

AR#: 73 822 778

Date: WEDNESDAY, OCTOBER 4, 2006

NAWAL NOUR
844 5TH STREET #B
SANTA MONICA CA 90403

You are hereby notified to appear for a Naturalization Oath Ceremony on:
WEDNESDAY, OCTOBER 25 2006

at: LOS ANGELES COUNTY FAIRGROUNDS
POMONA FAIRPLEX BUILDING 4
POMONA, CA 91768
ROOM NUMBER: HALL

Please report promptly at 8:15 AM.

You must bring the following with you:

- ☒ This letter, with ALL of the QUESTIONS ON THE OTHER SIDE ANSWERED IN INK OR ON A TYPEWRITER.
- ☒ Alien Registration Card.
- ☒ Reentry Permit, or Refugee Travel Document
- ☒ Any Immigration documents you may have.
- ☒ If the naturalization application is on behalf of your child(children), bring your child(children).
Other

PLEASE BRING A WHEELCHAIR IF YOU CANNOT
STAND FOR LONG OR WALK LONG DISTANCES

If you cannot come to this ceremony, return this notice immediately and state why you cannot appear. In such case, you will be sent another notice of ceremony at a later date. You must appear at an oath ceremony to complete the naturalization process.

You should answer these questions the day you are to appear for the citizenship oath ceremony. These questions refer to actions since the date you were first interviewed on your Application for Naturalization. They do not refer to anything that happened before that interview.

After you have answered every question, sign your name and fill in the date and place of signing, and provide your current address.

You must bring this completed questionnaire with you to the oath ceremony, as well as the documents indicated on the front, and give them to the Immigration employee at the oath ceremony. You may be questioned further on your answers at that time.

**AFTER the date you were first interviewed on your Application
for Naturalization, Form N-400:**

ANSWERS

- | | |
|---|---|
| 1. Have you married, or been widowed, separated, or divorced? (If "Yes" please bring documented proof of marriage, death, separation or divorce.)..... | 1. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 2. Have you traveled outside the United States?..... | 2. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3. Have you knowingly committed any crime or offense, for which you have not been arrested; or have you been arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance, including traffic violations?..... | 3. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 4. Have you joined any organization, including the Communist Party, or become associated or connected therewith in any way?..... | 4. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 5. Have you claimed exemption from military service?..... | 5. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 6. Has there been any change in your willingness to bear arms on behalf on the United States; to perform non-combatant service in the armed forces of the United States; to perform work of national importance under civilian direction, if the law required it?..... | 6. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 7. Have you practiced polygamy; received income from illegal gambling; been a prostitute, procured anyone for prostitution or been involved in any other unlawful commercialized vice, encouraged or helped any alien to enter the United States illegally; illicitly trafficked in drugs or marihuana; given any false testimony to obtain immigration benefits; or been a habitual drunkard?..... | 7. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

I certify that each of the answers shown above were made by me or at my direction, and that they are true and correct.

Signed at

SANTA MONICA
(City and State)

, on

10/25/2006
(Date)

[Signature]
(Full Signature)

844 5th ST # B, SANTA MONICA, CA 90404
(Full Address and ZIP Code)

Authority for collection of the information requested on Form N-445 is contained in Sections 101(f), 316, 332, 335 and 336 of the Immigration and Nationalization Act (8 U.S.C. 1101(f), 1427, 14443, 1446 and 1447). Submission of the information is voluntary. The principal purposes for requesting the information are to enable examiners of the Bureau of Citizenship & Immigration Services to determine an applicant's eligibility for naturalization. The information requested may, as a matter of routine used, be disclosed to naturalization courts and to other federal, state, local or foreign law enforcement and regulatory agencies, the Department of Defense, including any component thereof, the Selective Service System, the Department of State, the Department of the Treasury, the Department of Transportation, Central Intelligence Agency, Interpol and individuals and organizations in the processing of any application for naturalization, or during the course of investigation to elicit further information required by the Immigration and Naturalization Service to carry out its functions. Information solicited which indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, may be referred, as a routine use, to the appropriate agency, whether federal, state, local or foreign, charged with the responsibility of investigating, enforcing or prosecuting such violations. Failure to provide all or any of the requested information may result in a denial of the application for naturalization.

