



NATIONAL OFFICE

MIGRATION AND REFUGEE SERVICES

1312 MASSACHUSETTS AVENUE, N. W. • WASHINGTON, D. C. 20005

202/639-6625

Tele: 248383 ATTN: MRS

NEW FORMAPPLICATION FOR FAMILY REUNIFICATIONMy name is: PHAN VAN TANI reside at: SYLMAR CA. 91432I was born on: 05-21-57 in: SAIGON VIETNAMI arrived in the United States on/in: 7-15-75 (country) from: or camp) PENDLETONMy Alien Registration number is: A 21-288-199My Naturalization Certificate number is: 11292514My Alien Status is: Parolee Permanent Resident U.S. Citizen

I am making this application to request that the following relatives still in Viet Nam be authorized to come to the United States:

NAME	DATE AND PLACE OF BIRTH	RELATIONSHIP	ADDRESS IN VIETNAM
PHAN VAN THIET	10-8-39 VIETNAM	BROTHER	21/8, TO II, KHU 2
NGUYEN THI TRI	12-3-41 "	SIS IN LAW	PHUONG HIEP THANH
PHAN NGUYEN LONG	3-1-65 "	NEPHEW	THI XA THUDAUMOT
PHAN HONG HANH	7-11-66 "	NIECE	TINH SONG BE
PHAN THI HONG PHUC	8-2-68 "	NIECE	VIETNAM SOUTH
PHAN THI HONG LIEN	8-31-72 "	NIECE	

Signature: Phan Van TanDate: 7-4-82

Before me, a Notary Public, on this day personally appeared PHAN VAN TAN
known to me to be the person whose name is subscribed to the foregoing instrument and
acknowledged to me that he/she executed the same for the purposes and consideration
therein expressed.

STATE OF CALIFORNIACOUNTY OF LOS ANGELESNOTARY PUBLIC Nguyen Van TanMy commission expires 8/16/85

UNITED STATES DEPARTMENT OF JUSTICE

IMMIGRATION AND NATURALIZATION SERVICE

300 N. Los Angeles St.
Los Angeles, CA 90012

NOTICE OF APPROVAL OF RELATIVE IMMIGRANT VISA PETITION

NAME AND ADDRESS OF PETITIONER

Tan Van Phan

Sylmar, CA 91432

NAME OF BENEFICIARY

Thiet Van Phan

CLASSIFICATION FILE NO.

203(a)(5) I-130

DATE PETITION FILED DATE OF APPROVAL OF PETITION

08-02-82 10-05-82

Date: 10-21-82

Please be advised that approval of the petition confers upon the beneficiary an appropriate classification. The approval constitutes no assurance that the beneficiary will be found eligible for visa issuance, admission to the United States or adjustment to lawful permanent resident status. Eligibility for visa issuance is determined only when application therefor is made to a consular officer; eligibility for admission or adjustment is determined only when application therefor is made to an immigration officer. Also, please note the items below which are indicated by "X" marks concerning this petition:

1. YOUR PETITION TO CLASSIFY THE BENEFICIARY AS AN IMMEDIATE RELATIVE OF A UNITED STATES CITIZEN HAS BEEN FORWARDED TO THE UNITED STATES CONSULATE AT _____ THIS COMPLETES ALL ACTION BY THIS SERVICE ON THE PETITION. THE UNITED STATES CONSULATE, WHICH IS UNDER THE SUPERVISION OF THE DEPARTMENT OF STATE, WILL ADVISE THE BENEFICIARY CONCERNING VISA ISSUANCE. Inquiry concerning visa issuance should be addressed to the Consul. This Service will be unable to answer any inquiry concerning visa issuance.
2. IF YOU BECOME NATURALIZED AS A CITIZEN OF THE UNITED STATES AND AN IMMIGRANT VISA HAS NOT YET BEEN ISSUED TO THE BENEFICIARY, NOTIFY THIS OFFICE IMMEDIATELY, GIVING THE DATE OF YOUR NATURALIZATION. AT THE SAME TIME, IF THE PETITION WAS IN BEHALF OF YOUR SON OR DAUGHTER, ALSO ADVISE WHETHER THAT PERSON IS STILL UNMARRIED. THIS INFORMATION MAY EXPEDITE THE ISSUANCE OF A VISA TO THE BENEFICIARY.
3. YOUR PETITION FOR PREFERENCE CLASSIFICATION, AS SHOWN ABOVE, HAS BEEN FORWARDED TO THE UNITED STATES CONSULATE AT Bangkok _____ THIS COMPLETES ALL ACTION BY THIS SERVICE ON THE PETITION. THIS SERVICE HAS NOTHING TO DO WITH THE ACTUAL ISSUANCE OF VISAS. VISAS ARE ISSUED ONLY BY UNITED STATES CONSULS WHO ARE UNDER THE JURISDICTION OF THE U.S. DEPARTMENT OF STATE. UNDER THE LAW ONLY A LIMITED NUMBER OF VISAS MAY BE ISSUED BY THAT DEPARTMENT DURING EACH YEAR AND THEY MUST BE ISSUED STRICTLY IN THE CHRONOLOGICAL ORDER IN WHICH PETITIONS WERE FILED FOR THE SAME CLASSIFICATION. WHEN THE BENEFICIARY'S TURN IS REACHED ON THE VISA WAITING LIST, THE UNITED STATES CONSUL WILL INFORM HIM AND CONSIDER ISSUANCE OF THE VISA. Inquiry concerning visa issuance should be addressed to the Consul. This Service will be unable to answer any inquiry concerning visa issuance.
4. THE PETITION STATES THAT THE BENEFICIARY IS IN THE UNITED STATES AND WILL APPLY TO BECOME A LAWFUL PERMANENT RESIDENT. THE ENCLOSED APPLICATION FOR THIS PURPOSE (FORM I-485) SHOULD BE COMPLETED AND SUBMITTED BY THE BENEFICIARY WITHIN 30 DAYS IN ACCORDANCE WITH THE INSTRUCTIONS CONTAINED THEREIN. (IF THE BENEFICIARY HAD PREVIOUSLY SUBMITTED FORM I-485 WHICH WAS RETURNED TO HIM, HE SHOULD RESUBMIT THAT FORM WITHIN 30 DAYS.)
5. THE BENEFICIARY WILL BE INFORMED OF THE DECISION MADE ON HIS PENDING APPLICATION TO BECOME A LAWFUL PERMANENT RESIDENT (FORM I-485).
6. THE PETITION STATES THAT THE BENEFICIARY IS IN THE UNITED STATES AND WILL APPLY TO BECOME A LAWFUL PERMANENT RESIDENT. HOWEVER, AN IMMIGRANT VISA NUMBER IS NOT PRESENTLY AVAILABLE, THEREFORE, THE BENEFICIARY MAY NOT APPLY TO BECOME A PERMANENT RESIDENT.
7. ORIGINAL DOCUMENTS SUBMITTED IN SUPPORT OF YOUR PETITION UNACCOMPANIED BY COPIES THEREOF HAVE BEEN MADE A PERMANENT PART OF THE PETITION. ANY OTHERS ARE RETURNED HEREWITHE.
8. REMARKS

VERY TRULY YOURS,

John M. Landen Jr.
DISTRICT DIRECTOR

JNH/JF

CHECK THIS BOX WHEN COPY MAILED TO ATTORNEY OR REPRESENTATIVE FILE COPY

BỘ TƯ LỊNH QUÂN KHU 9

- Thực hiện chính sách khoan hồng của Chính phủ cách mạng lâm thời cộng hòa miền Nam Việt Nam đối với những sĩ quan, hạ sĩ quan, binh lính nguyễn là Thiếu úy quân trong thời gian qua đã ra bến an nán hồi cũ và có gắng phản đấu để trở thành người có ích cho đất nước.
- Xét đơn xin bảo lãnh của Võ Ngang (Tỉnh trưởng) 21/8/74 về việc Xã Hiệp Phong huyện Chau Thanh, Tỉnh Đồng Nai.

