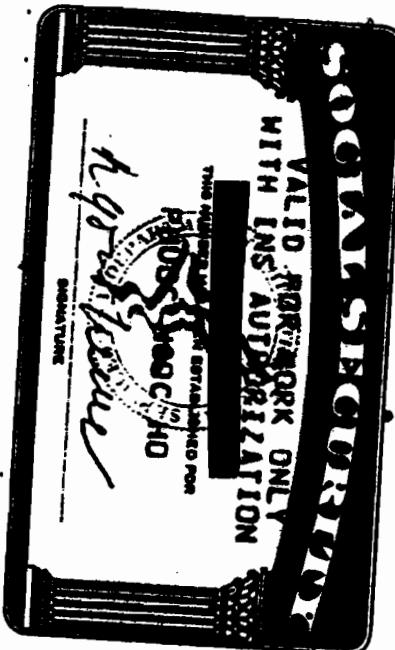
ADMITTED AS A REFUGEE  
PURSUANT TO SEC. 207 OF  
THE IOM ACT. IF YOU DE-  
PART THE U.S., YOU WILL  
NEED PRIOR PERMISSION  
FROM INS TO RETURN.  
EMPLOYMENT AUTHORIZED

JAN 27 1994 SFR 530

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

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

AB 73324693 VR V087814 IV 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 PT 116130/90.07/

Họ và tên Full name

HỒ NGỌC PHƯỚC

Ngày sinh Date of birth

1925

Nơi sinh Place of birth

Quảng Trị

Chỗ ở Domicile

Tp. Hồ Chí Minh

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

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 Ha Noi ngày 05 tháng 12 năm 1990  
Issued at Ha Noi on 05.12.1990

CỤC GIÁM SÁT XUẤT NHẬP CẨM

CHÍNH PHỦ VIỆT NAM



Trung Trung

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

Họ và tên Full name

1

Ngày sinh Date of birth

2

Nơi sinh Place of birth

3

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



Departure Number

930000318 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 539

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

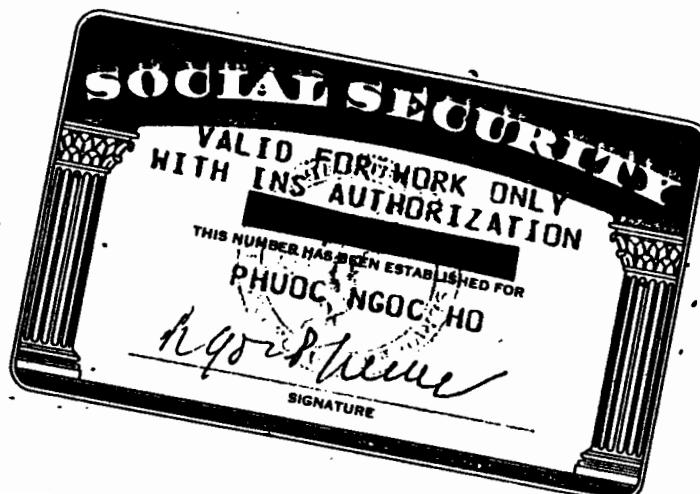
Port:

Departure Record

Date:

STAPLE HERE

See Other Side



PLEASE PRINT OR TYPE - SEE INSTRUCTIONS ON REVERSE SIDE

1

Name	HO	PHUOC	NGOC	Date	18-20-1995	A-72224693
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
Current Address	Number and Street	Apartment No.	City	State	ZIP	Telephone Number
			VA	22003		

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
Briarcliff	Virginia	9/1994	PRESENT
Falls Church	"	1/1994	9/1994

There are 11 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 <input type="checkbox"/> no <input checked="" type="checkbox"/>	ATTENDING SCHOOL? yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
(SELF)	(SELF)	M				<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"/>

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

4

COMPANY NAME	LOCATION CITY, STATE	DATES FROM mo/yr	TO 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"/>
						<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	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

<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)	2/94	Present
<input checked="" type="checkbox"/> Medical assistance	2/94	Present
<input type="checkbox"/> Other (specify):		

## 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) 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-73324693	
ALL OTHER NAMES USED (including names by previous marriages)			CITY AND COUNTRY OF BIRTH		SOCIAL SECURITY NO. [REDACTED]		
			VIETNAM				
FAMILY NAME FATHER MOTHER (Maiden name)		FIRST NAME THI NHU TIEU 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 TRAN	FIRST NAME ANH	BIRTHDATE 1930	CITY & COUNTRY OF BIRTH VIETNAM	DATE OF MARRIAGE 03-06-1950	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		MONTH	YEAR
Lô P số 6 TITHANH DA 313		ITOM CITY	VIRGINIA	USA		09	1994
			VIRGINIA	USA		01	1994
			VIEENAM	VN		09	1994
						1988	01
APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR							
STREET AND NUMBER		CITY	PROVINCE OR STATE	COUNTRY		MONTH	YEAR
LSP số 6 TITHANH DA 313		ITOM CITY	VIEENAM	VN		1988	1994
APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (If none, so state.) LIST PRESENT EMPLOYMENT FIRST							
FULL NAME AND ADDRESS OF EMPLOYER NONE ( SSI disabled )			OCCUPATION (SPECIFY)	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 08 - 1991
<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) HO	(Given name) PHUOC	(Middle name) NGOC	(Alien registration number) 73324693
---------------------------------------	-----------------------	-----------------------	---

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# 73324693  
Last First Middle

**CURRENT ADDRESS:** \_\_\_\_\_

Minndale VT 22003  
City/Town State Zip Code

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

**City of Residence:** Annenfeld

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 \_\_\_\_\_

---

**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						EE	LEAVE BLANK		
			LAST NAME <u>NAV</u>			FIRST NAME	MIDDLE NAME					
SIGNATURE OF PERSON FINGERPRINTED			ALIASES <u>AKA</u>		O							
RESIDENCE OF PERSON FINGERPRINTED					R							
					I							
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS	CITIZENSHIP <u>CIT</u>		SEX	RACE	REL	WT	EYES	HAIR	DATE OF BIRTH <u>DOB</u> Month Day Year	
EMPLOYER AND ADDRESS			YOUR NO. <u>0CA</u>		LEAVE BLANK						PLACE OF BIRTH <u>DOB</u>	
			FBI NO. <u>FBI</u>									
			ARMED FORCES NO. <u>MNU</u>								CLASS _____	
			MISCELLANEOUS NO. <u>MNU</u>									
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 Phú Quốc Ngày/nơi sinh (tỉnh): \_\_\_\_\_  
 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: \_\_\_\_\_  
 SSL: \_\_\_\_\_ từ tháng: \_\_\_\_\_ đến tháng: \_\_\_\_\_ loại khác: \_\_\_\_\_ từ tháng: \_\_\_\_\_ đến tháng: \_\_\_\_\_

2. Tên cha: X. Hồ Văn Thành Ngày/nơi sinh (tỉnh): \_\_\_\_\_  
 Địa chỉ hiện tại của cha: \_\_\_\_\_  
 Tên mẹ: X. Nguyễn Thị Ngày/nơi sinh (tỉnh): \_\_\_\_\_  
 Địa chỉ hiện tại của mẹ: \_\_\_\_\_  
 3. Tên vợ/chồng: Trần Thị Việt Anh Ngày/nơi sinh: 1936  
 Số Xã Hội: \_\_\_\_\_ Ngày đến Hoa Kỳ: \_\_\_\_\_