Public Reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: U.S. Department of Homeland Security, Bureau of Citizenship & Immigration Services, (Room 5304), Washington, DC 20536; and to the Office of Management and Budget, Paperwork Reduction Project: OMB No. 1115-0052.; Washington, DC 20503.

UNITED STATES OF AMERICA

No. 29164 738

NATURALIZATION



CERTIFICATE OF NATURALIZATION

Personal description of holder
as of date of naturalization:

Date of birth: **NOVEMBER 03, 1946**

Sex: **FEMALE**

Height: **5 feet 8 inches**

Marital status: **WIDOWED**

Country of former nationality:
EGYPT

CIS Registration No. **A073822778**

I certify that the description given is true, and that the photograph affixed
hereto is a likeness of me.

(Complete and true signature of holder)

Be it known that, pursuant to an application filed with the Secretary of
Homeland Security

at: **LOS ANGELES, CALIFORNIA**

The Secretary having found that:

NAWAL ABDELAZIZ NOUR



then residing in the United States, intends to reside in the United States when so
required by the Naturalization Laws of the United States, and had in all other
respects complied with the applicable provisions of such naturalization laws and
was entitled to be admitted to citizenship, such person having taken the oath of
allegiance in a ceremony conducted by the

US DISTRICT COURT CENTRAL DISTRICT

at: **POMONA, CALIFORNIA**

on: **OCTOBER 25, 2006**

that such person is admitted as a citizen of the United States of America.

IT IS PUNISHABLE BY U. S. LAW TO COPY,
PRINT OR PHOTOGRAPH THIS CERTIFICATE,
WITHOUT LAWFUL AUTHORITY.

Nawal
Abdelaziz

Director, U. S. Citizenship and Immigration Services

DEPARTMENT OF HOMELAND SECURITY

AR#: 73 822 778
Date: WEDNESDAY, OCTOBER 4, 2006

NAWAL NOUR
844 5TH STREET #B
SANTA MONICA CA 90403

Mailed

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N-400

WSC

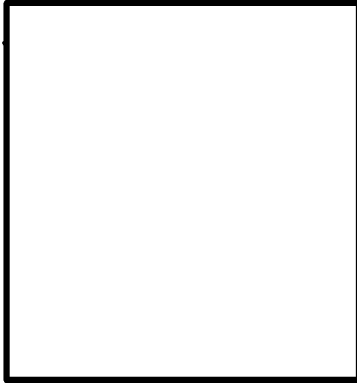


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LOS 07/14/2005 WSC*001348184 KU



LOS 07/14/2005 WSC*001348184 KU



NAVAL A NOUR
844 S ST B
SANTA MONICA CA 90403

Application for Naturalization

Print clearly or type your answers using CAPITAL letters. Failure to print clearly may delay your application. Use black or blue ink.

Part 1. Your Name (The Person Applying for Naturalization)

Write your INS "A"- number here:

A 0 7 3 8 2 2 7 7 8

A. Your current legal name.

Family Name (Last Name)

NOUR

Given Name (First Name)

NAWAL

Full Middle Name (If applicable)

ABDELAZIZ

FOR INS USE ONLY

Bar Code

Date Stamp



Remarks

IRD 8-9-2002
310

B. Your name exactly as it appears on your Permanent Resident Card.

Family Name (Last Name)

NOUR

Given Name (First Name)

NAWAL

Full Middle Name (If applicable)

ABDELAZIZ

C. If you have ever used other names, provide them below.

Family Name (Last Name)

Given Name (First Name)

Middle Name

none	(4)	

D. Name change (optional)

Please read the Instructions before you decide whether to change your name.