QUYẾT ĐỊNH

- Điều 1** — Cho Phan Văn Trí nguyễn là Thiếu úy quân được lui về ngang quân huấn tập trung và cho phép lui về nhà làm ăn.
- Điều 2** — Khi trở về địa phương hoặc tiếp tục làm việc ở các ngành chuyên môn thi dương sỹ phải chấp hành tốt mọi quy định về luật pháp và chịu sự quản chế của chính quyền cơ sở địa phương hoặc đơn vị mình làm việc. Thời gian quản chế là một năm. Sau thời gian đó nếu được chính quyền địa phương hoặc cơ quan đơn vị làm việc xáu nhện là tên bô và được chính quyền sở tại đồng ý thì sẽ được chính thức khôi phục quyền công dân.
- Điều 3** — Phòng quân huấn Quân khu, Trại quân huấn, Minh Hải và dương sỹ chịu quyết định thi hành.

Ngày 25 tháng mười năm 1977
TUQH BỘ TƯ LỊNH QUÂN KHU 9

Phó Chỉ huy Cục Chính trị



Thượng tá BÙI CĂN THÍNH

GHỊ CHỦ

- Không được về ở thành phố, thị xã vùng biên giới và vùng xung yếu. Trong thời gian quản chế, ở đâu do chính quyền địa phương quyết định.
- Giấy này không có giá trị đi đường.
- Trong thời gian quản chế, việc quy định bao nhiêu ngày trình diện 1 lần là do chính quyền địa phương xá, phương quy định.

QUYẾT ĐỊNH NÀY, LÀM THÀNH 4 BẢN

- 1 — Phòng quân huấn Quân khu lưu.
- 1 — Trại quân huấn.
- 1 — Ủy ban nhân dân xã, Phường cơ quan.
- 1 — Dương sỹ.

APPLICATION FOR
VERIFICATION OF INFORMATION FROM
IMMIGRATION AND NATURALIZATION SERVICE
RECORDS

TYPE OR PRINT THE NAME AND MAILING ADDRESS OF THE PERSONS TO WHOM
INFORMATION OR COPIES OF RECORD SHOULD BE RETURNED IN THE BOX BELOW:

NAME	PHAN, LUY VAN
STREET ADDRESS	
CITY, STATE ZIP CODE	COSTA MESA, CA 92626

Fee Stamp

15⁰⁰
1500

SHAP 940962

PERSON CONSENTING
NAME AND ADDRESS

SIGNATURE OF PERSON CONSENTING

1. CHECK TYPE OF VERIFICATION REQUESTED:	2. STATE PURPOSE FOR WHICH DESIRED	3. NUMBER OF COPIES DESIRED, IF ANY:
<input checked="" type="checkbox"/> LAWFUL ADMISSION FOR PERMANENT RESIDENCE <input type="checkbox"/> AGE OR DATE OF BIRTH <input type="checkbox"/> NATURALIZATION OR CITIZENSHIP <input type="checkbox"/> GENEALOGICAL INFORMATION (See instructions 6 and 7.) <input type="checkbox"/> OTHER (CERTIFICATE OF BIRTH DATA, ETC.)	FAMILY REUNIFICATION	
	2A. NAMES OF BENEFICIARIES PHAN, THIET VAN	4. IF INFORMATION IS FOR SOCIAL SECURITY BENEFITS, SHOW SOCIAL SECURITY NUMBER:

DATA FOR IDENTIFICATION OF THE RECORD TO BE VERIFIED

5. FAMILY NAME	GIVEN NAME	MIDDLE NAME	6. ALIEN REGISTRATION NUMBER
PHAN	LUY	VAN	A 21 346 991
7. OTHER NAMES USED, IF ANY		8. NAME USED AT TIME OF ENTRY INTO UNITED STATES	
NONE		PHAN LUY VAN	
9. PLACE OF BIRTH	10. DATE OF BIRTH	11. PORT OF EXIT FROM WHICH LEFT FOR UNITED STATES	
VIET NAM	1/1/12	TAN SON NHUT, VIETNAM	
12. PORT OF ENTRY INTO UNITED STATES	13. DATE OF ENTRY	14. NAME OF VESSEL OR OTHER MEANS OF ENTRY	
HARTFORD, CONNECTICUT	1/5/76		

GIVE THE FOLLOWING FORMATION FOR VERIFICATION OF NATURALIZATION OR CERTIFICATE OF CITIZENSHIP

15. NAME ON CERTIFICATE	16. CERTIFICATE NUMBER	17. DATE ISSUED
—	—	—
18. ADDRESS WHEN CERTIFICATE WAS ISSUED		19. NAME AND LOCATION OF NATURALIZATION COURT OR IMMIGRATION OFFICE ISSUING CERTIFICATE OF CITIZENSHIP
—		—

DO NOT COMPLETE THIS BLOCK —
RESERVED FOR GOVERNMENT USE ONLY

20. SIGNATURE OF APPLICANT

luu phan

THE RECORDS OF THE IMMIGRATION AND NATURALIZATION SERVICE REFLECT THE FOLLOWING:

VERIFICATION OF INFORMATION REQUESTED WAS MADE ON THIS DATE SHOWN AT RIGHT

<input checked="" type="checkbox"/> LAWFUL ADMISSION FOR PERMANENT RESIDENCE ON <u>1-5-78</u> <input type="checkbox"/> NATURALIZATION INFORMATION AS SHOWN ABOVE IS CORRECT. <input type="checkbox"/> NATURALIZATION IN (COUNTRY) <u>U. S. Immigration Service</u> ON (DATE) <u>—</u> <input type="checkbox"/> AT (LOCATION) <u>Attn: DIEXM</u> <input type="checkbox"/> DATE OF BIRTH <u>14560 Magnolia Street</u> <input type="checkbox"/> ARRIVAL RECORD DATE <u>Westminster, CA 92688</u> SHOWED SUBJECT'S AGE AT TIME TO BE <u>—</u> <input type="checkbox"/> UNABLE TO IDENTIFY ANY RECORD <input type="checkbox"/> COPIES ATTACHED AS REQUESTED <input type="checkbox"/> CERTIFICATE OF CITIZENSHIP IN (OFFICE) <u>U. S. Immigration Service</u> ON (DATE) <u>—</u>	DATE: <u>7/17/89</u>	CLASS: <u>NC</u>
SIGNATURE		<u>Q. Luy Phan</u>
TITLE		<u>U. S. Immigration Service</u>
Attn: DIEXM		<u>Approved By</u>
14560 Magnolia Street		<u>JUL 17 1989</u>
Westminster, CA 92688		<u>Off 348</u>

PRIVACY ACT	<input checked="" type="checkbox"/> IDENTITY ESTABLISHED IN PERSON <u>14560 Magnolia Street</u> <u>Westminster, CA 92688</u>		
IDENTIFICATION (WHEN REQUIRED)	DOCUMENTS ATTACHED	<input type="checkbox"/> G-652 Affidavit	<input type="checkbox"/> OTHER (List)

