

Exhibit B

Refugee

Supplemental Guidance

January 3, 2022

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**U.S. Citizenship
and Immigration
Services**

Processing Acronym Legend

WIF = Withhold in Full

RIF = Refer in Full

OOS = Out of Scope



The Transportation Company and Transportation Security Administration

Travel Authorization Letter

(b)(6)

- Redact third party PII, (b)(6).

Example: [redacted] is the subject; therefore, [redacted] and [redacted] information should be redacted.

Note: Follow the same guidance if [redacted] were the subject.



VALID FOR ONE YEAR

United States Department of State
Bureau of Population, Refugees, and Migration
Washington, D.C. 20520-5824

Date Issued: 13 May 2019

The Transportation Company And Transportation Security Administration

Document ID: [redacted]

RE: [redacted] (4 Members) UNHCR Case Number [redacted]

[redacted]

US Address: [redacted]

Sir/Madam:

Pursuant to the accompanying travel packet (for international flights) or the form I-94 (for U.S. domestic flights), the Department of Homeland Security/U.S. Citizenship and Immigration Services has approved the application to apply for admission to the United States of the below-named alien(s) under section 207(c)(1).

[redacted]

Not valid unless this document contains a Document ID.

Expiration Date: 13 May 2020 Page 1 of 2 Cax [redacted] (Members)



U.S. Citizenship
and Immigration
Services

UNHCR Resettlement Submissions for Protracted Refugee Population Project

WIF (b)(3), 8 U.S.C.
1202(f) and (b)(5), add
(d)(5) if a PA case.

(b)(3)

 UNHCR United Nations High Commissioner for Refugees Haut Commissariat des Nations Unies pour les Réfugiés	
Délégation pour le Kenya	Branch Office for Kenya P.O. Box 43801 Nairobi Kenya
Our Code:	23 rd .
Dear Douglas Bartlett	
UNHCR RESETTLEMENT SUBMISSIONS FOR PROTRACTED REFUGEE POPULATION PROFILING PROJECT	



U.S. Citizenship
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Services

UNHCR Resettlement Registration Form

Sect. 1,2 & 3

This form is used by the UNHCR to document facts and to analyze the refugee claim.

Sections 1 and 2 can be released with proper VOI.

Section 3 contains PII on subject/spouse' relatives.

- Redact third party PII, (b)(6).

UNHCR UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES (UNHCR) - Resettlement Registration Form
ABSTRACT REF. NUMBER - (OPTIONAL SUBSTITUTION)

1. Case-related Data

UNHCR case number: [REDACTED] HQ reference number: [REDACTED]

Selection Policy: **Normal** Case visit: **4**

Primary Selection Category: Legal and physical protection needs

Secondary Selection Category: Lack of Potentially Alternative Durable Solutions

Arrival: [REDACTED] Country of Arrival: [REDACTED] Cross reference case: [REDACTED]

Registration: [REDACTED]

Address: [REDACTED]

2. Individual Bio Data
(If NOT currently living with Principal Applicant, explain under Section 7 - Additional Remarks)

UNHCR Registration Number: [REDACTED]

Alias Names: [REDACTED] Sex: **Male** DOB: [REDACTED] Rel. [REDACTED] Age: [REDACTED]

Marital Status: [REDACTED] Country of Origin: [REDACTED]

Citizenship: [REDACTED] Place and Country of Birth: [REDACTED]

Religion: [REDACTED] Name of Father: [REDACTED]

Ethnic Origin: [REDACTED] Name of Mother: [REDACTED]

Education: [REDACTED]

Occupation/Job: [REDACTED]

Language(s): [REDACTED]

Specific Needs: [REDACTED]

Specific Needs: Yes Refer to Section 4.1

Military Service: No

Political Activities: No

UNHCR Registration Number: [REDACTED]

Alias Names: [REDACTED] Sex: **Female** DOB: [REDACTED] Rel. [REDACTED] Age: [REDACTED]

Marital Status: [REDACTED] Country of Origin: [REDACTED]

Citizenship: [REDACTED] Place and Country of Birth: [REDACTED]

Religion: [REDACTED] Name of Father: [REDACTED]

Ethnic Origin: [REDACTED] Name of Mother: [REDACTED]

Education: [REDACTED]

Occupation/Job: [REDACTED]

Language(s): [REDACTED]

Specific Needs: [REDACTED]

Specific Needs: No

Military Service: No

Political Activities: No

Case No: [REDACTED]

(b)(6)

UNHCR UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES (UNHCR) - Resettlement Registration Form
ABSTRACT REF. NUMBER - (OPTIONAL SUBSTITUTION)

3. Relatives of principal applicant and spouse not included in this submission

ALL OTHER CLOSE RELATIVES OF THE APPLICANTS in the country of origin, the country of refuge / asylum or any other country. Note: Does not include all immediate biological and legal parents, spouses, children and siblings, including step and half relationships, of each person listed in Section 2. Where possible include any other relatives (e.g. more distant relatives) existing in a country of resettlement if the relationship is important to the context of the resettlement submission (e.g. sole surviving relatives). People in a relationship of dependency to anyone listed in Section 2, but who are unable to be included in the submission under Section 2, must be recorded. In the case of separated and/or unaccompanied children in Section 2, include all known family members.