1. Would you like to legally change your name? ☐ Yes ☒ No

2. If "Yes," print the new name you would like to use. Do not use initials or abbreviations when writing your new name.

Family Name (Last Name)

~~none~~

Given Name (First Name)

~~none~~

Full Middle Name

~~none~~

Part 2. Information About Your Eligibility (Check Only One)

I am at least 18 years old AND

A. ☒ I have been a Lawful Permanent Resident of the United States for at least 5 years.

B. ☐ I have been a Lawful Permanent Resident of the United States for at least 3 years, AND
I have been married to and living with the same U.S. citizen for the last 3 years, AND
my spouse has been a U.S. citizen for the last 3 years.

C. ☐ I am applying on the basis of qualifying military service.

D. ☐ Other (Please explain) _____

Part 3. Information About You

Write your INS "A" number here:

A 0 7 3 8 2 2 7 7 8

A. Social Security Number

6 2 1 8 2 5 2 2 3

B. Date of Birth (Month/Day/Year)

1 1 / 0 3 / 1 9 4 6

C. Date You Became a Permanent Resident (Month/Day/Year)

0 8 / 0 7 / 2 0 0 0

D. Country of Birth

EGYPT

E. Country of Nationality

EGYPT

F. Are either of your parents U.S. citizens? (if yes, see Instructions)

☐ Yes

☒ No

G. What is your current marital status?

☐ Single, Never Married

☐ Married

☐ Divorced

☒ Widowed

☐ Marriage Annulled or Other (Explain)

H. Are you requesting a waiver of the English and/or U.S. History and Government requirements based on a disability or impairment and attaching a Form N-648 with your application?

☐ Yes

☒ No

I. Are you requesting an accommodation to the naturalization process because of a disability or impairment? (See Instructions for some examples of accommodations.)

☐ Yes

☒ No

If you answered "Yes", check the box below that applies:

☐ I am deaf or hearing impaired and need a sign language interpreter who uses the following language:

☐ I use a wheelchair.

☐ I am blind or sight impaired.

☐ I will need another type of accommodation. Please explain:

Part 4. Addresses and Telephone Numbers

A. Home Address - Street Number and Name (Do NOT write a P.O. Box in this space)

844 5TH ST.

Apartment Number

B

City

SANTA MONICA

County

LOS ANGELES

State

CA

ZIP Code

90403

Country

USA

B. Care of

SAME

Mailing Address - Street Number and Name (If different from home address)

Apartment Number

City

State

ZIP Code

Country

C. Daytime Phone Number (If any)

(310) 656-7729

Evening Phone Number (If any)

()

E-mail Address (If any)

Part 5. Information for Criminal Records Search.

Write your USCIS "A"- number here:

A

NOTE: The categories below are those required by the FBI. See Instructions for more information.**A. Gender**☐ Male ☒ Female**B. Height** 5

5 Feet 08 Inches

C. Weight

210 Pounds

D. Are you Hispanic or Latino?☐ Yes ☐ No**E. Race (Select one or more.)**☒ White ☐ Asian ☐ Black or African American ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander**F. Hair color**☒ Black ☐ Brown ☐ Blonde ☐ Gray ☐ White ☐ Red ☐ Sandy ☐ Bald (No Hair)**G. Eye color**☒ Brown ☐ Blue ☐ Green ☐ Hazel ☐ Gray ☐ Black ☐ Pink ☐ Maroon ☐ Other**Part 6. Information About Your Residence and Employment.****A. Where have you lived during the last five years? Begin with where you live now and then list every place you lived for the last five years. If you need more space, use a separate sheet(s) of paper.**

Street Number and Name, Apartment Number, City, State, Zip Code and Country	Dates (mm/dd/yyyy)	
	From	To
Current Home Address - Same as Part 4.A	1998	Present
944 5th St #B		
Santa Monica, CA 90403		

B. Where have you worked (or, if you were a student, what schools did you attend) during the last five years? Include military service. Begin with your current or latest employer and then list every place you have worked or studied for the last five years. If you need more space, use a separate sheet of paper.