APPLICATION FOR
VERIFICATION OF INFORMATION FROM
IMMIGRATION AND NATURALIZATION SERVICE
RECORDS

TYPE OR PRINT THE NAME AND MAILING ADDRESS OF THE PERSONS TO WHOM
INFORMATION OR COPIES OF RECORD SHOULD BE RETURNED IN THE BOX BELOW:

NAME	PHAN, HOA THI
STREET ADDRESS	
CITY, STATE ZIP CODE	COSTA MESA, CA. 92626

Fee Stamp

10⁰⁰

JUL 17 1989

DS-945961

PERSON CONSENTING
NAME AND ADDRESS

SIGNATURE OF PERSON CONSENTING

1. CHECK TYPE OF VERIFICATION REQUESTED:	2. STATE PURPOSE FOR WHICH DESIRED	3. NUMBER OF COPIES DESIRED, IF ANY:
<input checked="" type="checkbox"/> LAWFUL ADMISSION FOR PERMANENT RESIDENCE <input type="checkbox"/> AGE OR DATE OF BIRTH <input type="checkbox"/> NATURALIZATION OR CITIZENSHIP <input type="checkbox"/> GENEALOGICAL INFORMATION (See Instructions 8a and 7.) <input type="checkbox"/> OTHER (CERTIFICATE OF BIRTH DATA, ETC.)	FAMILY REUNIFICATION	1
	2A. NAMES OF BENEFICIARIES PHAN, THIET VAN	4. IF INFORMATION IS FOR SOCIAL SECURITY BENEFITS, SHOW SOCIAL SECURITY NUMBER:

DATA FOR IDENTIFICATION OF THE RECORD TO BE VERIFIED

5. FAMILY NAME PHAN	GIVEN NAME HOA	MIDDLE NAME THI	6. ALIEN REGISTRATION NUMBER A21 346 990
7. OTHER NAMES USED, IF ANY NONE		8. NAME USED AT TIME OF ENTRY INTO UNITED STATES PHAN HOA THI	
9. PLACE OF BIRTH VIET NAM	10. DATE OF BIRTH 9/8/16	11. PORT ABROAD FROM WHICH LEFT FOR UNITED STATES TAN SON NHUT, VIET NAM	
12. PORT OF ENTRY INTO UNITED STATES HARTFORD, CONNECTICUT	13. DATE OF ENTRY 1/5/76	14. NAME OF VESSEL OR OTHER MEANS OF ENTRY	

GIVE THE FOLLOWING INFORMATION FOR VERIFICATION OF NATURALIZATION OR CERTIFICATE OF CITIZENSHIP

15. NAME ON CERTIFICATE	16. CERTIFICATE NUMBER	17. DATE ISSUED
18. ADDRESS WHEN CERTIFICATE WAS ISSUED		19. NAME AND LOCATION OF NATURALIZATION COURT OR IMMIGRATION OFFICE ISSUING CERTIFICATE OF CITIZENSHIP

DO NOT COMPLETE THIS BLOCK —
RESERVED FOR GOVERNMENT USE ONLY

20. SIGNATURE OF APPLICANT

✓ Yes

DATE:

9/17/89

CLASS

THE RECORDS OF THE IMMIGRATION AND NATURALIZATION SERVICE REFLECT THE FOLLOWING: VERIFICATION OF INFORMATION REQUESTED WAS MADE ON THIS DATE SHOWN AT RIGHT	
<input checked="" type="checkbox"/> LAWFUL ADMISSION FOR PERMANENT RESIDENCE ON 1-5-78 AT HAR/ NC CLASS	
<input type="checkbox"/> NATURALIZATION INFORMATION AS SHOWN ABOVE IS CORRECT.	
<input type="checkbox"/> NATURALIZATION IN (COUNTRY) U.S. Immigration Service ON (DATE)	
<input type="checkbox"/> AT (LOCATION) Attn: DTEXM	
<input type="checkbox"/> DATE OF BIRTH 14560 Magnolia Street	
<input type="checkbox"/> ARRIVAL RECORD DATED Westminster, CA 92688 SHOWED SUBJECT'S AGE AT TIME TO BE	
<input type="checkbox"/> UNABLE TO IDENTIFY ANY RECORD	
<input type="checkbox"/> COPIES ATTACHED AS REQUESTED	
<input type="checkbox"/> CERTIFICATE OF CITIZENSHIP IN (OFFICE) U. S. Immigration Service	
ON (DATE) Attn: DTEXM TITLE AS Drug topo Officer	
SIGNATURE	

U. S. Immigration Service

Attn: DTEXM

14560 Magnolia Street

Westminster, CA 92688

SIGNATURE

TITLE

Approved By

DATE

11 17 1989

PRIVACY ACT	<input type="checkbox"/> IDENTITY ESTABLISHED IN PERSON
IDENTIFICATION (WHEN REQUIRED)	DOCUMENTS ATTACHED <input type="checkbox"/> G-652 Affidavit <input type="checkbox"/> OTHER (List)

Costa mesa

11-21-89

Hình gửi Ba- Khúc Minh Thủ.

Thủa Ba-hom nay tôi xin gửi lên bá
hồ sơ của cậu em tôi là Phan Văn-
Thiết, đã bao lai tết lén khép kín có
thiên sót chí khép mā chia tách qua xin
bá bùi lóng chí lầu đùm. Xin gửi Kính,
chí phiếu 20 vín hồ hòi. Thành Thật can
đùm bá vâng hòi.

Nay Kính

Phan Phan

Costa mesa 11-21-89

Hình gửi Bà Khúc Minh Thảo.

Thưa Bà bàm nay tôi xin gửi lên bà
hồ sơ của Cục an ninh là Phan Văn
Thiết, để bà bảo lãnh tôi lên Mỹ bắt có
thiếu sót chí khẩn mà chưa được xin
bà vui lòng chi dân để xin gửi đến
chị phiếu 20 mỷ hồ hở. Thành thật cảm
 ơn bà bàm gửi hở.

Nay Kính
 Danh Phan

LUCY THU NGUYEN

261

COSTA MESA, CA 92626

OCT 28 1989 16-66/1220

Pay to
the order of FAMILIES OF Vietnamese Political Prisoners Assn \$ 20⁰⁰

Twenty dollars and zero Dollars

 Bank of America
Harbor-Adam Branch 0867
P.O. Box 1136
Costa Mesa, CA 92626

Memo for UPS DANH T. PHAN

Lucy Phung

Costa mesa 11-21-89

Hình gửi Bà Khúc Minh Thảo.

Thưa Bà Horn nay tôi xin gửi lên bà hồ sơ của Cane em tôi là Phan Văn Thiết, là bao lảnh tèi lâm khai bret có thiếu sót chi khai mà chưa được xin bá bùi long chí "dân" dùm. Xin gửi Bà, chi phiếu 20 mươi hào. Thành Thành Cane Ông bà và quý hòi.

Nay Kinh
Danh Phan

LUCY THU NGUYEN

261

COSTA MESA, CA 92628

OCT 25 1989 16-661220

Pay to the order of Families of Vietnamese Political Prisoners Assn \$ 20⁰⁰

Twenty dollars and zero Dollars

 Bank of America WA
Harbor-Adams Branch 0067
P.O. Box 1138
Costa Mesa, CA 92628

Memo for Mrs DANH T. PHAN

Lucy Phu Nguyen

CÔNG AN TỈNH SÔNG BÉ

BẢN CHÍ HUY A.N.N.D.

PHIẾU BÁO TIN

Hình ảnh ông, bà là

sinh năm

Địa chỉ 248/2, Phố 1, Tp.