Name: [REDACTED] Sex: **Female** DOB: [REDACTED] Rel. [X] Age: 53

Relative of: [REDACTED]

Relationship: **Mother**

Place and Country of Birth: [REDACTED]

Country of Residence: [REDACTED] Legal Status: **Refugee** Marital Status: [REDACTED]

Comments: Not recorded with UNHCR [REDACTED]

Name: [REDACTED] Sex: **Male** DOB: [REDACTED] Rel. [X] Age: 19

Relative of: [REDACTED]

Relationship: **Brother**

Place and Country of Birth: [REDACTED]

Country of Residence: [REDACTED] Legal Status: **Refugee** Marital Status: **Single**

Comments: [REDACTED]

Name: [REDACTED] Sex: **Male** DOB: [REDACTED] Rel. [X] Age: 30

Relative of: [REDACTED]

Relationship: **Brother**

Place and Country of Birth: [REDACTED]

Country of Residence: [REDACTED] Legal Status: **Refugee** Marital Status: **Married**

Comments: [REDACTED]

Name: [REDACTED] Sex: **Male** DOB: [REDACTED] Rel. [X] Age: 32

Relative of: [REDACTED]

Relationship: **Brother**

Place and Country of Birth: [REDACTED]

Country of Residence: [REDACTED] Legal Status: **Refugee** Marital Status: **Married**

Comments: Not recorded with UNHCR [REDACTED]

Case No: [REDACTED]

18-May-2015 1:45:17 PM



U.S. Citizenship
and Immigration
Services

UNHCR Resettlement Registration Form

Sect. 4.2, 4.3, 4.4 & 5

- Sections 4.2, 4.3, 4.4 and 5 contain deliberative information, redact (b)(5), add (d)(5) if a PA case.
- If third party PII, add (b)(6).

UNHCR
United Nations High Commissioner for Refugees (UNHCR) - Resettlement Registration Form

4.2 Summary of Other Dependent Adult Family Members' Individual Refugee Claims

4.3 Summary of Legal Analysis

Summary of Exclusion Analysis

4.4 Concluding Statement of Eligibility

5. NEED FOR RESETTLEMENT (see Resettlement Handbook, Chapter 5, 6 and 7.2)

5.1 Lack of Prospects for Voluntary Repatriation to the Country of Origin or Local

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(b)(5) (b)(6)

UNHCR
United Nations High Commissioner for Refugees (UNHCR) - Resettlement Registration Form

Integration in the Country of Asylum

5.2 Resettlement Submission Category and Prioritization
The PRA's case is submitted under the following categories:

Legal and Physical Protection Needs

Lack of Foreseeable Alternative Durable Solutions

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U.S. Citizenship
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UNHCR Resettlement Registration Form

(b)(5) (b)(6)

- Sections 6 and 7 (if there are any comments) contain deliberative information, redact (b)(5), add (d)(5) if a PA case.
- If third party PII, add (b)(6).

 **UNHCR**
The UN Refugee Agency

UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES (UNHCR) - Resettlement Registration Form
Assigned TRIP template -- (PREVIOUS SUBMISSION)

6. SPECIFIC NEEDS ASSESSMENT • (Including: specific information about the physical or mental health condition, specific needs or vulnerability of the PRA and others included in the submission with particular regard to the possible need for support services in the country of resettlement. See Resettlement Handbook, Chapter 5 and 7.5.1)

7. ADDITIONAL REMARKS (e.g. explanations of dependency links of adults included on the case and of cross-referenced cases; distant relatives including friends in resettlement countries; residence of family members in locations different from PRA; changes in marital status including dates and supporting documentation available; explanations of discrepancies and any other information for resettlement authorities).

Case No.

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Form I-590, Registration for Classification as Refugee and its Signature Page

Release to first party requestors except for:

- Redact the names of overseas employees (Refugee Officers, Interpreters, etc.), (b)(6).

Note: The Location line in the middle of the page can help in determining if the names should be held.

- If names of systems checked/results (IBIS: NEG etc.) redact (b)(7)(E), add (k)(2) and/or (j)(2) if a PA case.
- If deliberative notes redact (b)(5), add (d)(5) if a PA case.

Department of Homeland Security
U.S. Citizenship and Immigration Services
OMB No. 1615-0068; Expires 12/31/06
1-590, Registration for Classification as Refugee

Type or print the following information in black ink (Read instructions on Page 2) A File No. [Redacted]

1. Name (Last, first, middle initial) [Redacted] No ARAS

2. Present Address (Street number and name of town or city/state or previous country) [Redacted]

3. Date of Birth (month/day/year) [Redacted] Place of Birth (City/Town) [Redacted] Province [Redacted] Country [Redacted] Program/Citizenship/Nationality [Redacted]

4. Countries from which I fled or was detained (Date of flight) [Redacted] (Date of detention) [Redacted] NO Returns Since

5. Reasons (State in detail) [Redacted] 1 return, 2 weeks to get live stock

SEE SUPPLEMENTAL SHEET
WE ATTACHED CASE HISTORY

6. My present immigration status in [Redacted] (Country in which residing) [Redacted] Evidence of Immigration status in [Redacted]

7. Name of Sponsor [Redacted] 1. I will [Redacted] 2. I will not accompany me to the United States [Redacted]

8. Name of Children [Redacted] Date of Birth [Redacted] Place of Birth [Redacted] Present Address [Redacted]

9. I am being sponsored by [Redacted] who will accompany me to the United States [Redacted]

10. I have the following close relatives in the United States: [Redacted]

11. Military Service [Redacted]

12. I am being sponsored by [Redacted] and address of Sponsor in United States: [Redacted]

Date: 12 NOV 2013 Signature of Registrant: [Redacted]

Do not write below this line. For Government use only.

I, [Redacted], do swear (affirm) that I know the contents of this registration submitted by me (including attached documents), that the same are true to the best of my knowledge, and that corrections numbered (1) to (11) were made by me or at my request, and that this registration was signed by me with my full, true name.