Employer or School Name	Employer or School Address (Street, City and State)	Dates (mm/dd/yyyy)		Your Occupation
		From	To	
U.S.C	Los Angeles	1998	2000	Teacher
		2001	until now	Teacher

Part 7. Time Outside the United States
(Including Trips to Canada, Mexico, and the Caribbean Islands).

Write your INS "A"- number here:

A 0 7 3 8 2 2 7 7 8

A. How many total days did you spend outside of the United States during the past 5 years?

210 days

B. How many trips of 24 hours or more have you taken outside of the United States during the past 5 years?

2 trips

C. List below all the trips of 24 hours or more that you have taken outside of the United States since becoming a Lawful Permanent Resident. Begin with your most recent trip. If you need more space, use a separate sheet of paper.

Date You Left the United States (Month/Day/Year)	Date You Returned to the United States (Month/Day/Year)	Did Trip Last 6 Months or More?	Countries to Which You Traveled	Total Days Out of the United States
0 6/1 3/2 0 0 3	1 1/0 1/2 0 0 3	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	EGYPT	120
1 2/2 9/2 0 0 4	0 3/2 7/2 0 0 5	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	EGYPT	90
___/___/___	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No		
___/___/___	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No		
___/___/___	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No		
___/___/___	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No		
___/___/___	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No		
___/___/___	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No		
___/___/___	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No		
___/___/___	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Part 8. Information About Your Marital History

A. How many times have you been married (including annulled marriages)?

1 If you have NEVER been married, go to Part 9.

B. If you are now married, give the following information about your spouse:

1. Spouse's Family Name (Last Name)

Given Name (First Name)

Full Middle Name (If applicable)

2. Date of Birth (Month/Day/Year)

3. Date of Marriage (Month/Day/Year)

4. Spouse's Social Security Number

5. Home Address - Street Number and Name

Apartment Number

City

State

ZIP Code

Part 8. Information About Your Marital History (Continued)

Write your INS "A"- number here:

A 0 7 3 8 2 2 7 7 8

C. Is your spouse a U.S. citizen? ☐ Yes ☐ No

D. If your spouse is a U.S. citizen, give the following information:

1. When did your spouse become a U.S. citizen?

☐ At Birth ☐ Other

If "Other," give the following information:

2. Date your spouse became a U.S. citizen

__/__/__

3. Place your spouse became a U.S. citizen (Please see Instructions)

City and State

E. If your spouse is NOT a U.S. citizen, give the following information:

1. Spouse's Country of Citizenship

2. Spouse's INS "A"- Number (If applicable)

A

3. Spouse's Immigration Status

☐ Lawful Permanent Resident ☐ Other

F. If you were married before, provide the following information about your prior spouse. If you have more than one previous marriage, use a separate sheet of paper to provide the information requested in questions 1-5 below.

1. Prior Spouse's Family Name (Last Name)

Given Name (First Name)

Full Middle Name (If applicable)

ABOUISMAIL

SALAH

MUHAMMAD

2. Prior Spouse's Immigration Status

☐ U.S. Citizen

☐ Lawful Permanent Resident

☒ Other LIVED OUTSIDE USA

3. Date of Marriage (Month/Day/Year)

0 1 / 2 8 / 1 9 6 0

4. Date Marriage Ended (Month/Day/Year)

0 5 / 2 8 / 1 9 9 0

5. How Marriage Ended

☐ Divorce ☒ Spouse Died ☐ Other

G. How many times has your current spouse been married (including annulled marriages)?

If your spouse has EVER been married before, give the following information about your spouse's prior marriage.

If your spouse has more than one previous marriage, use a separate sheet of paper to provide the information requested in questions 1 - 5 below.