Hồ sơ xác xuất cảnh của ông, bà đã được Công An Tỉnh Sông Bé xác quyết chươn về Cục quản lý người nước ngoài và xuất nhập cảnh Bộ Nội Vụ theo công văn số ngày 15 tháng 8 năm 1978.

Để nghị gác đê khẩn cấp theo đúng sản xuất công tết. Khi nào có kết quả giải quyết của Bộ Nội Vụ chúng tôi sẽ mời ông, bà đến nhận kết quả.

Sông Bé, ngày 1 tháng 9 năm 1978

TRƯỞNG PHÒNG CÁP 5

U. S. Department of Justice
Immigration and Naturalization Service

Affidavit of Support

(ANSWER ALL ITEMS: FILL IN WITH TYPEWRITER OR PRINT IN BLOCK LETTERS IN INK.)

I, TAN VAN PHAN, residing at _____
(Name) _____
(Street and Number) _____

SANTA ANA CALIFORNIA 92707
(City) (State) (ZIP Code if in U.S.) (Country)

BEING DULY SWORN DEPOSE AND SAY:

I. I was born on 5/21/51 at SAIGON Vietnam
(Date) (City) (Country)

If you are **not** a native born United States citizen, answer the following as appropriate:

- If a United States citizen through naturalization, give certificate of naturalization number _____
- If a United States citizen through parent(s) or marriage, give citizenship certificate number _____
- If United States citizenship was derived by some other method, attach a statement of explanation.
- If a lawfully admitted permanent resident of the United States, give "A" number _____

2. That I am 38 years of age and have resided in the United States since (date) 7/15/75

3. That this affidavit is executed in behalf of the following person:

Name <u>THIET VAN PHAN</u>	Sex <u>M</u>	Age <u>49</u>
-------------------------------	-----------------	------------------

Citizen of-(Country) <u>Vietnam</u>	Marital Status <u>M</u>	Relationship to Deponent <u>BROTHER</u>
--	----------------------------	--

Presently resides at-(Street and Number)
K 2/6 126 YERSIN, TÔ 10, HIỆP THÀNH, THỊ XÃ THỦ DẦU MỘT, SÔNG BÉ, VIETNAM

Name of spouse and children accompanying or following to join person:

Spouse <u>TRI THI NGUYEN</u>	Sex <u>F</u>	Age <u>47</u>	Child <u>PHUC HONG THI PHAN</u>	Sex <u>F</u>	Age <u>20</u>
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Child <u>LONG NGUYEN PHAN</u>	Sex <u>M</u>	Age <u>24</u>	Child <u>LIEN HONG THI PHAN</u>	Sex <u>F</u>	Age <u>16</u>
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Child <u>HANH HONG PHAN</u>	Sex <u>F</u>	Age <u>22</u>	Child	Sex	Age
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4. That this affidavit is made by me for the purpose of assuring the United States Government that the person(s) named in item 3 will not become a public charge in the United States.

5. That I am willing and able to receive, maintain and support the person(s) named in item 3. That I am ready and willing to deposit a bond, if necessary, to guarantee that such person(s) will not become a public charge during his or her stay in the United States, or to guarantee that the above named will maintain his or her nonimmigrant status if admitted temporarily and will depart prior to the expiration of his or her authorized stay in the United States.

6. That I understand this affidavit will be binding upon me for a period of three (3) years after entry of the person(s) named in item 3 and that the information and documentation provided by me may be made available to the Secretary of Health and Human Services and the Secretary of Agriculture, who may make it available to a public assistance agency.

7. That I am employed as, or engaged in the business of MEDICAL INSTRUMENTATION with GISH BIOMEDICAL, INC.
(Type of Business) (Name of concern)

at 2350 S. PULLMAN AVENUE SANTA ANA CALIFORNIA 92705
(Street and Number) (City) (State) (Zip Code)

I derive an annual income of (if self-employed, I have attached a copy of my last income tax return or report of commercial rating concern which I certify to be true and correct to the best of my knowledge and belief. See instruction for nature of evidence of net worth to be submitted.)

\$ _____

I have on deposit in savings banks in the United States

\$ _____

I have other personal property, the reasonable value of which is

\$ _____

I have stocks and bonds with the following market value, as indicated on the attached list
 which I certify to be true and correct to the best of my knowledge and belief. \$ _____
 I have life insurance in the sum of \$ _____
 With a cash surrender value of \$ _____
 I own real estate valued at \$ _____
 With mortgages or other encumbrances thereon amounting to \$ _____

Which is located at SANTA ANA (Street and Number) CALIFORNIA (City) 92707 (State) (Zip Code)

8. That the following persons are dependent upon me for support: (Place an "X" in the appropriate column to indicate whether the person named is *wholly or partially* dependent upon you for support.)

Name of Person	Wholly Dependent	Partially Dependent	Age	Relationship to Me
SYLVIA PHAN	X		13	CHILD
ALAN PHAN	X		4	CHILD

9. That I have previously submitted affidavit(s) of support for the following person(s). If none, state "None" NONE
 Name _____ Date submitted _____

NONE

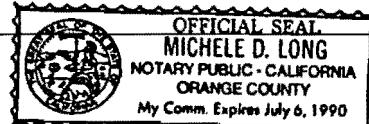
10. That I have submitted visa petition(s) to the Immigration and Naturalization Service on behalf of the following person(s). If none, state none.

Name	Relationship	Date submitted
THIET VAN PHAN	BROTHER	8/2/82

11. (Complete this block only if the person named in item 3 will be in the United States temporarily.)

That I do intend do not intend, to make specific contributions to the support of the person named in item 3. (If you check "do intend", indicate the exact nature and duration of the contributions. For example, if you intend to furnish room and board, state for how long and, if money, state the amount in United States dollars and state whether it is to be given in a lump sum, weekly, or monthly, or for how long.)

OATH OR AFFIRMATION OF DEPONENT



I acknowledge that I have read Part III of the Instructions, Sponsor and Alien Liability, and am aware of my responsibilities as an immigrant sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended.

I swear (affirm) that I know the contents of this affidavit signed by me and the statements are true and correct.

Signature of deponent Sylvia Phan

Subscribed and sworn to (affirmed) before me this 18th day of July, 1989
 at Santa Ana, CA. My commission expires on 7/6/90

Signature of Officer Administering Oath Michele D. Long Title Notary Public
 If affidavit prepared by other than deponent, please complete the following: I declare that this document was prepared by me at the request of the deponent and is based on all information of which I have knowledge.

(Signature)

(Address)

(Date)

U. S. Department of Justice
Immigration and Naturalization Service

Affidavit of Support

(ANSWER ALL ITEMS: FILL IN WITH TYPEWRITER OR PRINT IN BLOCK LETTERS IN INK.)

I, TAN VAN PHAN (Name), residing at _____, (Street and Number)

SANTA ANA (City) CALIFORNIA (State) 92707 (ZIP Code if in U.S.) (Country)

BEING DULY SWORN DEPOSE AND SAY:

1. I was born on 5/21/51 (Date) at SAIGON (City) VIETNAM (Country)

If you are *not* a native born United States citizen, answer the following as appropriate:

- If a United States citizen through naturalization, give certificate of naturalization number _____
- If a United States citizen through parent(s) or marriage, give citizenship certificate number _____
- If United States citizenship was derived by some other method, attach a statement of explanation.
- If a lawfully admitted permanent resident of the United States, give "A" number _____

2. That I am 38 years of age and have resided in the United States since (date) 7/15/75

3. That this affidavit is executed in behalf of the following person:

Name	Sex	Age			
<u>TRI THI NGUYEN</u>	<u>F</u>	<u>47</u>			
Citizen of-(Country)	Marital Status				
<u>VIETNAM</u>	<u>M</u>	Relationship to Deponent			
Presently resides at-(Street and Number)	(City)	(State)	(Country)		
<u>K 2/6 126 YERSIN, TÔ 10, HIỆP THÀNH, THỊ XÃ THỦ DẦU MỘT, SÔNG BÉ, VIETNAM</u>					
Name of spouse and children accompanying or following to join person:					
Spouse	Sex	Age	Child	Sex	Age
Child	Sex	Age	Child	Sex	Age
Child	Sex	Age	Child	Sex	Age

4. That this affidavit is made by me for the purpose of assuring the United States Government that the person(s) named in item 3 will not become a public charge in the United States.