Subscribed and sworn to before me by the above named registrant at [Redacted] (Complete and true) (Signature) [Redacted] 4 2014

Changes 11 in 13

Interview by [Redacted] on FEB 09 2015

APPROVED FEB 02 2015

APPROVED DEC 12 2010

Refugee Officer [Redacted]

INSTRUCTIONS

Execution of Form: This form should be executed, signed and submitted to the District Director or Officer in Charge of the nearest overseas office of U.S. Citizenship and Immigration Services. When your name has been reached as a Registrant you will be furnished additional instructions.

Registration: A separate Registration Form I-590 must be executed by each registrant and submitted in one copy. A Registration Form I-590 on behalf of a child under 14 years of age shall be executed by the parent or guardian.

Public Reporting Burden: A person is not required to respond to a collection of information unless it displays a currently valid OMB control number. This collection of information is estimated to average 30 minutes per response (11 minutes per response if you have comments regarding the accuracy of this estimate or suggestions for simplifying this form, write to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., Washington, D.C. 20529; OMB No. 1615-0068. DO NOT MAIL YOUR COMPLETED APPLICATION TO THIS ADDRESS.

Form I-590 (rev. 11/27/04) Page 2



U.S. Citizenship
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Refugee Interview

Page 1 and 2

Release to first party requestors.

- If Present, redact deliberative notes (b)(5), add (d)(5) if a PA case.

Note: 25 year Sunset Provision applies to any deliberative notes.

Case Number: _____
Name: _____
Date of Birth: 1981
Place of Birth: Somalia
Case Size: 1 Priority: P1
Date: 2009
Caseworker's name: _____

PA from Birth to Young Adult:
PA States: _____

PA from Young Adult to Escape:
PA States: _____

PA from Escape to Present:
PA States: _____

PA Signature: _____ Date: _____
Caseworker Signature: _____ Date: _____

(b)(6)



U.S. Citizenship
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Services

Refugee Application Assessment

Multi page document used by USCIS to record consistencies, discrepancies, national security concerns and other information relating to a case.

- Redact, overseas Asylum/Refugee Officer names, (b)(6).
- Sections III – V contain deliberative information, redact (b)(5), add (d)(5) if a PA case.
- Section VI, even if blank, (b)(7)(E).
- Lower section of VI redact (b)(5) if subject is not aware of decision, add (d)(5) if a PA case.
- Redact, Refugee Officer notes and any names of systems checked and results, (b)(7)(E), add (k)(2) and/or (j)(2) if a PA case.

Note: 25 year Sunset Provision applies.

Officer: [redacted] Case: [redacted] Page 1 of 6

REFUGEE APPLICATION ASSESSMENT

USCIS OFFICER: [redacted] DATE: [redacted]
INTERVIEW LOCATION: [redacted] DESIGNATED PRIORITY: P-2

I. APPLICANT

Name: [redacted] Case Number: [redacted]
Country(ies) of Citizenship/Nationality: [redacted] A#: [redacted]
Accompanying family members: One Wife, Two Sons, One Daughter
Cross-referenced cases: N/A
Applicant's native language: [redacted] Language(s) in which interview was conducted: [redacted]
Interpreter used? ☒ Yes ☐ No Does applicant testify to understanding interpreter/officer? ☒ Yes ☐ No
Oath administered? ☒ Yes Money paid or received for access? ☐ Yes ☒ No

II. SPECIAL HUMANITARIAN CONCERN

Does the applicant meet the criteria for special humanitarian concern to the U.S.?
☒ Yes—Select applicable option and explain below. ☐ No—Does not meet qualifications. (Explain below)
☐ P-1 ☒ P-2 ☐ P-3 ☐ Add-On ☐ Other
Explanation: **Burmese nationals registered with UNHCR in Thai refugee camps**

III. APPLICANT'S CLAIM

A. Past Persecution

1. Does the applicant claim to have been harmed or mistreated? ☒ Yes ☐ No
If yes, go to Part III B. If yes, identify the perpetrator(s) of, and describe, the harm or mistreatment.
Perpetrator(s): [redacted]
Harm/Mistreatment: [redacted]
2. Is the claimed harm or mistreatment on the basis of one of the five protected grounds?
☐ Race ☐ Religion ☐ Nationality ☐ Political Opinion
☐ Membership in a Particular Social Group
Specify Characteristic(s): [redacted]
3. Does the claimed harm or mistreatment rise to the level of persecution?
If no, explain: [redacted]

B. Well-Founded Fear of Future Persecution

1. Did the applicant describe a fear of returning to his or her country of origin?
If yes, go to Part IV. If yes, identify the perpetrator(s) of, and describe, the feared harm or mistreatment.
Perpetrator(s): [redacted]
Harm/Mistreatment: [redacted]
2. Is the feared harm on the basis of at least one of the five protected grounds?
☐ Race ☐ Religion ☐ Nationality ☐ Political Opinion
☐ Membership in a Particular Social Group
Specify Characteristic(s): [redacted]
3. Does the feared harm rise to the level of persecution?
If no, explain: [redacted]
4. Is the fear of future persecution well-founded?
If no, explain: [redacted]

(b)(6)

Officer: [redacted] Case: [redacted] Page 1 of 6

REFUGEE APPLICATION ASSESSMENT

USCIS OFFICER: [redacted] DATE: [redacted]
INTERVIEW LOCATION: [redacted] DESIGNATED PRIORITY: P-2

I. APPLICANT

Name: [redacted] Case Number: [redacted]
Country(ies) of Citizenship/Nationality: [redacted] A#: [redacted]
Accompanying family members: One Wife, Two Sons, One Daughter
Cross-referenced cases: N/A
Applicant's native language: [redacted] Language(s) in which interview was conducted: [redacted]
Interpreter used? ☒ Yes ☐ No Does applicant testify to understanding interpreter/officer? ☒ Yes ☐ No
Oath administered? ☒ Yes Money paid or received for access? ☐ Yes ☒ No