Ngày và nơi lập hôn thú: 16/03/1950  
 Địa chỉ hiện tại: 343 Tô Phúc Xá, Thành Phố, 522 Q. 8, TP. HCM  
 4. Tên vợ/chồng trước: \_\_\_\_\_ Ngày/Nơi: sinh: \_\_\_\_\_  
 Ngày/nơi lập hôn thú: \_\_\_\_\_ Ngày/Nơi: ly dị: \_\_\_\_\_  
 5. Địa chỉ trong vòng 6 năm qua (xin ghi địa chỉ hiện tại trước):  
 Địa chỉ: \_\_\_\_\_ Từ tháng/năm: \_\_\_\_\_ Đến tháng/năm: \_\_\_\_\_  
 a. \_\_\_\_\_  
 b. \_\_\_\_\_  
 c. \_\_\_\_\_  
 d. \_\_\_\_\_  
 e. \_\_\_\_\_  
 f. \_\_\_\_\_

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

03/08 Địa chỉ/Chức vụ: \_\_\_\_\_ Từ tháng/năm: \_\_\_\_\_ Đến tháng/năm: \_\_\_\_\_  
 a. \_\_\_\_\_  
 b. \_\_\_\_\_  
 c. \_\_\_\_\_  
 d. \_\_\_\_\_  
 e. \_\_\_\_\_  
 f. \_\_\_\_\_

7. Tên các con (Trai hay gái) Ngày/Nơi sinh Số A  
 a. Hồ Phú Quốc 1966 \_\_\_\_\_  
 b. \_\_\_\_\_  
 c. \_\_\_\_\_  
 d. \_\_\_\_\_  
 e. \_\_\_\_\_  
 f. \_\_\_\_\_

165 Số Xóm Green Pond (Thôn 11)  
Chợ Thủ Phước

CỘNG HÒA XÃ HỘI CHỦ NGHĨA  
VIỆT NAM



HỘ KHẨU

Passport



FAMILIES OF VIETNAMESE  
POLITICAL PRISONERS ASSOCIATION

HỘ GIA ĐÌNH TỰ 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)						

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

4

COMPANY NAME	LOCATION CITY, STATE	DATES FROM mo/yr	TO mo/yr	JOB TITLE	WAGE PER HOUR	CHECK ONE: PART TIME	FULL TIME

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

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	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"/>

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

7

	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):		

My English ability is (check one):

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

8

Họ và tên Full name

HỒ NGỌC PHƯỚC

Ngày sinh Date of birth

1995

Nơi sinh Place of birth

Đà Nẵng

Chỗ ở Domicile

Tp. Hồ Chí Minh

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**

---

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

---

**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: \_\_\_\_\_

Hỗ 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. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____
d. _____	_____	_____	_____
e. _____	_____	_____	_____

FT/PT

FT/PT

FT/PT

FT/PT

FT/PT

7. 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 PT 116.130/90.ĐC

Họ và tên Full name

HỒ NGỌC PHƯỚC

Ngày sinh Date of birth

1985

Nơi sinh Place of birth

Giáo-Đài

Chỗ ở Domicile

Tp. Hồ Chí Minh

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



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

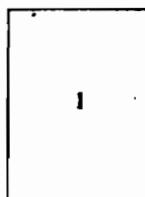
Cấp tại Ha Noi ngày 05 tháng 12 năm 1990  
Issued at on

SỰ QUẢN LÝ XUẤT NHẬP CẨM

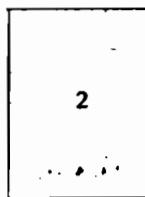


Trung Văn

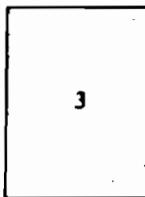
TRẺ EM CÙNG ĐI VỚI NGƯỜI MANG HỘ CHIẾU  
CHILDREN ACCOMPANYING THE PASSPORT BEARER



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 

ED

LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKAO  
R  
I

DCINSWF00

RESIDENCE OF PERSON FINGERPRINTED

USINS  
ARLINGTON, VADATE OF BIRTH DOB  
Month Day YearDATE  SIGNATURE OF OFFICIAL TAKING FINGERPRINTSCITIZENSHIP CITSEX  RACE  HGT.  WGT.  EYES  HAIR PLACE OF BIRTH POB

EMPLOYER AND ADDRESS

FBI NO. FBICLASS 

REASON FINGERPRINTED

ARMED FORCES NO. MNUREF. SOCIAL SECURITY NO. SOCMISCELLANEOUS 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

1. LOOP

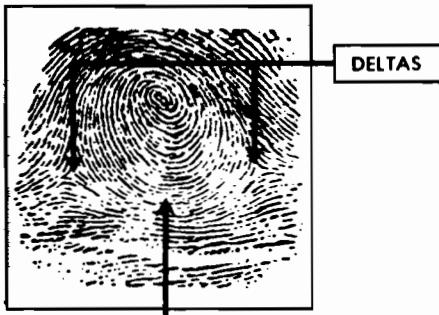


THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW

CENTER  
OF LOOP

DELTA

2. WHORL



THESE LINES RUNNING BETWEEN DELTAS MUST BE CLEAR

DELTA

3. ARCH



ARCS HAVE NO DELTAS

APPLICANT

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)

LEAVE THIS SPACE BLANK

THIS CARD FOR USE BY:

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 Service

FORM G-325A  
BIOGRAPHIC INFORMATION

OMB No. 1115-0066

(Family name)	(First name)	(Middle name)	<input type="checkbox"/> MALE	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)			
FAMILY NAME FIRST NAME DATE, CITY AND COUNTRY OF BIRTH (If known)			CITY AND COUNTRY OF RESIDENCE						
FATHER									
MOTHER (Maiden name)									
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	MONTH	YEAR		
						PRESENT TIME			
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	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		
			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:									
<input type="checkbox"/> NATURALIZATION		<input type="checkbox"/> STATUS AS PERMANENT RESIDENT		SIGNATURE OF APPLICANT					
<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)

(Family name)	(First name)	(Middle name)	<input type="checkbox"/> MALE	BIRTHDATE (Mo.-Day-Yr.)	NATIONALITY	FILE NUMBER	
			<input type="checkbox"/> FEMALE			A-	
ALL OTHER NAMES USED (Including names by previous marriages)			CITY AND COUNTRY OF BIRTH			SOCIAL SECURITY NO. (If any)	
FAMILY NAME FIRST NAME DATE, CITY AND COUNTRY OF BIRTH (If known)			CITY AND COUNTRY OF RESIDENCE				
FATHER							
MOTHER (Maiden name)							
HUSBAND (If none, so state) FAMILY NAME OR WIFE (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	MONTH	YEAR
PRESENT TIME							
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	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	MONTH	YEAR
PRESENT TIME							
APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (If none, so state.) LIST PRESENT EMPLOYMENT FIRST							
FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION (SPECIFY)			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):		IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:					
Are all copies legible? <input type="checkbox"/> Yes							

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) <input type="text"/> (Given name) <input type="text"/> (Middle name) <input type="text"/> (Alien registration number) <input type="text"/>	(OTHER AGENCY USE)	INS USE (Office of Origin)
		OFFICE CODE: <input type="text"/> TYPE OF CASE: <input type="text"/> DATE: <input type="text"/>
Form G-325 A (Rev. 10-1-82)		(2) Rec Br.