1. Prior Spouse's Family Name (Last Name)

Given Name (First Name)

Full Middle Name (If applicable)

2. Prior Spouse's Immigration Status

☐ U.S. Citizen

☐ Lawful Permanent Resident

☐ Other

3. Date of Marriage (Month/Day/Year)

__/__/__

4. Date Marriage Ended (Month/Day/Year)

5. How Marriage Ended

☐ Divorce ☐ Spouse Died ☐ Other

Part 9. Information About Your Children

Write your INS "A"- number here:
A 0 7 3 8 2 2 7 7 8

Write your INS "A"- number here:
A 0 7 3 8 2 2 7 7 8

4

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[illegible]

Part 10. Additional Questions *

Please answer questions 1 through 14. If you answer "Yes" to any of these questions, include a written explanation with this form. Your written explanation should (1) explain why your answer was "Yes," and (2) provide any additional information that helps to explain your answer.

A. General Questions

1. Have you **EVER** claimed to be a U.S. citizen *(in writing or any other way)*?
2. Have you **EVER** registered to vote in any Federal, state, or local election in the United States?
3. Have you **EVER** voted in any Federal, state, or local election in the United States?
4. Since becoming a Lawful Permanent Resident, have you **EVER** failed to file a required Federal, state, or local tax return?
5. Do you owe any Federal, state, or local taxes that are overdue?
6. Do you have any title of nobility in any foreign country?
7. Have you ever been declared legally incompetent or been confined to a mental institution within the last 5 years?

[illegible]

Part 10. Additional Questions (Continued)

Write your INS "A"- number here:

A 0 7 3 8 2 2 7 7 8

B. Affiliations

8. a. Have you **EVER** been a member of or associated with any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other place?

☐ Yes ☒ No

b. If you answered "Yes," list the name of each group below. If you need more space, attach the names of the other group(s) on a separate sheet of paper.

Name of Group	Name of Group
1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

none

9. Have you **EVER** been a member of or in any way associated (either directly or indirectly) with:

a. The Communist Party?

☐ Yes ☒ No

b. Any other totalitarian party?

☐ Yes ☒ No

c. A terrorist organization?

☐ Yes ☒ No

10. Have you **EVER** advocated (either directly or indirectly) the overthrow of any government by force or violence?

☐ Yes ☒ No

11. Have you **EVER** persecuted (either directly or indirectly) any person because of race, religion, national origin, membership in a particular social group, or political opinion?

☐ Yes ☒ No

12. Between March 23, 1933, and May 8, 1945, did you work for or associate in any way (either directly or indirectly) with:

a. The Nazi government of Germany?

☐ Yes ☒ No

b. Any government in any area (1) occupied by, (2) allied with, or (3) established with the help of the Nazi government of Germany?

☐ Yes ☒ No

c. Any German, Nazi, or S.S. military unit, paramilitary unit, self-defense unit, vigilante unit, citizen unit, police unit, government agency or office, extermination camp, concentration camp, prisoner of war camp, prison, labor camp, or transit camp?

☐ Yes ☒ No

C. Continuous Residence

Since becoming a Lawful Permanent Resident of the United States:

13. Have you **EVER** called yourself a "nonresident" on a Federal, state, or local tax return?

☐ Yes ☒ No

14. Have you **EVER** failed to file a Federal, state, or local tax return because you considered yourself to be a "nonresident"?

☐ Yes ☒ No

Part 10. Additional Questions (Continued)

Write your INS "A"- number here:

A 0 7 3 8 2 2 7 7 8

D. Good Moral Character

For the purposes of this application, you must answer "Yes" to the following questions, if applicable, even if your records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record.