II. SPECIAL HUMANITARIAN CONCERN

Does the applicant meet the criteria for special humanitarian concern to the U.S.?
☒ Yes—Select applicable option and explain below. ☐ No—Does not meet qualifications. (Explain below)
☐ P-1 ☒ P-2 ☐ P-3 ☐ Add-On ☐ Other
Explanation: **Burmese nationals registered with UNHCR in Thai refugee camps**

III. APPLICANT'S CLAIM

A. Past Persecution

1. Does the applicant claim to have been harmed or mistreated in his/her country(ies) in the past?
If yes, go to Part III B. If yes, identify the perpetrator(s) of, and describe, the harm or mistreatment.
Perpetrator(s): [redacted] Yes ☐ No ☐
Harm/Mistreatment: [redacted]

2. Is the claimed harm or mistreatment on the basis of one of the five protected grounds?
If yes, go to Part IV. If yes, designate applicable ground(s):
☐ Race ☐ Religion ☐ Nationality ☐ Political Opinion
☐ Membership in a Particular Social Group
Specify Characteristic(s): [redacted]

3. Does the claimed harm or mistreatment rise to the level of persecution?
If no, explain: [redacted] Yes ☐ No ☐

B. Well-Founded Fear of Future Persecution

1. Did the applicant describe a fear of returning to his or her country of origin?
If yes, go to Part IV. If yes, identify the perpetrator(s) of, and describe, the feared harm or mistreatment.
Perpetrator(s): [redacted] Yes ☐ No ☐
Harm/Mistreatment: [redacted]

2. Is the feared harm on the basis of at least one of the five protected grounds?
If yes, go to Part IV. If yes, designate applicable ground(s):
☐ Race ☐ Religion ☐ Nationality ☐ Political Opinion
☐ Membership in a Particular Social Group
Specify Characteristic(s): [redacted]

3. Does the feared harm rise to the level of persecution?
If no, explain: [redacted] Yes ☐ No ☐

4. Is the fear of future persecution well-founded?
If no, explain: [redacted] Yes ☐ No ☐



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- WIF (b)(7)(e), add (k)(2) if a PA case.
- If Refugee Officer is working overseas, add (b)(6).

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**U.S. Citizenship
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Refugee Access Verification Unit (RAVU) Affidavit of Relationship (AOR) Checklist

(b)(5) (b)(6)

This form is used to confirm the validity of a petitioner in the U.S. who has petitioned for a refugee.

- WIF (b)(5), add (d)(5) if a PA case.
- If officer is working overseas and/or for third party PII, add (b)(6).
- If law enforcement information and/or protected results are present, add (b)(7)(C) and/or (b)(7)(E), add (k)(2) and/or (j)(2) if a PA case.

Produced Pursuant to USCIS' EDMS; Alien File No. [REDACTED] Document 0003 of 0076 Page 4 of 15	
REFUGEE ACCESS VERIFICATION UNIT (RAVU)	
(b)(5) AFFIDAVIT OF RELATIONSHIP (AOR) CHECKLIST	
Pre-Case No. ACH [REDACTED]	11-04-2015-ES-150000
Anchor Number [REDACTED]	Anchor Forwarded
Adjudicating Officer's Comments.	



U.S. Citizenship
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Child Status Protection Act (CSPA)

Worksheet

On August 6, 2002, President Bush signed legislation that addressed the problem of minor children losing their eligibility for certain immigration benefits as a result of administrative delays.

For more information visit:

<https://www.uscis.gov/greencard/childstatus-protection-act>

- Part A - release to a first party.
- Parts B, C, D, and E - contain deliberative information, redact (b)(5), add (d)(5) if a PA case.

CHILD STATUS PROTECTION ACT WORKSHEET FOR: "F2A Principal Applications" "Derivative applicants in all family based and employment categories"	
PART A	
Applicant Name	
Case Number	1
Visa category	F33
1. Alien's DOB	7/5
2. Petition filing date	11/21/2000
3. Date Petition Approved	11/23/2002
4. Length of Time petition pending	731.00
5. Date petition became current	9
6. Date visa became available (later of #3 or #5)	9
7. Availability Date (#6) Minus Parity Period (#4)	9
8. Age of alien on date visa became available	21.5
9. Alien's age for purposes of the Child Status Protection Act of 2002. If under 21, continue to part B. If over 21, go to part E.	19 years 1 month 29 days
Part B. Important Note 1: Has alien sought to acquire LPR status within one year of visa availability?	
a. Date DS-230, Part I filed or I-424 filed	3/5/2010
b. The date the visa became available	9/1/2009
c. Is A before or within one year of B? If yes, continue to part C. If no, go to part E.	YES
Part C. Important Note 2: Does CSPA apply to the alien?	
DATE PETITION APPROVED	11/23/2002
DATE ALIEN AGED OUT	7/3/2009
a. Was the person approved on or after 8/6/2002? If yes, continue to Part (D). If no, see below	YES
b. If the person was approved before 8/6/2002:	
"Did the alien age out on or after 8/6/2002 taking into account any additional 45 day Patriot Act grace period that the alien may have been entitled to? If yes, continue to part (D). If no, see below."	Pls. approve CSPA
"Did the alien age out before 8/6/2002, but had applied for an immigrant visa (meaning, had an interview) before aging out and was refused under 721(g)? If yes, continue to part (D). If no, see below."	
"Did the alien age out before 8/6/2002, but had applied for an immigrant visa (meaning, had an interview) before aging out and was refused under any other ground besides 721(g)? If yes, send AO. If no, see below."	
"Did the alien age out before 8/6/2002 and fail to apply for a visa before that date? If yes, see Part E."	
PART D	
This applicant DOES qualify as a child under the Child Status Protection Act of 2002	
PART E	
This applicant DOES NOT qualify as a child under the Child Status Protection Act of 2002	