5. That I am willing and able to receive, maintain and support the person(s) named in item 3. That I am ready and willing to deposit a bond, if necessary, to guarantee that such person(s) will not become a public charge during his or her stay in the United States, or to guarantee that the above named will maintain his or her nonimmigrant status if admitted temporarily and will depart prior to the expiration of his or her authorized stay in the United States.

6. That I understand this affidavit will be binding upon me for a period of three (3) years after entry of the person(s) named in item 3 and that the information and documentation provided by me may be made available to the Secretary of Health and Human Services and the Secretary of Agriculture, who may make it available to a public assistance agency.

7. That I am employed as, or engaged in the business of MEDICAL INSTRUMENTATION with GRISH BIOMEDICAL, INC. (Type of Business) (Name of concern)

at 2350 S. PULLMAN AVENUE (Street and Number) SANTA ANA (City) CALIFORNIA (State) 92705 (Zip Code)

I derive an annual income of (if self-employed, I have attached a copy of my last income tax return or report of commercial rating concern which I certify to be true and correct to the best of my knowledge and belief. See instruction for nature of evidence of net worth to be submitted.)

\$ _____

I have on deposit in savings banks in the United States

\$ _____

I have other personal property, the reasonable value of which is

\$ _____

I have stocks and bonds with the following market value, as indicated on the attached list
 which I certify to be true and correct to the best of my knowledge and belief. \$ _____
 I have life insurance in the sum of \$ _____
 With a cash surrender value of \$ _____
 I own real estate valued at \$ _____
 With mortgages or other encumbrances thereon amounting to \$ _____

Which is located at _____, SANTA ANA (City) CALIFORNIA (State) 92707 (Zip Code)

8. That the following persons are dependent upon me for support: (Place an "X" in the appropriate column to indicate whether the person named is *wholly or partially* dependent upon you for support.)

Name of Person	Wholly Dependent	Partially Dependent	Age	Relationship to Me
SYLVIA PHAN	X		13	CHILD
ALAN PHAN	X		4	CHILD

9. That I have previously submitted affidavit(s) of support for the following person(s). If none, state "None" **NONE**
 Name _____ Date submitted _____

~~TRI THI NGUYEN~~ NONE

10. That I have submitted visa petition(s) to the Immigration and Naturalization Service on behalf of the following person(s). If none, state none.

Name	Relationship	Date submitted
TRI THI NGUYEN	SISTER IN LAW	8/2/82

11. (Complete this block only if the person named in item 3 will be in the United States temporarily.)

That I do intend do not intend, to make specific contributions to the support of the person named in item 3. (If you check "do intend", indicate the exact nature and duration of the contributions. For example, if you intend to furnish room and board, state for how long and, if money, state the amount in United States dollars and state whether it is to be given in a lump sum, weekly, or monthly, or for how long.)

OATH OR AFFIRMATION OF DEPONENT



I acknowledge that I have read Part III of the Instructions, Sponsor and Alien Liability, and am aware of my responsibilities as an immigrant sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended.

I swear (affirm) that I know the contents of this affidavit signed by me and the statements are true and correct.

Signature of deponent Sylvia Phan

Subscribed and sworn to (affirmed) before me this 18 day of July, 1989
 at Santa Ana, CA. My commission expires on July 6, 1990

Signature of Officer Administering Oath Michele D. Long Title Notary Public
 If affidavit prepared by other than deponent, please complete the following: I declare that this document was prepared by me at the request of the deponent and is based on all information of which I have knowledge.

(Signature)

(Address)

(Date)

**U. S. Department of Justice
Immigration and Naturalization Service**

Affidavit of Support

(ANSWER ALL ITEMS: FILL IN WITH TYPEWRITER OR PRINT IN BLOCK LETTERS IN INK.)

SANTA ANA CALIFORNIA 92707
(City) (State) (ZIP Code if in U.S.) (Country)

BEING DULY SWORN DEPOSE AND SAY:

I. I was born on 5/21/51 (Date) at SAIGON (City) in VIETNAM (Country)

If you are **not** a native born United States citizen, answer the following as appropriate:

- a. If a United States citizen through naturalization, give certificate of naturalization number 11292514
b. If a United States citizen through parent(s) or marriage, give citizenship certificate number _____
c. If United States citizenship was derived by some other method, attach a statement of explanation.
d. If a lawfully admitted permanent resident of the United States, give "A" number _____

2. That I am 38 years of age and have resided in the United States since (date) 7/15/75

3. That this affidavit is executed in behalf of the following person:

Name <u>LONG NGUYEN PHAN</u>	Sex <u>M</u>	Age <u>24</u>
---------------------------------	-----------------	------------------

Citizen of-(Country) VIETNAM	Marital Status S	Relationship to Deponent NEPHEW	
Presently resides at-(Street and Number)	(City)	(State)	(Country)

K 2/6 126 YERSIN, TỔ 10, HỘI THÀNH, THỊ XÃ THỦ DẦU MỘT, SÔNG BÉ, VIỆT NAM
Name of spouse and children accompanying or following to join person:

Spouse	Sex	Age	Child	Sex	Age
Child	Sex	Age	Child	Sex	Age
Child	Sex	Age	Child	Sex	Age

4. That this affidavit is made by me for the purpose of assuring the United States Government that the person(s) named in item 3 will not become a public charge in the United States.

5. That I am willing and able to receive, maintain and support the person(s) named in item 3. That I am ready and willing to deposit a bond, if necessary, to guarantee that such person(s) will not become a public charge during his or her stay in the United States, or to guarantee that the above named will maintain his or her nonimmigrant status if admitted temporarily and will depart prior to the expiration of his or her authorized stay in the United States.

6. That I understand this affidavit will be binding upon me for a period of three (3) years after entry of the person(s) named in item 3 and that the information and documentation provided by me may be made available to the Secretary of Health and Human Services and the Secretary of Agriculture, who may make it available to a public assistance agency.

7. That I am employed as, or engaged in the business of MEDICAL INSTRUMENTATION with CTISH BIOMEDICAL, INC.
(Type of Business) (Name of concern)

at 2350 S. PULLMAN AVENUE SANTA ANA CALIFORNIA 92705
(Street and Number) (City) (State) (Zip Code)

I derive an annual income of (if self-employed, I have attached a copy of my last income tax return or report of commercial rating concern which I certify to be true and correct to the best of my knowledge and belief. See instruction for nature of evidence of net worth to be submitted.)

\$ _____

I have on deposit in savings banks in the United States

\$ _____

I have other personal property, the reasonable value of which is

\$ _____

I have stocks and bonds with the following market value, as indicated on the attached list
which I certify to be true and correct to the best of my knowledge and belief. \$ _____

I have life insurance in the sum of \$ _____

With a cash surrender value of \$ _____

I own real estate valued at \$ _____

With mortgages or other encumbrances thereon amounting to \$ _____

Which is located at SANTA ANA CALIFORNIA 92707
(Street and Number) (City) (State) (Zip Code)

8. That the following persons are dependent upon me for support: (Place an "X" in the appropriate column to indicate whether the person named is *wholly or partially* dependent upon you for support.)