15. Have you **EVER** committed a crime or offense for which you were NOT arrested? ☐ Yes ☒ No
16. Have you **EVER** been arrested, cited, or detained by any law enforcement officer (including INS and military officers) for any reason? ☐ Yes ☒ No
17. Have you **EVER** been charged with committing any crime or offense? ☐ Yes ☒ No
18. Have you **EVER** been convicted of a crime or offense? ☐ Yes ☒ No
19. Have you **EVER** been placed in an alternative sentencing or a rehabilitative program (for example: diversion, deferred prosecution, withheld adjudication, deferred adjudication)? ☐ Yes ☒ No
20. Have you **EVER** received a suspended sentence, been placed on probation, or been paroled? ☐ Yes ☒ No
21. Have you **EVER** been in jail or prison? ☐ Yes ☒ No

If you answered "Yes" to any of questions 15 through 21, complete the following table. If you need more space, use a separate sheet of paper to give the same information.

Why were you arrested, cited, detained, or charged?	Date arrested, cited, detained, or charged (Month/Day/Year)	Where were you arrested, cited, detained or charged? (City, State, Country)	Outcome or disposition of the arrest, citation, detention or charge (No charges filed, charges dismissed Jail, probation, etc.)

Answer questions 22 through 33. If you answer "Yes" to any of these questions, attach (1) your written explanation why your answer was "Yes," and (2) any additional information or documentation that helps explain your answer.

22. Have you **EVER:**

- a. been a habitual drunkard?
- b. been a prostitute, or procured anyone for prostitution?
- c. sold or smuggled controlled substances, illegal drugs or narcotics?
- d. been married to more than one person at the same time?
- e. helped anyone enter or try to enter the United States illegally?
- f. gambled illegally or received income from illegal gambling?
- g. failed to support your dependents or to pay alimony?

- ☐ Yes ☒ No
- ☐ Yes ☒ No
- ☐ Yes ☒ No
- ☐ Yes ☒ No
- ☐ Yes ☒ No
- ☐ Yes ☒ No
- ☐ Yes ☒ No

23. Have you **EVER** given false or misleading information to any U.S. government official while applying for any immigration benefit or to prevent deportation, exclusion, or removal?

☐ Yes ☒ No

24. Have you **EVER** lied to any U.S. government official to gain entry or admission into the United States?

☐ Yes ☒ No

Part 10. Additional Questions (Continued)

Write your INS "A"- number here:

A 0 7 3 8 2 2 7 7 8

E. Removal, Exclusion, and Deportation Proceedings

25. Are removal, exclusion, rescission or deportation proceedings pending against you?

☐ Yes ☒ No

26. Have you **EVER** been removed, excluded, or deported from the United States?

☐ Yes ☒ No

27. Have you **EVER** been ordered to be removed, excluded, or deported from the United States?

☐ Yes ☒ No

28. Have you **EVER** applied for any kind of relief from removal, exclusion, or deportation?

☐ Yes ☒ No

F. Military Service

29. Have you **EVER** served in the U.S. Armed Forces?

☐ Yes ☒ No

30. Have you **EVER** left the United States to avoid being drafted into the U.S. Armed Forces?

☐ Yes ☒ No

31. Have you **EVER** applied for any kind of exemption from military service in the U.S. Armed Forces?

☐ Yes ☒ No

32. Have you **EVER** deserted from the U.S. Armed Forces?

☐ Yes ☒ No

G. Selective Service Registration

33. Are you a male who lived in the United States at any time between your 18th and 26th birthdays in any status except as a lawful nonimmigrant?

☐ Yes ☒ No

If you answered "NO", go on to question 34.

If you answered "YES", provide the information below.

If you answered "YES", but you did NOT register with the Selective Service System and are still under 26 years of age, you must register before you apply for naturalization, so that you can complete the information below:

Date Registered (Month/Day/Year)

Selective Service Number

If you answered "YES", but you did NOT register with the Selective Service and you are now 26 years old or older, attach a statement explaining why you did not register.

H. Oath Requirements (See Part 14 for the text of the oath)

Answer questions 34 through 39. If you answer "No" to any of these questions, attach (1) your written explanation why the answer was "No" and (2) any additional information or documentation that helps to explain your answer.