U.S. Citizenship
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DS230 Received by NVC on 3/5/10

CSPA FORMULA WORKSHEET

Case Number:

(b)(6)

Applicant Name:

Visa Symbol: F3

1. Aliens DOB:
2. Date Petitioned Filed/Priority Date: 21Nov2009
3. Date Petition Approved: 22Nov2002
4. Length of Time Petition Pending (#3 minus #2): 731 days
5. Date Petition Became Current by cutoff date: 01Sep2009
6. Date Visa Became Available (Later of #3 or #5): 01Sep2009
7. Age of Alien on Date Visa Became available (#6 minus #1): 21 years + 60 days
8. Age for CSPA purpose: Age at time Visa Became Available minus Length of Time Petition Pending (#7 minus #4): 19 years + 59 days
9. Rule- ☐ Eligible if age listed on line #8 = less than 21 years
☐ Not Eligible if age listed on line #8 = 21 years or older

The applicant represented on this worksheet is over 21 and has had the Child Status Protection Act (CSPA) formula applied to see if a benefit could be derived. I have checked the appropriate box indicating the eligibility of the applicant for a benefit under CSPA.

Name: _____
(Signature)

Date: _____

Name: _____
(Print Name)

U.S. Embassy or Consulate General

LHO17-Me-2910 10:06:56 AM



CLASS/SAO Name Check Results Report (SAO) Security Advisory Opinion

- Release the primary applicant's information with proper VOI
- Redact third party PII (b)(7)(C), add (k)(2) if a PA case
- Redact, any CLASS and SAO results (b)(7)(E), add (k)(2) if a PA case
- Redact Travel FP Status results (b)(7)(E), add (j)(2) if PA case
- Redact IAC Status results (b)(7)(E), add (k)(2) if PA case

CLASS/SAO Name Check Results Report
These checks were conducted under the auspices of the
United States Department of State
Refugee Processing Center in Arlington, Virginia

(b)(7)(c) 1 Identities Requiring Security Check

Primary Applicant Data									
Case No.	Seq.	Name	DoB	CoB	Nat	Gender	A Number	CLASS	SAO
Travel FP Status		Travel FP Date		IAC Status		IAC Result Date		Maiden Name	
CLR		03 May 2019		CLR		02 Apr 2019			

CLASS Name Check Pass 1 of 1:

Submitted Information:

Name	DoB	CoB	Nat	Gender	Document Type	Document Number
					Bio	
					Alias	

Total Identity Items: 2

CLASS Name Check Results:

Security Process	Adjudication Results	Process Date	Expiry Date	Reference
CLASS	CLR	19 Jul 2018	19 Oct 2019	

Linked Cases:

Case Number	Link Type	Case Status	Case Avail	Pre Sen	CNC	SAO	IAC	USCIS	Travel FP	Med	Assur	Travel

Case Availability Reason

Active Case

Applicant	Relationship
	Union with Female



U.S. Citizenship
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Services

Form III: Family Tree for Each Member of Case of Case

Example I & II

(b)(6)

- Redact third party information (b)(6), under FOIA.
- This also applies to Form I: Joint Voluntary Agency, Bio Information & Form II: Joint Voluntary Agency, Additional Resettlement Information.

Note: There will often be an untranslated and translated version and this form may come from other countries.

CWS/RSC Africa Form III: Family Tree for Each Member of Case

Page: 02 of 02
Date: _____
RSC Case #: _____

Family Tree # 03 : PA's MO AS WITH
Sex: Unknown DOB POB LOC U/S RM
FA: [Redacted]
MO: [Redacted]
Date / Place / Type of Marriage: _____
Date/Place of Termination: _____
PA states there GEDI A

Family Tree # 04 : AS
Sex: [Redacted] DOB POB LOC U/S RM
FA: [Redacted]
MO: [Redacted]
Date / Place / Type of Marriage: _____
Date/Place of Termination: _____

#	NAME	SEX	DYOB	POB	LOC	U/S	RM
1		M		MOG, SO	MOG, SO	N/A	01 M
2		M					00 S
3		M					00 S

RESETTLEMENT SUPPORT CENTER/Bangkok FORM III: Family Tree for Each Member of the Case

The purpose of the Family Tree is to account for each person's immediate biological and legal ties and step relatives, spouses, children and siblings, including deceased, missing, and location unknown. The # in RM indicates the number of cases "transit", including legal, traditional, common-law, or other "informal" which produce children. If exact dates are unknown, indicate expected or approximate year. The first Family Tree is always the Principal Applicant (PA) as Child, followed by PA as Parent/Spouse, then PA's Spouse (if applicable) as a Child. Additional FORM III Family Trees must be completed for each step-relationship and labeled accordingly.

RSC CASE # _____
DATE # 02 of 02
PAGE 1 OF 2

FAMILY TREE #1: PA AS A CHILD

Name: [Redacted] DYOB POB LOC RM
PA's FA: [Redacted]
PA's MO: [Redacted]
Date/Place of Marriage: _____
Date/Place of Termination: _____
Note: _____

FAMILY TREE #2: PA AS A PARENT/SPOUSE

Name: [Redacted] DYOB POB LOC RM
PA's FA: [Redacted]
PA's MO: [Redacted]
Date/Place of Marriage: _____
Date/Place of Termination: _____
Note: no children

Name	SEX	DYOB	POB	LOC	RM
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

No others dead, missing, location unknown
Date/Caseworker's Initials: 09 DEC 2014

No others dead, missing, location unknown
Date/Caseworker's Initials: 09 DEC 2014



U.S. Refugee Admission Program (RSC) Resettlement Support Center

This Notice of confidentiality is given to the subject of record.