Name of Person	Wholly Dependent	Partially Dependent	Age	Relationship to Me
SYLVIA PHAN	X		13	CHILD
ALAN PHAN	X		4	CHILD

9. That I have previously submitted affidavit(s) of support for the following person(s). If none, state "None" None

Name

Date submitted

None

10. That I have submitted visa petition(s) to the Immigration and Naturalization Service on behalf of the following person(s). If none, state none.

Name

Relationship

Date submitted

LONG NGUYEN PHAN

NEPHEW

8/2/82

11. (Complete this block only if the person named in item 3 will be in the United States temporarily.)

That I do intend do not intend, to make specific contributions to the support of the person named in item 3. (If you check "do intend", indicate the exact nature and duration of the contributions. For example, if you intend to furnish room and board, state for how long and, if money, state the amount in United States dollars and state whether it is to be given in a lump sum, weekly, or monthly, or for how long.)



OATH OR AFFIRMATION OF DEPONENT

I acknowledge that I have read Part III of the Instructions, Sponsor and Alien Liability, and am aware of my responsibilities as an immigrant sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended.

I swear (affirm) that I know the contents of this affidavit signed by me and the statements are true and correct.

Signature of deponent Sylvia Phan

Subscribed and sworn to (affirmed) before me this 18 day of July, 1989
at Santa Ana, CA. My commission expires on July 6, 1990

Signature of Officer Administering Oath Michele D. Long Title Notary Public

If affidavit prepared by other than deponent, please complete the following: I declare that this document was prepared by me at the request of the deponent and is based on all information of which I have knowledge.

(Signature)

(Address)

(Date)

U. S. Department of Justice
Immigration and Naturalization Service

Affidavit of Support

(ANSWER ALL ITEMS: FILL IN WITH TYPEWRITER OR PRINT IN BLOCK LETTERS IN INK.)

I, TAN VAN PHAN residing at _____
(Name) _____ (Street and Number)

SANTA ANA 92707
(City) (Country) CALIFORNIA (ZIP Code if in U.S.)

BEING DULY SWORN DEPOSE AND SAY:

1. I was born on 5/21/51 at SAIGON VIETNAM
(Date) (Country)

If you are **not** a native born United States citizen, answer the following as appropriate:

- a. If a United States citizen through naturalization, give certificate of naturalization number _____
- b. If a United States citizen through parent(s) or marriage, give citizenship certificate number _____
- c. If United States citizenship was derived by some other method, attach a statement of explanation.
- d. If a lawfully admitted permanent resident of the United States, give "A" number _____

2. That I am 38 years of age and have resided in the United States since (date) 7/15/75

3. That this affidavit is executed in behalf of the following person:

Name	Sex	Age
<u>HANH HONG PHAN</u>	<u>F</u>	<u>22</u>

Citizen of-(Country)	Marital Status	Relationship to Deponent
<u>VIETNAM</u>	<u>S</u>	<u>NIECE</u>

Presently resides at-(Street and Number)	(City)	(State)	(Country)
<u>K 2/6 126 YERSIN, TÔ 10, HIỆP THÀNH, THỊ XÃ THỦ DẦU MỘT, SÔNG BÉ</u>			<u>VIETNAM</u>

Name of spouse and children accompanying or following to join person:

Spouse	Sex	Age	Child	Sex	Age
Child	Sex	Age	Child	Sex	Age
Child	Sex	Age	Child	Sex	Age

4. That this affidavit is made by me for the purpose of assuring the United States Government that the person(s) named in item 3 will not become a public charge in the United States.

5. That I am willing and able to receive, maintain and support the person(s) named in item 3. That I am ready and willing to deposit a bond, if necessary, to guarantee that such person(s) will not become a public charge during his or her stay in the United States, or to guarantee that the above named will maintain his or her nonimmigrant status if admitted temporarily and will depart prior to the expiration of his or her authorized stay in the United States.

6. That I understand this affidavit will be binding upon me for a period of three (3) years after entry of the person(s) named in item 3 and that the information and documentation provided by me may be made available to the Secretary of Health and Human Services and the Secretary of Agriculture, who may make it available to a public assistance agency.

7. That I am employed as, or engaged in the business of MEDICAL INSTRUMENTATION with CRISH BIOMEDICAL, INC.
(Type of Business) (Name of concern)

at 2350 S. PULLMAN AVENUE CALIFORNIA 92705
(Street and Number) (State) (Zip Code) (City)

I derive an annual income of (if self-employed, I have attached a copy of my last income tax return or report of commercial rating concern which I certify to be true and correct to the best of my knowledge and belief. See instruction for nature of evidence of net worth to be submitted.)

\$ _____

I have on deposit in savings banks in the United States \$ _____

I have other personal property, the reasonable value of which is \$ _____

I have stocks and bonds with the following market value, as indicated on the attached list
which I certify to be true and correct to the best of my knowledge and belief. \$ _____

I have life insurance in the sum of \$ _____

With a cash surrender value of \$ _____

I own real estate valued at \$ _____

With mortgages or other encumbrances thereon amounting to \$ _____

Which is located at SANTA ANA (Street and Number) CALIFORNIA (City) 92707 (State) (Zip Code)

8. That the following persons are dependent upon me for support: (Place an "X" in the appropriate column to indicate whether the person named is *wholly or partially* dependent upon you for support.)

Name of Person	Wholly Dependent	Partially Dependent	Age	Relationship to Me
<u>SYLVIA PHAN</u>	X		13	CHILD
<u>ALAN PHAN</u>	X		4	CHILD

9. That I have previously submitted affidavit(s) of support for the following person(s). If none, state "None" NONE

Name _____

Date submitted _____

NONE

10. That I have submitted visa petition(s) to the Immigration and Naturalization Service on behalf of the following person(s). If none, state none.

Name	Relationship	Date submitted
<u>HANH HONG PHAN</u>	<u>NIECE</u>	<u>8/2/82</u>

11. (Complete this block only if the person named in item 3 will be in the United States temporarily.)

That I do intend do not intend, to make specific contributions to the support of the person named in item 3. (If you check "do intend", indicate the exact nature and duration of the contributions. For example, if you intend to furnish room and board, state for how long and, if money, state the amount in United States dollars and state whether it is to be given in a lump sum, weekly, or monthly, or for how long.)

OATH OR AFFIRMATION OF DEPONENT



I acknowledge that I have read Part III of the Instructions, Sponsor and Alien Liability, and am aware of my responsibilities as an immigrant sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended.

I swear (affirm) that I know the contents of this affidavit signed by me and the statements are true and correct.

Signature of deponent Sylvia Phan

Subscribed and sworn to (affirmed) before me this 18 day of July 1989
at Santa Ana, CA. My commission expires on July 6, 1990

Signature of Officer Administering Oath Michele D. Long Title Notary Public

If affidavit prepared by other than deponent, please complete the following: I declare that this document was prepared by me at the request of the deponent and is based on all information of which I have knowledge.

(Signature)

(Address)

(Date)

U. S. Department of Justice
Immigration and Naturalization Service

Affidavit of Support

(ANSWER ALL ITEMS: FILL IN WITH TYPEWRITER OR PRINT IN BLOCK LETTERS IN INK.)