## INFORMATION

(Family name)	(First name)	(Middle name)	<input type="checkbox"/> MALE	BIRTHDATE (Mo.-Day-Yr.)	NATIONALITY	FILE NUMBER	
		<input type="checkbox"/> FEMALE				A-	
ALL OTHER NAMES USED (Including names by previous marriages)			CITY AND COUNTRY OF BIRTH			SOCIAL SECURITY NO. (If any)	
FAMILY NAME FIRST NAME DATE, CITY AND COUNTRY OF BIRTH (If known)			CITY AND COUNTRY OF RESIDENCE				
FATHER							
MOTHER (Maiden name)							
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	MONTH	YEAR
PRESENT TIME							
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR							
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
PRESENT TIME							
APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (If none, so state.) LIST PRESENT EMPLOYMENT FIRST							
FULL NAME AND ADDRESS OF EMPLOYER		OCCUPATION (SPECIFY)		MONTH	YEAR	MONTH	YEAR
NATURALIZATION		STATUS AS PERMANENT RESIDENT		PRESENT TIME			
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:

(Family name)	(First name)	(Middle name)	<input type="checkbox"/> MALE	BIRTHDATE (Mo.-Day-Yr.)	NATIONALITY	FILE NUMBER	
			<input type="checkbox"/> FEMALE			A-	
ALL OTHER NAMES USED (Including names by previous marriages)			CITY AND COUNTRY OF BIRTH			SOCIAL SECURITY NO. (If any)	
FAMILY NAME FIRST NAME DATE, CITY AND COUNTRY OF BIRTH (If known)			CITY AND COUNTRY OF RESIDENCE				
FATHER MOTHER (Maiden name)							
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	MONTH	YEAR
PRESENT TIME							
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	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	MONTH	YEAR
PRESENT TIME							
APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST							
FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION (SPECIFY)			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) (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 _____			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"/>
						<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 mo/yr	TO 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"/>
						<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): _____

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

<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): _____		

U.S. Department of Justice  
Immigration and Naturalization Service

FORM G-325A  
BIOGRAPHIC INFORMATION

OMB No. 1115-0086

(Family name)	(First name)	(Middle name)	<input type="checkbox"/> MALE	BIRTHDATE (Mo.-Day-Yr)	NATIONALITY	FILE NUMBER
			<input type="checkbox"/> FEMALE	A-		
ALL OTHER NAMES USED (including names by previous marriages)			CITY AND COUNTRY OF BIRTH			SOCIAL SECURITY NO. (If any)
FAMILY NAME FIRST NAME DATE, CITY AND COUNTRY OF BIRTH (If known)			CITY AND COUNTRY OF RESIDENCE			
FATHER MOTHER (Maiden name)		FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE
HUSBAND (If none, so state) OR WIFE (For wife, give maiden name)						
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	MONTH	YEAR	TO
PRESENT TIME						
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	TO
APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR						
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	TO
PRESENT TIME						
APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (If none, so state.) LIST PRESENT EMPLOYMENT FIRST						
FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION (SPECIFY)			MONTH	YEAR	TO
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				
<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)

<b>APPLICANT</b>		LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK						LEAVE BLANK			
			LAST NAME <u>NAM</u>			FIRST NAME			MIDDLE NAME			
SIGNATURE OF PERSON FINGERPRINTED			ALIASES <u>AKA</u>			<u>O</u> <u>R</u> <u>I</u>						LEAVE BLANK
RESIDENCE OF PERSON FINGERPRINTED												DATE OF BIRTH <u>DOB</u> Month Day Year
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		CITIZENSHIP <u>CIT</u>			SEX	RACE	<u>HGT</u>	<u>WT</u>	EYES	HAIR	PLACE OF BIRTH <u>POB</u>
EMPLOYER AND ADDRESS		YOUR NO. <u>OCA</u>									LEAVE BLANK	
		F. NO. <u>EJ</u>									CLASS _____	
		ARMED FORCES NO. <u>MNU</u>									REF. _____	
REASON FINGERPRINTED		SOCIAL SECURITY NO. <u>SOC</u>										
		MISCELLANEOUS NO. <u>MNU</u>										
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. Hoagland*

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

*Rein  
Hoagland  
Base fir*  
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

*Mae Christian*

PHONE

533-5451

DATE

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  
Address: Falls Church , Va. 22043 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  
Herndon/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

**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:**

1. Aliens who have committed or who have been convicted of a crime involving moral turpitude (does not include minor traffic violations);
2. Aliens who have been engaged in or who intend to engage in any commercialized sexual activity;
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;
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;
5. Aliens who intend to engage in prejudicial activities or unlawful activities of a subversive nature;
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;
7. Aliens who have been involved in assisting any other aliens to enter the United States in violation of law;
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;
9. Aliens who are mentally retarded, insane, or have suffered one or more attacks of insanity;
10. Aliens afflicted with psychopathic personality, sexual deviation, mental defect, narcotic drug addiction, chronic alcoholism or any dangerous contagious disease;
11. Aliens who have a physical defect, disease or disability affecting their ability to earn a living;
12. Aliens who are paupers, professional beggars or vagrants;
13. Aliens who are polygamists or advocate polygamy;
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;
15. Aliens who have procured or attempted to procure a visa by fraud or misrepresentation;
16. Aliens who have departed from or remained outside the United States to avoid military service in time of war or national emergency.

Do any of the foregoing classes apply to you?  Yes  No

(If answer is Yes, explain on reverse)

*Further, I have never ordered, assisted or otherwise participated in the persecution of any person because of race, religion or political opinion.*

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.

(COMPLETE & TRUE SIGNATURE OF APPLICANT)

Subscribed and sworn to (Affirmed) by the above named applicant before me  
this  
19 day of

\_\_\_\_\_  
Signature of Interpreter

\_\_\_\_\_  
Name of Interpreter (Print)

\_\_\_\_\_  
Signature of Interpreter

\_\_\_\_\_  
Name of Interpreter (Print)

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Title

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

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

EAC-96-023-52821

EACKMA01

Notice of Action

U.S. GOVERNMENT OF THE UNITED STATES OF AMERICA

RECEIPT NUMBER EAC-96-023-52821		CASE TYPE 1485 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:

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

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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

EACKMAB1

AUG 24 '92 22:42 TO: VIKHAN

P.6/7

Case I.D.: V-087814

SPONSORSHIP AGREEMENT

Name (PA): HO NGOC PHUOC Number in Family: 1

Sponsor: 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:

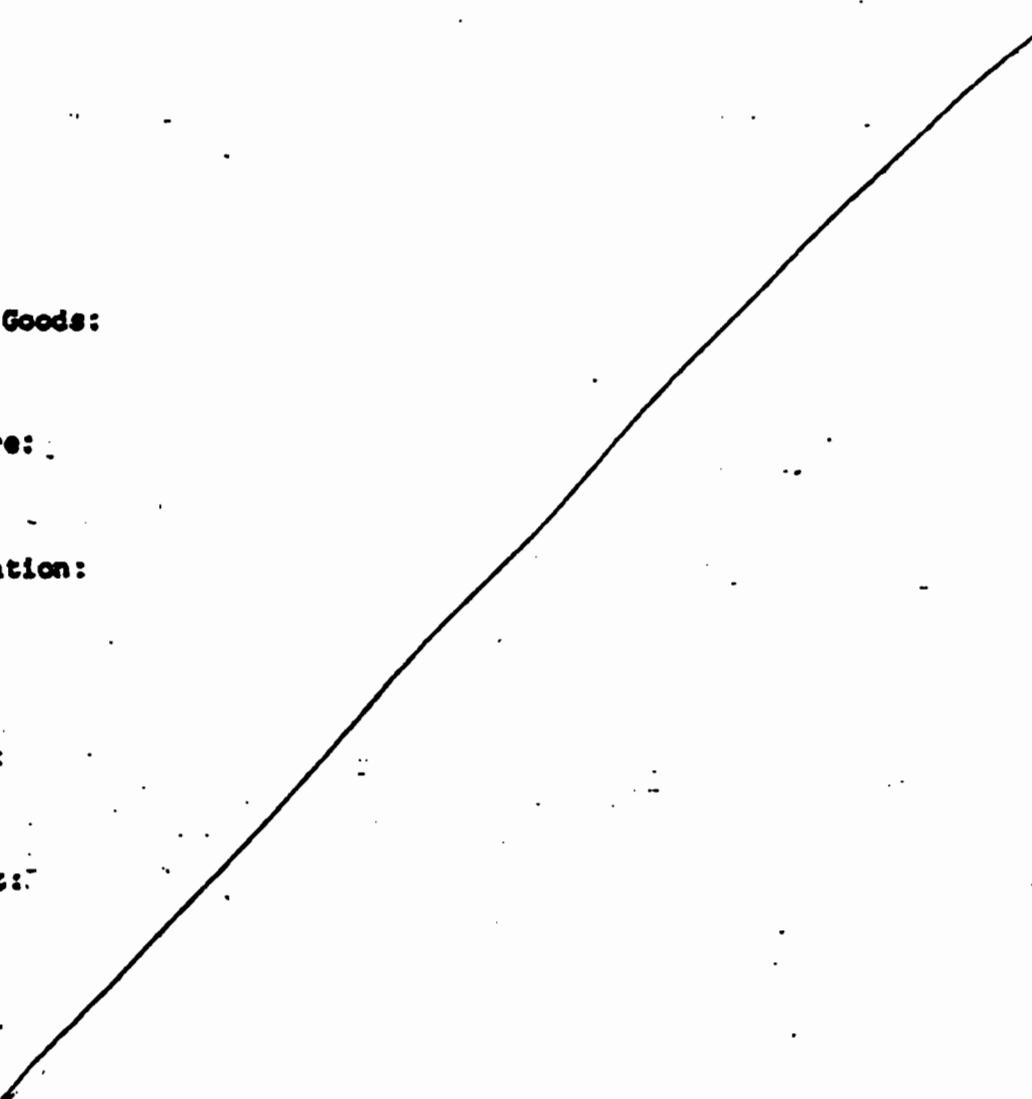
1. Keep MRS/USCC/ARLINGTON (resettlement office) informed of my home and work telephone number and let them know when I plan to leave \_\_\_\_\_ for more than a (location) few days. Yes    No
2. Pick up the refugees at their point of arrival. Yes    No
3. Provide housing for \_\_\_\_\_ week(s) after 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 \_\_\_\_\_

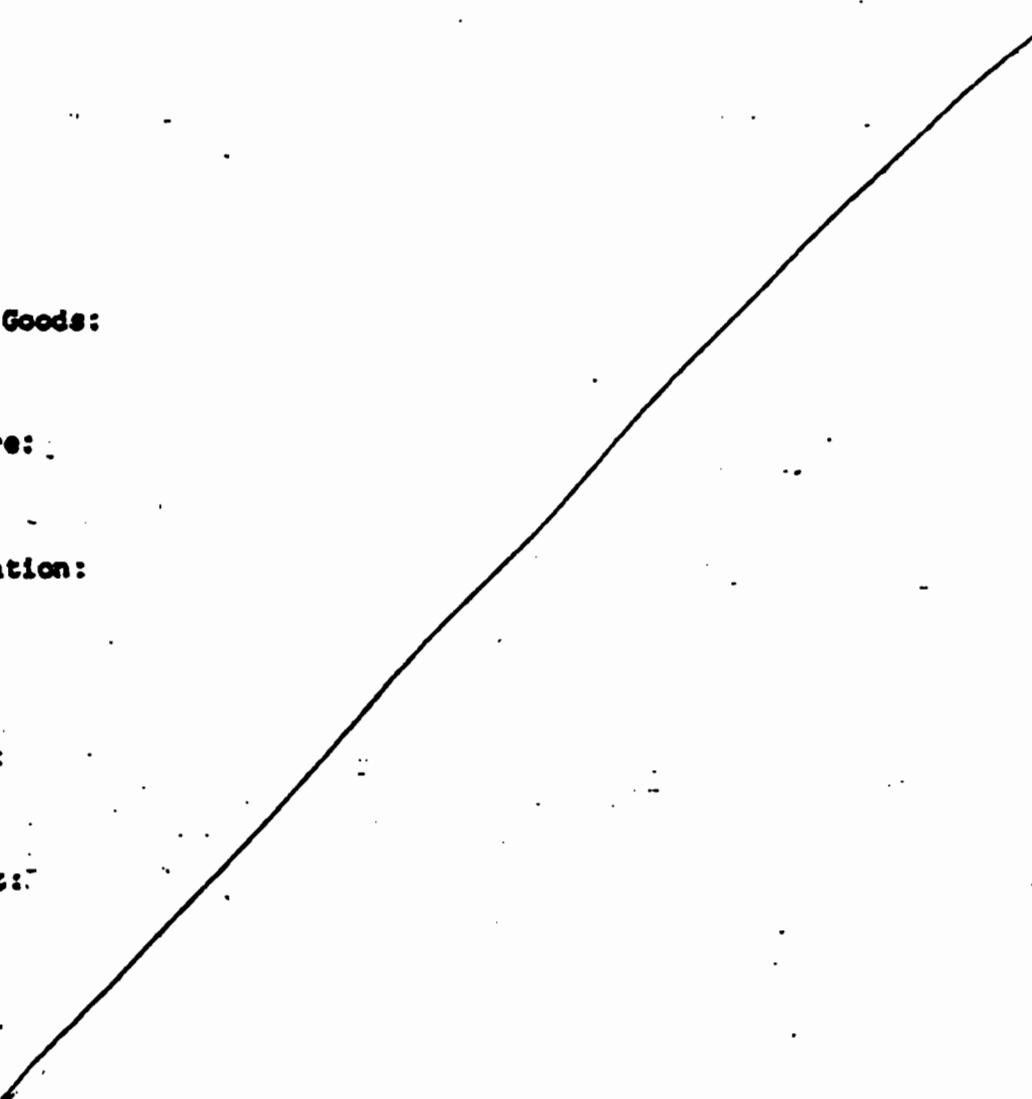
10. Describe in detail the plans that have been made to assist the refugees with: (include \$ amount and/or # of weeks provided)