- Release with proper VOI.
- WIF (b)(6) if third party.

(b)(6)

 RSC Africa	RSC Africa U.S. Refugee Admissions Program
NOTICE ON CONFIDENTIALITY OF PERSONAL INFORMATION For Individuals Making Application for Refugee Admission to the United States	
The United States Refugee Admissions Program (USRAP) (including but not limited to staff of the Department of State and Resettlement Support Centers) and its partners (including but not limited to the International Organization for Migration and Reception and Placement Agencies) generally will not use or disclose information related to your refugee application without your written permission except as described in this notice or under applicable U.S. laws and regulations. The USRAP will use the personal information you give us to complete your application for resettlement in the United States. - U.S. government officials from the Department of State, the Department of Homeland Security, and other U.S. government agencies will use this information to decide if you will be admitted to the United States as a refugee and, if admitted, to facilitate your resettlement. - The USRAP will give information about you to the United Nations High Commissioner for Refugees and the International Organization for Migration to process your application and arrange your travel to the United States. - The USRAP will give limited information about you and your family (such as ages, education, past employment and medical conditions that need care) to staff of the voluntary agency in the United States that sponsors you so they can prepare for your arrival. - If specifically requested, the USRAP may also give information from your application to members of the U.S. Congress as needed for the formulation, amendment, administration, or enforcement of immigration, nationality, or other laws of the United States pursuant to Title 8 of the United States Code Section 1202(f). - The information provided may, in certain circumstances, be released to other government agencies (federal, state, and/or local), when appropriate, such as for purposes of investigation or legal action on criminal and/or civil matters, or in connection with issues arising from the adjudication of benefits. - Unless you have a credible and serious impairment such as age, illness or physical disability that prevents you from inquiring on your own behalf, we will not release information pertaining to your application or entry into the United States to friends or relatives or others on your behalf even though you may have provided a written authorization for this purpose. If you have questions about your application, you should contact the Resettlement Support Center handling your case. Your questions can be oral or in writing. Neither this notice nor the terms of this policy create any legally enforceable rights. Please sign below to indicate you have been made aware of this confidentiality policy. You should also keep a copy of this notice for future reference. This policy has been explained to me in [<u>Yomel Q.</u>]. I acknowledge my understanding and agreement by signing below: Printed Name: Date: _____ Signature: _____	



**U.S. Citizenship
and Immigration
Services**

Health Assessment Informed Consent Form (IOM) International Organization for Migration

- Release with proper VOI.
- WIF (b)(6) if third party.



IOM International Organization for Migration
OIM Organisation Internationale pour les Migrations
OIM Organización Internacional para las Migraciones

UNITED STATES

HEALTH ASSESSMENT INFORMED CONSENT FORM

To be read and signed by all migrants/refugees undergoing health assessment by the International Organization for Migration for resettlement in the United States of America

1. If you do not understand any of the following statements, please ask IOM staff for a complete explanation.
2. I understand that the medical examination is part of the resettlement process as required by the Immigration Authorities.
3. I understand that part of the medical examination includes a blood test for the HIV virus, this being the virus that causes AIDS.
4. I understand that the test for HIV reveals whether or not my blood contains antibodies to HIV, which means that my blood is infected with HIV.
5. I understand that if my test reveals that my blood is not infected with HIV and that I have practised risky behaviours in the past three to six months, the test may not be accurate and I may have contracted HIV.
6. I accept that this test will be carried out.
7. I accept that the results of my test will be communicated to the authorities and other agencies responsible for my resettlement.
8. I understand that if I test positive for HIV I may apply for a waiver of excludability that, if granted, will allow me to be resettled.
9. I understand that I have the right to refuse to have this test but accept that such a refusal will have a negative impact on my resettlement prospects.

I understand and accept the above conditions

Signed _____ Date _____

Name _____ ID number _____

HIV/AIDS Counsellor's Signature _____

55 IOM / USRP



U.S. Citizenship
and Immigration
Services

Joint Voluntary Agency (JVA)

Review the Comments section.

- Redact deliberative notes (b)(5), add (d)(5) if a PA case.
- Redact references to fraud (b)(7)(C) and/or (b)(7)(E), add (k)(2) if a PA case.

JVA/KENYA	
CASE #	(CO) (Case size)
PA'S NAME	J. J. J.
PS DATE	22 APR 20
FF DATE	25 APR 20
CW DATE	27 Apr 20
INS DATE	02 JUL 20
Comments:	



U.S. Citizenship
and Immigration
Services

Multi-Agency Documents



U.S. Citizenship
and Immigration
Services

E-Mails Discussing Refugee Operations

- WIF (b)(3), 8 U.S.C. 1202(f)
- If a Refugee Officer's (b)(3) name, phone number, email address or other personal identifiers are present, add (b)(6) if FOIA.

From:	Submissions
Sent:	19
To:	
Cc:	
Subject:	FW: Authorization for RESETTLEMENT SUBMISSION -

From:	
Sent:	
To:	Submissions
Cc:	
Subject:	Authorization for RESETTLEMENT SUBMISSION -



Bureau of Human Rights and Humanitarian Affairs (BHRHA)

In 1994 the Bureau of Human Rights and Humanitarian Affairs was reorganized and renamed the Bureau of Democracy, Human Rights and Labor a bureau of DOS.