1. TAN VAN PHAN residing at _____
(Name) (Street and Number)

SANTA ANA CALIFORNIA 92707
(City) (State) (ZIP Code if in U.S.) (Country)

BEING DULY SWORN DEPOSE AND SAY:

1. I was born on 5/21/51 at SAIGON VIETNAM
(Date) (City) (Country)

If you are **not** a native born United States citizen, answer the following as appropriate:

- a. If a United States citizen through naturalization, give certificate of naturalization number _____
- b. If a United States citizen through parent(s) or marriage, give citizenship certificate number _____
- c. If United States citizenship was derived by some other method, attach a statement of explanation.
- d. If a lawfully admitted permanent resident of the United States, give "A" number _____

2. That I am 38 years of age and have resided in the United States since (date) 7/15/75

3. That this affidavit is executed in behalf of the following person:

Name	Sex	Age
<u>PHU HONG THI PHAN</u>	<u>F</u>	<u>20</u>
Citizen of-(Country)		
<u>VIETNAM</u>		
Presently resides at-(Street and Number)	Marital Status	Relationship to Deponent
<u>K2/6 126 YERSIN, TĐ 10, HIỆP THÀNH, THỊ XÃ THỦ DẦU MỘT, SÔNG BÉ, VIETNAM</u>	<u>S</u>	<u>NIECE</u>
	(City)	(State)
		(Country)

Spouse	Sex	Age	Child	Sex	Age
Child	Sex	Age	Child	Sex	Age
Child	Sex	Age	Child	Sex	Age

4. That this affidavit is made by me for the purpose of assuring the United States Government that the person(s) named in item 3 will not become a public charge in the United States.

5. That I am willing and able to receive, maintain and support the person(s) named in item 3. That I am ready and willing to deposit a bond, if necessary, to guarantee that such person(s) will not become a public charge during his or her stay in the United States, or to guarantee that the above named will maintain his or her nonimmigrant status if admitted temporarily and will depart prior to the expiration of his or her authorized stay in the United States.

6. That I understand this affidavit will be binding upon me for a period of three (3) years after entry of the person(s) named in item 3 and that the information and documentation provided by me may be made available to the Secretary of Health and Human Services and the Secretary of Agriculture, who may make it available to a public assistance agency.

7. That I am employed as, or engaged in the business of MEDICAL INSTRUMENTATION with GISH BIOMEDICAL, INC.
(Type of Business) (Name of concern)

at SANTA ANA CALIFORNIA 92705
(Street and Number) (City) (State) (Zip Code)

I derive an annual income of (if self-employed, I have attached a copy of my last income tax return or report of commercial rating concern which I certify to be true and correct to the best of my knowledge and belief. See instruction for nature of evidence of net worth to be submitted.)

\$ _____

I have on deposit in savings banks in the United States

\$ _____

I have other personal property, the reasonable value of which is

\$ _____

I have stocks and bonds with the following market value, as indicated on the attached list
which I certify to be true and correct to the best of my knowledge and belief. \$ _____

I have life insurance in the sum of \$ _____

With a cash surrender value of \$ _____

I own real estate valued at \$ _____

With mortgages or other encumbrances thereon amounting to \$ _____

Which is located at SANTA ANA CALIFORNIA 92707
(Street and Number) (City) (State) (Zip Code)

8. That the following persons are dependent upon me for support: (Place an "X" in the appropriate column to indicate whether the person named is *wholly or partially* dependent upon you for support.)

Name of Person	Wholly Dependent	Partially Dependent	Age	Relationship to Me
SYLVIA PHAN	X		13	CHILD
ALAN PHAN	X		4	CHILD

9. That I have previously submitted affidavit(s) of support for the following person(s). If none, state "None" NONE

Name _____

Date submitted _____

NONE

10. That I have submitted visa petition(s) to the Immigration and Naturalization Service on behalf of the following person(s). If none, state none.

Name	Relationship	Date submitted
PHUC HONG THI PHAN	NIECE	8/2/82

11. (Complete this block only if the person named in item 3 will be in the United States temporarily.)

That I do intend do not intend, to make specific contributions to the support of the person named in item 3. (If you check "do intend", indicate the exact nature and duration of the contributions. For example, if you intend to furnish room and board, state for how long and, if money, state the amount in United States dollars and state whether it is to be given in a lump sum, weekly, or monthly, or for how long.)



OATH OR AFFIRMATION OF DEPONENT

I acknowledge that I have read Part III of the Instructions, Sponsor and Alien Liability, and am aware of my responsibilities as an immigrant sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended.

I swear (affirm) that I know the contents of this affidavit signed by me and the statements are true and correct.

Signature of deponent _____

Sylvia Phan

Subscribed and sworn to (affirmed) before me this 18 day of July 1989
at Santa Ana, CA. My commission expires on July 6, 1990

Signature of Officer Administering Oath Michele D. Long Title Notary Public
If affidavit prepared by other than deponent, please complete the following: I declare that this document was prepared by me at the request of the deponent and is based on all information of which I have knowledge.

(Signature)

(Address)

(Date)

U. S. Department of Justice
Immigration and Naturalization Service

Affidavit of Support

(ANSWER ALL ITEMS: FILL IN WITH TYPEWRITER OR PRINT IN BLOCK LETTERS IN INK.)

I, TAN VAN PHAN (Name), residing at _____ (Street and Number)

SANTA ANA (City) CALIFORNIA (State) 92707 (ZIP Code if in U.S.) VIETNAM (Country)

BEING DULY SWORN DEPOSE AND SAY:

1. I was born on 5/21/51 (Date) at SAIGON (City) VIETNAM (Country)

If you are *not* a native born United States citizen, answer the following as appropriate:

- If a United States citizen through naturalization, give certificate of naturalization number _____
- If a United States citizen through parent(s) or marriage, give citizenship certificate number _____
- If United States citizenship was derived by some other method, attach a statement of explanation.
- If a lawfully admitted permanent resident of the United States, give "A" number _____

2. That I am 38 years of age and have resided in the United States since (date) 7/15/75

3. That this affidavit is executed in behalf of the following person:

Name	Sex	Age
<u>LIEN HONG THI PHAN</u>	<u>F</u>	<u>16</u>

Citizen of-(Country)	Marital Status	Relationship to Deponent
<u>VIETNAM</u>	<u>S</u>	<u>NIECE</u>

Presently resides at-(Street and Number)	(City)	(State)	(Country)
<u>K 2/6 126 YERSIN, TÔ 10, HIỆP THÀNH, THỊ XÃ THỦ DẦU MỘT, SÔNG BÉ, VIETNAM</u>			

Name of spouse and children accompanying or following to join person:

Spouse	Sex	Age	Child	Sex	Age
<u>Child</u>	<u>Sex</u>	<u>Age</u>	<u>Child</u>	<u>Sex</u>	<u>Age</u>
<u>Child</u>	<u>Sex</u>	<u>Age</u>	<u>Child</u>	<u>Sex</u>	<u>Age</u>

4. That this affidavit is made by me for the purpose of assuring the United States Government that the person(s) named in item 3 will not become a public charge in the United States.

5. That I am willing and able to receive, maintain and support the person(s) named in item 3. That I am ready and willing to deposit a bond, if necessary, to guarantee that such person(s) will not become a public charge during his or her stay in the United States, or to guarantee that the above named will maintain his or her nonimmigrant status if admitted temporarily and will depart prior to the expiration of his or her authorized stay in the United States.

6. That I understand this affidavit will be binding upon me for a period of three (3) years after entry of the person(s) named in item 3 and that the information and documentation provided by me may be made available to the Secretary of Health and Human Services and the Secretary of Agriculture, who may make it available to a public assistance agency.