amt./# of wks provided

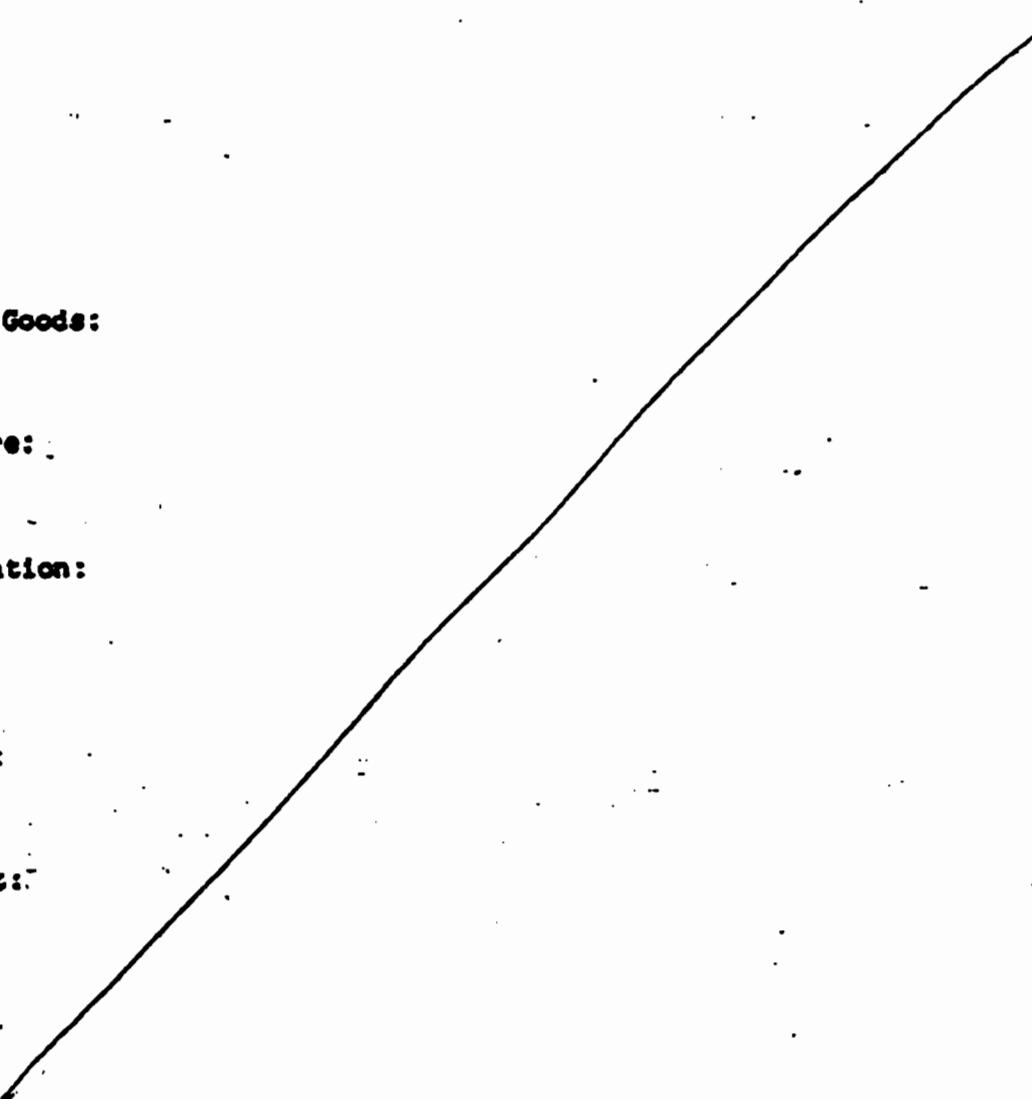
Housing:



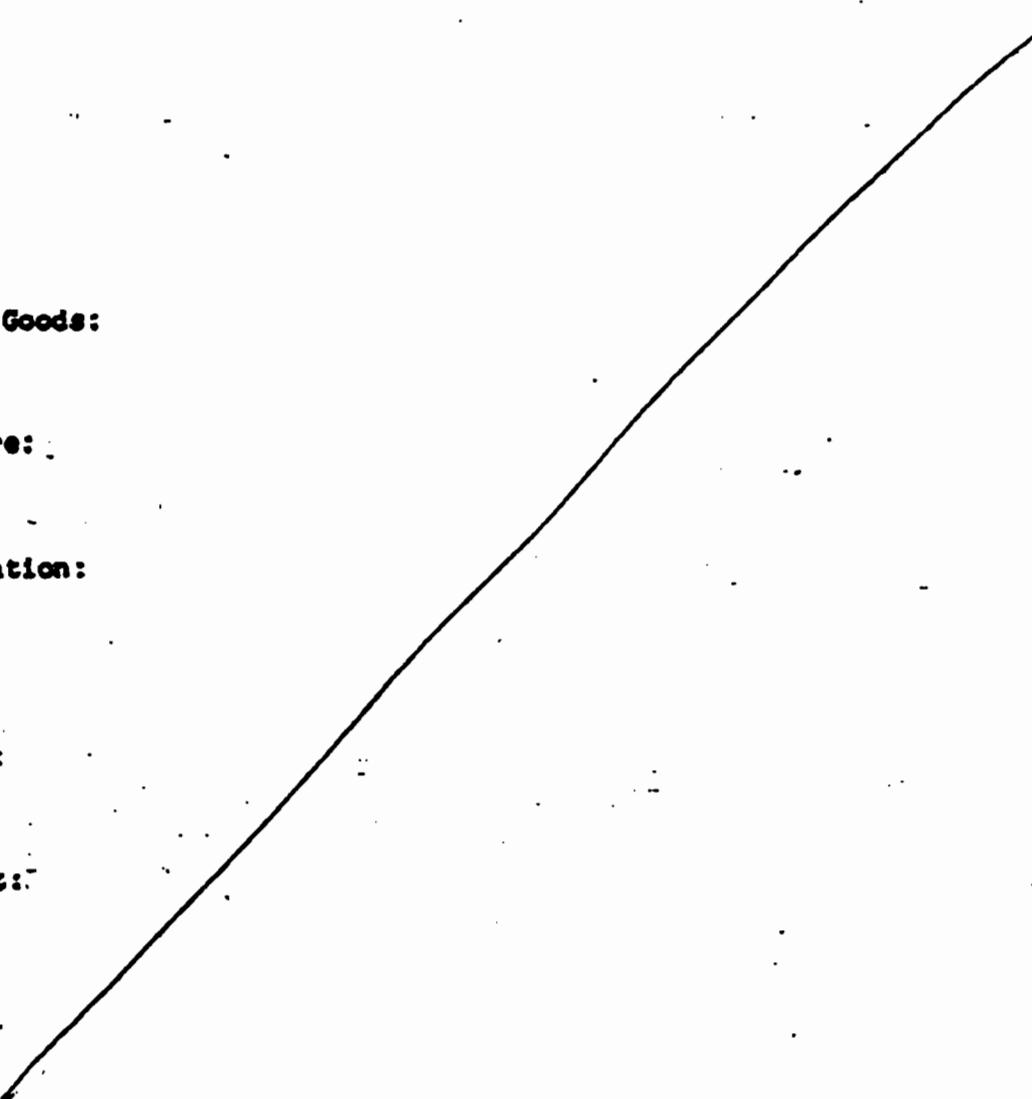
Food:



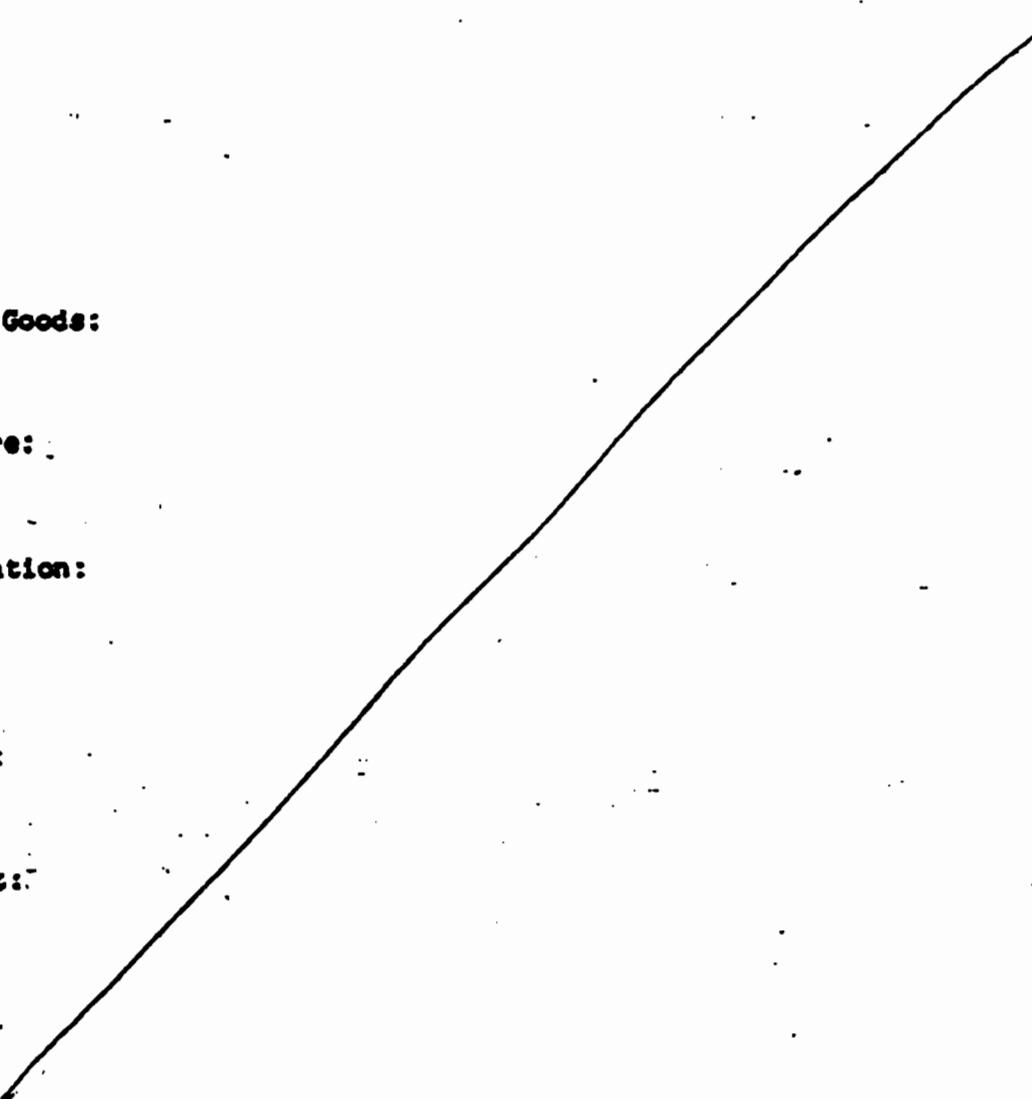
Utilities:



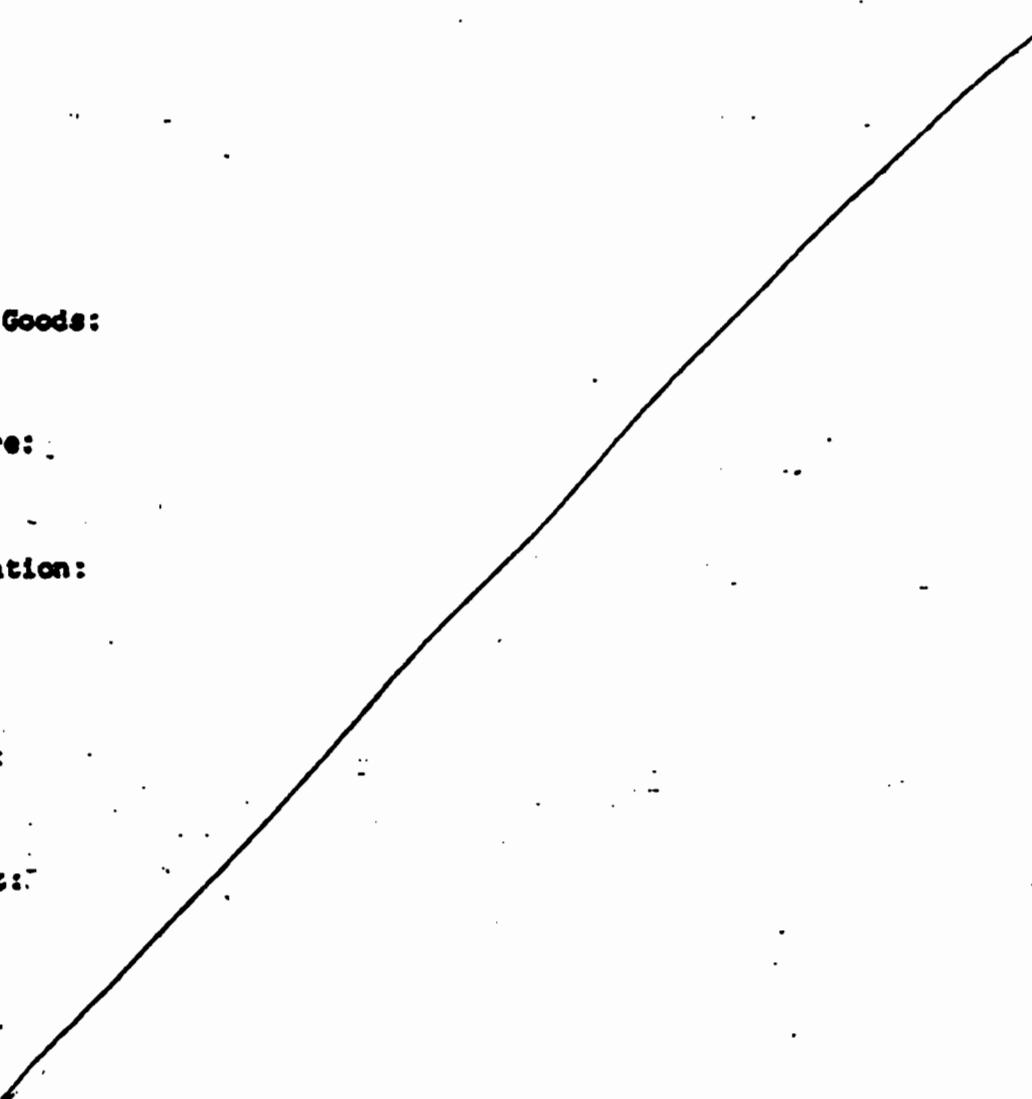
Household Goods:



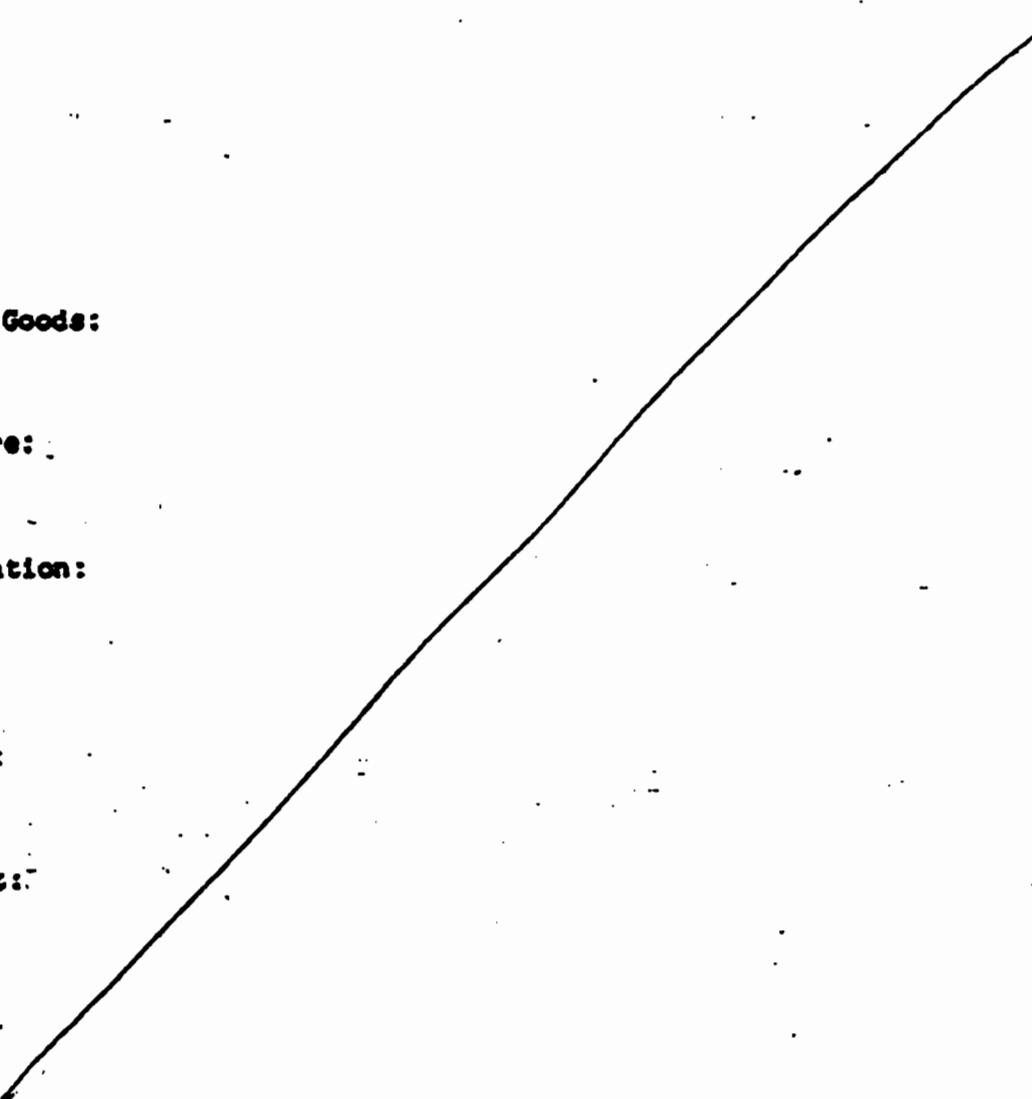
Health Care:



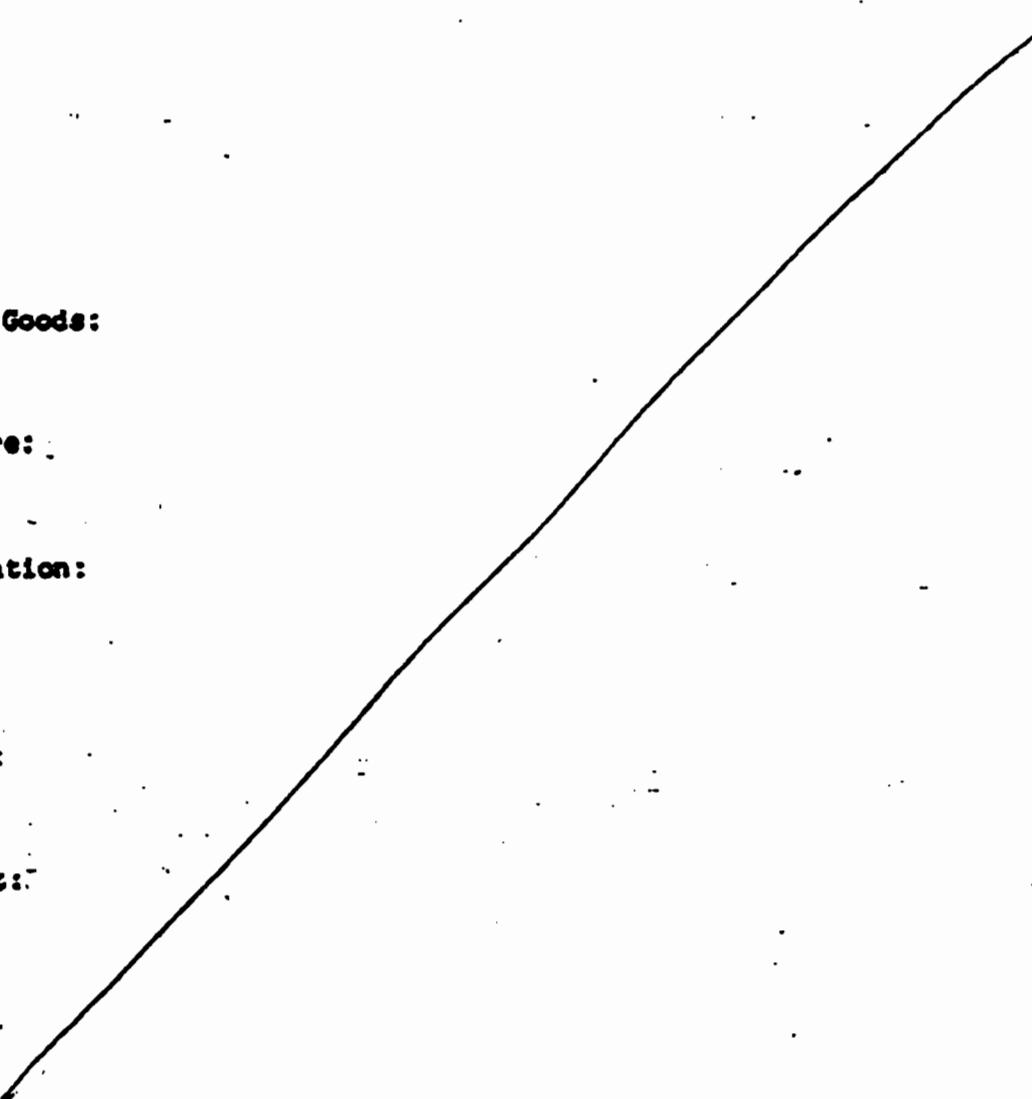
Transportation:



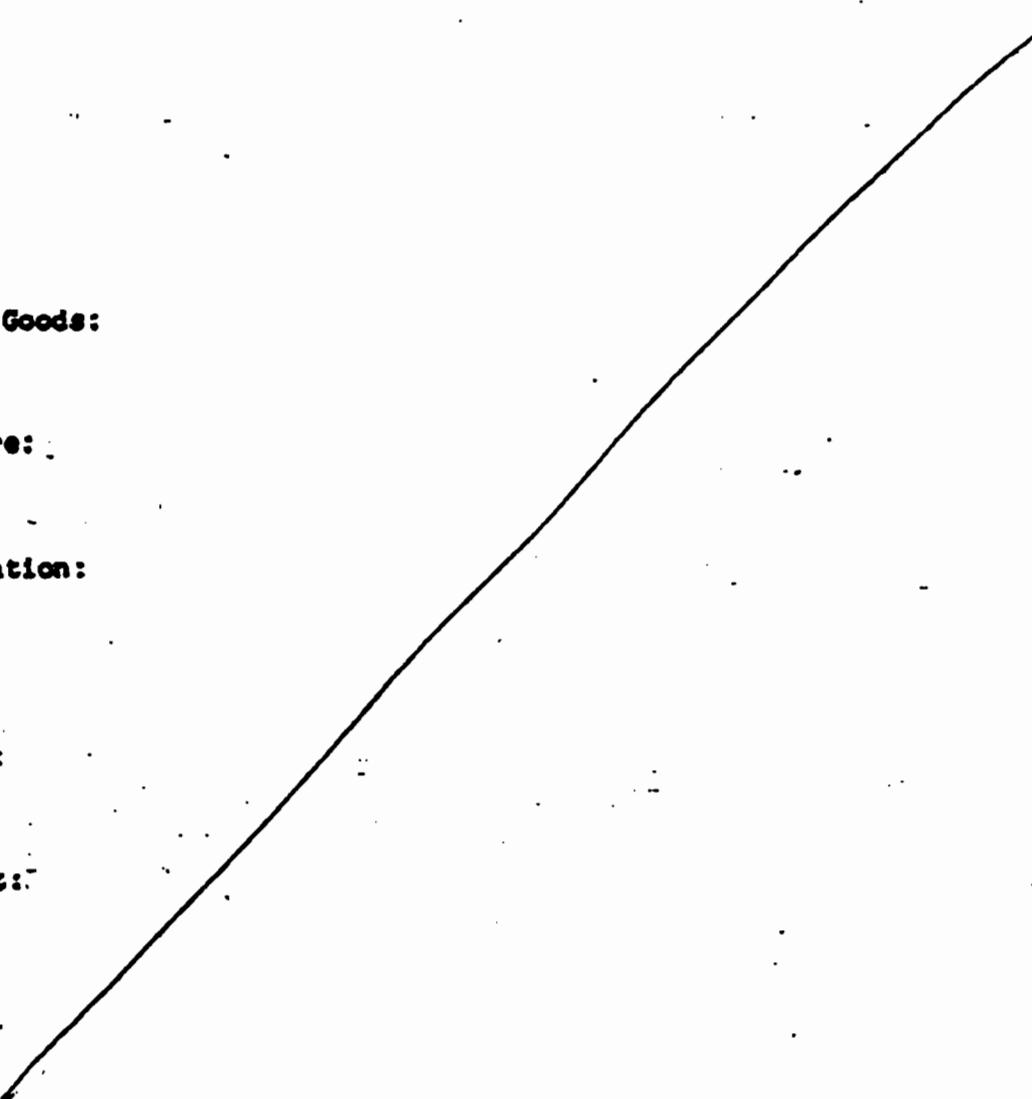
Clothing:



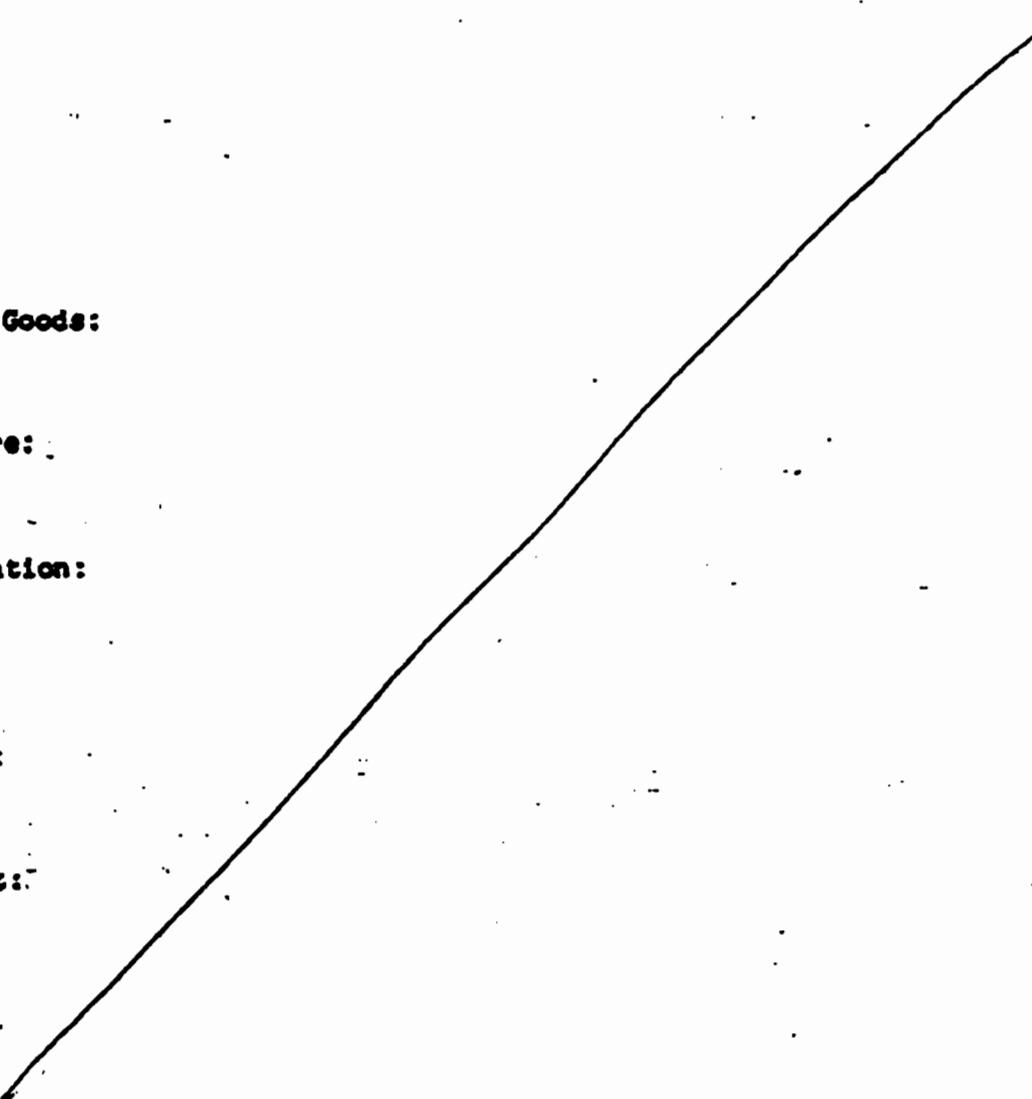
Education:



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.

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  
Herndon/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

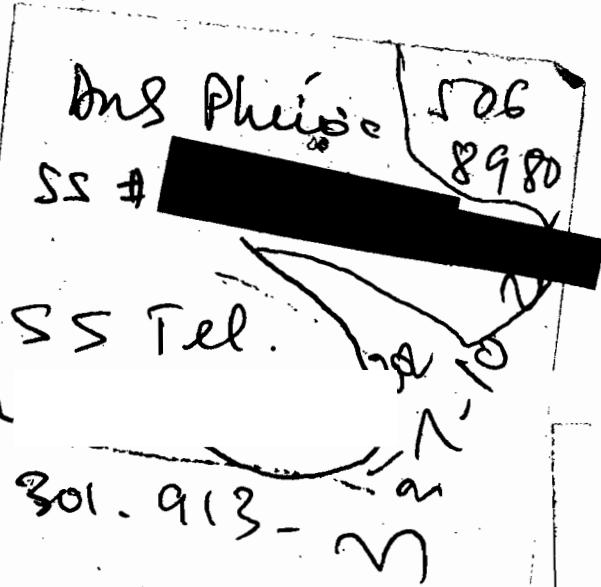
Date of registration \_\_\_\_\_ Date Starting \_\_\_\_\_  
Name of School \_\_\_\_\_ Grade \_\_\_\_\_

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

- Láu giấy men Khi  
có chép tên và ảnh



SSI  
aus Phuise  
via Green card

Sri Ms christiane  
Xin companion  
2/16/94 - 4:30 pm.

- Ho ~~who~~ Phuoc
- Willson School
- Founding Reception (xe - ~~picnic~~)  
" - picnic  
" - B.

Offley SS #

1-31-94.

CS \*

Mae Christian

533-5451

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

27 page(s) was/were removed from the file of HÔNG ĐỘC 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 12<sup>th</sup> 2007

Viết thô → Bà Erišing thi Lập (Suisse)

COMPUTERIZED

Chia gò béo lanh

Hồ sơ còn thiếu {  
Lo I  
I - 171  
IV #

CONTROL

Card  
 Doc. Request Form 5/4/88  
Release Order  
Computer  
Copy Form  
\_\_\_\_\_  
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