- Example 1 (top): Redact, the interviewer if they are a law enforcement officer (b)(7)(C) under the FOIA, add (k)(2) if a PA case.
- Redact, the BHRHA stamp (b)(3), 8 U.S.C. 1202(f).
- Example 2 (bottom): Redact, the Verbal Testimony (b)(5) under the FOIA, add (d)(5) if a PA case.

Note: if it is deliberative, 25 year sunset applies.

- Redact, the "To:" area directly below the BHRHA/ASY (b)(3), 8 U.S.C. 1202(f). Release if not completed.

BHRHA/ASY
DEPARTMENT OF STATE
ROOM 7802
WASHINGTON, DC 20530

APRU
MAIN JUSTICE
ROOM 4213
WASHINGTON DC 20530

ATTACHED ARE COPIES OF A REQUEST FOR ASYLUM (I-589)
AND SUPPORTING DOCUMENTATION FOR THE BELOW MENTIONED
ALIEN.

APPLICANT: [REDACTED]

A-NUMBER: 000000000

COUNTRY: Nic

INS OFFICE: LOS ANGELES DISTRICT

ADDRESS: U.S. DEPARTMENT OF JUSTICE
IMMIGRATION & NATURALIZATION
300 NORTH LOS ANGELES STREET
LOS ANGELES, CALIFORNIA 90013

INTERVIEWER'S NAME: [REDACTED]
(PLEASE PRINT)

SEP 14 1990
U.S. DEPARTMENT OF STATE
IMMIGRATION & NATURALIZATION
300 NORTH LOS ANGELES STREET
LOS ANGELES, CALIFORNIA 90013

ASSESSMENT SHEET

RECEIVED FEB 15 1994

[X] BHRHA/ASY
ROOM 7802
DEPARTMENT OF STATE
WASHINGTON, D.C. 20530

NSADM/CA
ULLICO BLDG, 3RD FLR
425 "I" ST, N.W.
WASHINGTON, D.C.
20536

JAN 20 1994

PLEASE FIND ENCLOSED A PRELIMINARY DECISION FOR THE FOLLOWING ALIEN:

COUNTRY: [REDACTED]

ASYLUM OFFICE: LOS ANGELES ASYLUM OFFICE (ILA)
POST OFFICE BOX 65015
ANAHEIM, CA 92815-5015

PRELIMINARY DECISION: [] GRANT [X] DENIAL

ASYLUM OFFICER: [REDACTED]

REVIEWING SUPERVISOR: [REDACTED]

NAME OF ALIEN: [REDACTED]

ALIEN NUMBER: [REDACTED]

Initials Date 1/27/94

Ground of Claim	Documents	Verbal Testimony
— Race	— Supporting Docs.	— Consistent with I-589 Application
— Religion	X No Supporting Documentation	X Inconsistent with I-589 Application
— Nationality		X Credible
— Membership in a Particular Social Group		— Not Credible
— Political Opinion (real or imputed)		
X No Nexus to the 5 grounds		

FROM: BHRHA/ASY

TO: [REDACTED] (NAME OF ASYLUM OFFICE)

BHRHA HAS REVIEWED THE APPLICATION AND HAS NO ADDITIONAL INFORMATION THAN THAT PROVIDED IN THE COUNTRY REPORTS

[] BHRHA'S COMMENTS ON THIS PRELIMINARY DECISION ARE ATTACHED

(b)(6)



U.S. Citizenship
and Immigration
Services

Department of State Letters

Letters and documents mailed to and served on the subject of record.

- If a FOIA case, redact overseas officer name, (b)(6).

(b)(6)

Note: release Field Office Director or District Director names/signatures.

U.S. Department of Justice	
Immigration and Naturalization Service	
AMERICAN EMBASSY NAIROBI BOX 31 APO NY 09673	AMERICAN EMBASSY P. O. BOX 30137 NAIROBI, KENYA
25	Report to I. O. M. on _____
Date	
Address/Location	UNHCR # 0
Principal Applicant's Name	(name) A File # Case #
#02 Name	A File # #04 Name A File #
#03 Name	A File # #05 Name A File #
Your application for derivative following to join refugee status in the United States has been conditionally approved under Section 207(c) of the United States Immigration and Nationality Act. Final approval of your application is contingent upon completing a medical examination by a US approved panel physician, completion of security clearance procedures, and receipt of a sponsorship assurance from a voluntary resettlement agency in the United States. Every refugee applicant must complete a medical exam to ensure that all individuals are healthy and do not suffer from a communicable disease of public health significance. Some health conditions are grounds for exclusion, but may be waived by INS for humanitarian purposes, in the public interest, or for family unity on an exceptional basis. The medical exam is free of charge and the examining physician will explain to you the medical tests required to be performed with your consent. Failure to comply with or consent to the requirements for medical exams may jeopardize your application for refugee status and resettlement. The local office of the UNHCR or the International Organization for Migration (IOM) will contact you to arrange for your medical exam. The Joint Voluntary Agency will receive the documents required to complete your Travel Packet. It is estimated that a minimum of four months from the date of this letter is required to complete all of the procedures before your departure to the United States. Please notify the JVA/Nairobi office if you have any changes in your family composition. The International Organization for Migration (IOM) will assist in arranging for your departure to the United States and provide you with an interest free travel loan for your airfare.	
Photo ID/# on Case/DOB below &/or over	
INS Officer In Charge, Nairobi Kenya	
CC	PA File Original to UNHCR



U.S. Citizenship
and Immigration
Services

Sworn Statements

(b)(6)

- If a FOIA case, redact overseas officer name, (b)(6).

Note: release Field Office Director or District Director names/signatures.

Name: File Number:

Yes No

☐ ☐ 7. [Where Applicable] Did you, during the period March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist or otherwise participate in the persecution of any person because of race, religion, national origin or political opinion?