7. That I am employed as, or engaged in the business of MEDICAL INSTRUMENTATION with GISH BIOMEDICAL, INC. (Type of Business) (Name of concern)

at 2350 S. PULLMAN AVENUE (Street and Number) SANTA ANA (City) CALIFORNIA (State) 92705 (Zip Code)

I derive an annual income of (if self-employed, I have attached a copy of my last income tax return or report of commercial rating concern which I certify to be true and correct to the best of my knowledge and belief. See instruction for nature of evidence of net worth to be submitted.)

\$ _____ , _____

I have on deposit in savings banks in the United States

\$ _____ , _____

I have other personal property, the reasonable value of which is

\$ _____ , _____

I have stocks and bonds with the following market value, as indicated on the attached list
which I certify to be true and correct to the best of my knowledge and belief. \$ _____

I have life insurance in the sum of _____
With a cash surrender value of _____
I own real estate valued at _____
With mortgages or other encumbrances thereon amounting to \$ _____

Which is located at SANTA ANA CALIFORNIA 92707
(Street and Number) (City) (State) (Zip Code)

8. That the following persons are dependent upon me for support: (Place an "X" in the appropriate column to indicate whether the person named is *wholly or partially* dependent upon you for support.)

Name of Person	Wholly Dependent	Partially Dependent	Age	Relationship to Me
SYLVIA PHAN	X		13	CHILD
ALAN PHAN	X		4	CHILD

9. That I have previously submitted affidavit(s) of support for the following person(s). If none, state "None" **NONE**

Name Date submitted

NONE

10. That I have submitted visa petition(s) to the Immigration and Naturalization Service on behalf of the following person(s). If none, state none.

Name Relationship Date submitted

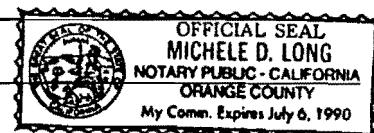
LIEN HONG THI PHAN

NIECE

8/2/82

11. (Complete this block only if the person named in item 3 will be in the United States temporarily.)

That I do intend do not intend, to make specific contributions to the support of the person named in item 3. (If you check "do intend", indicate the exact nature and duration of the contributions. For example, if you intend to furnish room and board, state for how long and, if money, state the amount in United States dollars and state whether it is to be given in a lump sum, weekly, or monthly, or for how long.)



OATH OR AFFIRMATION OF DEPONENT

I acknowledge that I have read Part III of the Instructions, Sponsor and Alien Liability, and am aware of my responsibilities as an immigrant sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended.

I swear (affirm) that I know the contents of this affidavit signed by me and the statements are true and correct.

Signature of deponent Bao Van Phan

Subscribed and sworn to (affirmed) before me this 18 day of July 1989
at Santa Ana, CA. My commission expires on July 6, 1990

Signature of Officer Administering Oath Michele D. Long Title Notary Public

If affidavit prepared by other than deponent, please complete the following: I declare that this document was prepared by me at the request of the deponent and is based on all information of which I have knowledge.

(Signature)

(Address)

(Date)

INSTRUCTIONS

I. EXECUTION OF AFFIDAVIT. A separate affidavit must be submitted for each person. You must sign the affidavit in your full, true and correct name and affirm or make it under oath. If you are **in the United States** the affidavit may be sworn or affirmed before an immigration officer without the payment of fee, or before a notary public or other officer authorized to administer oaths for general purposes, in which case the official seal or certificate of authority to administer oaths must be affixed. If you are **outside the United States** the affidavit must be sworn to or affirmed before a United States consular or immigration officer.

II. SUPPORTING EVIDENCE. The deponent must submit in duplicate evidence of income and resources, as appropriate:

A. Statement from an officer of the bank or other financial institution in which you have deposits giving the following details regarding your account:

1. Date account opened.
2. Total amount deposited for the past year.
3. Present balance.

B. Statement of your employer on business stationery, showing:

1. Date and nature of employment.
2. Salary paid.
3. Whether position is temporary or permanent.

C. If self-employed:

1. Copy of last income tax return filed or,
2. Report of commercial rating concern.

D. List containing serial numbers and denominations of bonds and name of record owner(s).

III. SPONSOR AND ALIEN LIABILITY. Effective October 1, 1980, amendments to section 1614(f) of the Social Security Act and Part A of Title XVI of the Social Security Act establish certain requirements for determining the eligibility of aliens who apply for the first time for Supplemental Security Income (SSI) benefits. Effective October 1, 1981, amendments to section 415 of the Social Security Act establish similar requirements for determining the eligibility of aliens who apply for the first time for Aid to Families with Dependent Children (AFDC) benefits. Effective December 22, 1981, amendments to the Food Stamp Act of 1977 affect the eligibility of alien participation in the Food Stamp Program. These amendments require that the income and resources of any person who, as the sponsor of an alien's entry into the United States, executes an affidavit of support or similar agreement on behalf of the alien, and the income and resources of the sponsor's spouse (*if living with the sponsor*) shall be deemed to be the income and resources of the alien under formulas for determining eligibility for SSI, AFDC, and Food Stamp benefits during the three years following the alien's entry into the United States.

An alien applying for SSI must make available to the Social Security Administration documentation concerning his or her income and resources and those of the sponsor including information which was provided in support of the application for an immigrant visa or adjustment of status. An alien applying for AFDC or Food Stamps must make similar information available to the State public assistance agency. The Secretary of Health and Human Services and the Secretary of Agriculture are authorized to obtain copies of any such documentation submitted to INS or the Department of State and to release such documentation to a State public assistance agency.

Sections 1621(e) and 415(d) of the Social Security Act and subsection 5(i) of the Food Stamp Act also provide that an alien and his or her sponsor shall be jointly and severally liable to repay any SSI, AFDC, or Food Stamp benefits which are incorrectly paid because of misinformation provided by a sponsor or because of a sponsor's failure to provide information. Incorrect payments which are not repaid will be withheld from any subsequent payments for which the alien or sponsor are otherwise eligible under the Social Security Act or Food Stamp Act, except that the sponsor was without fault or where good cause existed.

These provisions do not apply to the SSI, AFDC or Food Stamp eligibility of aliens admitted as refugees, granted political asylum by the Attorney General, or Cuban/Haitian entrants as defined in section 501(e) of P.L. 96-422 and of dependent children of the sponsor or sponsor's spouse. They also do not apply to the SSI or Food Stamp eligibility of an alien who becomes blind or disabled after admission into the United States for permanent residency.

IV. AUTHORITY/USE/PENALTIES. Authority for the collection of the information requested on this form is contained in 8 U.S.C. 1182(a)(15), 1184(a), and 1258. The information will be used principally by the Service, or by any consular officer to whom it may be furnished, to support an alien's application for benefits under the Immigration and Nationality Act and specifically the assertion that he or she has adequate means of financial support and will not become a public charge. Submission of the information is voluntary. It may also, as a matter of routine use, be disclosed to other federal, state, local and foreign law enforcement and regulatory agencies, including the Department of Health and Human Services, the Department of Agriculture, the Department of State, the Department of Defense and any component thereof (if the deponent has served or is serving in the armed forces of the United States), the Central Intelligence Agency, and individuals and organizations during the course of any investigation to elicit further information required to carry out Service functions. Failure to provide the information may result in the denial of the alien's application for a visa, or his or her exclusion from the United States.

CONTR0L

- Card
- Doc. Request; Form
- Release Order
- Computer
- Form "D"
- ODP/Date
- Membership; Letter

12/4/89