☐ ☒ 8. Have you ever ordered, incited, assisted in or participated in the harm of any other person because of the person's race, religion, nationality, ethnic origin or political opinion?

If no, proceed to 9 below. If yes, have you ever:

a. engaged in genocide?

b. as a foreign government official at any time in the preceding 24 month period been responsible for:

i. prolonged, arbitrary, or secretive detention or abduction of a person or persons with the purpose of restricting their religious freedom, beliefs or activities?

ii. torture or cruel, inhuman, or degrading treatment or punishment of a person or persons with the purpose of restricting their religious freedom, beliefs or activities?

iii. any other flagrant denial of the right to life, liberty or the security of a person or persons with the purpose of restricting their religious freedom, beliefs or activities?

☐ ☒ 9. Have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the United States or any other immigration benefit?

☐ ☒ 10. Are you a narcotics abuser or addict?

I, the undersigned, swear or affirm under penalty or perjury under the laws of the United States of America that this application, and the evidence submitted with it, is all true and correct. I understand all the foregoing statements, having asked for and obtained a translation or explanation of every point that was not understood or clear to me.

☒ FEB 09 2018

Signature of Applicant Date

Subscribed and sworn to (Affirmed) by the above named applicant before me

Location: Date: FEB 09 2018

Interpreter: INS officer:

Signature Refugee Officer

Print Name Print Name

Page 3



U.S. Citizenship
and Immigration
Services

Release of Information Consent Form

- If a FOIA case, redact overseas officer name, (b)(6).

Note: release Field Office Director or District Director names/signatures.

U.S. Department of Homeland Security
U.S. Citizenship and Immigration Services
Refugee Affairs Division
Washington, DC 20529-2290

 U.S. Citizenship and Immigration Services

RELEASE OF INFORMATION CONSENT FORM

Date: FEB 09 2018

Applicant Name: (b)(6)

Case #:

By signing below, I authorize U.S. Citizenship and Immigration Services to release information contained in or pertaining to my application for refugee status to the U.N. High Commissioner for Refugees, other U.S. Government agencies and other resettlement countries. I understand that no information will be shared with the government of the country from which I am seeking refuge.

I understand that I am not required to sign this waiver, and I do so voluntarily.

 Refugee Officer

Interpreter Signature



U.S. Citizenship
and Immigration
Services

Form I-566 with DOS Recommendation

Part 7:

- If one of the boxes is checked, and/or a recommendation is listed, redact (b)(3), 8 U.S.C. 1202(f).

OMB No. 1915-0027, EOL 06/30/13

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-566, Interagency Record of Request
A, G, or NATO Dependent Employment Authorization or
Change/Adjustment To/From A, G, or NATO Status

START HERE - Type or print in black ink.

Part 1. Information About You (The person seeking employment authorization or change/adjustment of status):

1. Family Name (Last Name) _____ Given Name (First Name) _____ Middle Name _____

2. Home Address - Street Number and Name _____ Apt. Number _____
City _____ State _____ Zip Code _____

3. Mailing Address - Street Number and Name _____ Apt. Number _____
City _____ State _____ Zip Code _____

4. Date of Birth (mm/dd/yyyy) _____ 5. Country of Birth _____

6. Gender ☐ Male ☒ Female 7. Marital Status ☐ Married ☒ Not Married 8. A-Number _____

9. DOS Personal Identification Number _____ 10. I-94 Number (Arrival-Departure Document) _____

11. Country of Issuance for Passport or Travel Document _____

12. Date of Last Entry into the U.S. (mm/dd/yyyy) 05/24/2010 13. Current Immigration Status _____

Part 2. Information About Principal Alien

1. Family Name (Last Name) _____ Given Name (First Name) _____

2. Home Address - Street Number and Name _____
City _____ State _____

3. Date of Duty Expected to End (mm/dd/yyyy) _____ 4. Country of Citizenship _____

5. Job Title _____

6. I-94 Number (Arrival-Departure Document) _____ 7. Photo _____

8. Country of Issuance for Passport or Travel Document _____

Part 3. DOR, NA HQ, or SACT, and/or USUN Use Only

1. The Department of State, NATO HQ SACT, and/or USUN: ☐ recommends this request be granted ☒ recommends this request be denied
If the recommendation is for denial, provide a rationale for such recommendation:
No compelling circumstances

2. Date (mm/dd/yyyy) 06/15/2024 3. Please check the appropriate box: ☒ Other ☐ Protocol ☐ USUN ☐ NATO HQ SACT ☐ DOR

4. Signature _____ 5. Signature _____

Part 4. USCIS Use Only

1. From: _____
Applicant's (D) Name _____ USCIS Office _____ Office Phone Number (mm/dd/yyyy) _____ A-Number if Not for _____

2. To: ☐ Protocol ☐ USUN ☐ NATO HQ SACT ☒ USCIS Office (Indicate field under Section II, USCIS Office of Inquiry)

3. Adjustment or Change of Status: ☐ Granted ☒ Denial ☐ Other (Specify) _____
Date of Decision (mm/dd/yyyy) 02-29-2016 If status of status granted, give date of grant.

4. Request for Employment Authorization: ☐ Granted ☒ Denial ☐ Other (Specify) _____
Date of Decision (mm/dd/yyyy) 03-06-2016

5. DOS, USUN, NATO HQ SACT, or Visa Office: ☐ Yes ☒ No
Office Use Only: _____ Date of Decision (mm/dd/yyyy) 03-06-2016

U.S. DEPARTMENT OF HOMELAND SECURITY

U.S. Citizenship and Immigration Services

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Form I-566, 06/12/13, Page 1