34. Do you support the Constitution and form of government of the United States?

☒ Yes ☐ No

35. Do you understand the full Oath of Allegiance to the United States?

☒ Yes ☐ No

36. Are you willing to take the full Oath of Allegiance to the United States?

☒ Yes ☐ No

37. If the law requires it, are you willing to bear arms on behalf of the United States?

☒ Yes ☐ No

38. If the law requires it, are you willing to perform noncombatant services in the U.S. Armed Forces?

☒ Yes ☐ No

39. If the law requires it, are you willing to perform work of national importance under civilian direction?

☒ Yes ☐ No

Part 11. Your Signature

Write your INS "A"- number here:

A 0 7 3 8 2 2 7 7 8

I certify, under penalty of perjury under the laws of the United States of America, that this application, and the evidence submitted with it, are all true and correct. I authorize the release of any information which INS needs to determine my eligibility for naturalization.

Your Signature

Date (Month/Day/Year)

Nawal

0 7 10 7 12 0 0 5

Part 12. Signature of Person Who Prepared This Application for You (if applicable)

I declare under penalty of perjury that I prepared this application at the request of the above person. The answers provided are based on information of which I have personal knowledge and/or were provided to me by the above named person in response to the exact questions contained on this form.

(b)(6)

Preparer's Printed Name

Preparer's Signature

Date (Month/Day/Year)

0 7 10 7 12 0 0 5

Do not Complete Parts 13 and 14 Until an INS Officer Instructs You To Do So

Part 13. Signature at Interview

I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this application for naturalization subscribed by me, including corrections numbered 1 through 20 and the evidence submitted by me numbered pages 1 through 0, are true and correct to the best of my knowledge and belief.

Subscribed to and sworn to (affirmed) before me

Officer's Printed Name or Stamp

Date (Month/Day/Year)

Complete Signature of Applicant

Officer's Signature

Nawal

[Signature]

Part 14. Oath of Allegiance

If your application is approved, you will be scheduled for a public oath ceremony at which time you will be required to take the following oath of allegiance immediately prior to becoming a naturalized citizen. By signing below, you acknowledge your willingness and ability to take this oath:

I hereby declare, on oath, that I absolutely and entirely renounce and abjure all allegiance and fidelity to any foreign prince, potentate, state, or sovereignty, of whom or which I have heretofore been a subject or citizen;

that I will support and defend the Constitution and laws of the United States of America against all enemies, foreign and domestic;

that I will bear true faith and allegiance to the same;

that I will bear arms on behalf of the United States when required by the law;

that I will perform noncombatant service in the Armed Forces of the United States when required by the law;

that I will perform work of national importance under civilian direction when required by the law; and

that I take this obligation freely, without any mental reservation or purpose of evasion; so help me God.

Printed Name of Applicant

Complete Signature of Applicant

NAWAL NOUR.

[Signature]

NAWAL ABDEL AZIZ NOUR

NAME NOUR, NAWAL A

INS A# 073-822-778

Birthdate	Category	Sex
01-01-1980	A	M
02-02-1981	B	F
03-03-1982	C	M
04-04-1983	D	F
05-05-1984	E	M
06-06-1985	F	F
07-07-1986	G	M
08-08-1987	H	F
09-09-1988	I	M
10-10-1989	J	F
11-11-1990	K	M
12-12-1991	L	F
13-13-1992	M	M
14-14-1993	N	F
15-15-1994	O	M
16-16-1995	P	F
17-17-1996	Q	M
18-18-1997	R	F
19-19-1998	S	M
20-20-1999	T	F
21-21-2000	U	M
22-22-2001	V	F
23-23-2002	W	M
24-24-2003	X	F
25-25-2004	Y	M
26-26-2005	Z	F
27-27-2006	A	M
28-28-2007	B	F
29-29-2008	C	M
30-30-2009	D	F
31-31-2010	E	M
32-32-2011	F	F
33-33-2012	G	M
34-34-2013	H	F
35-35-2014	I	M
36-36-2015	J	F
37-37-2016	K	M
38-38-2017	L	F
39-39-2018	M	M
40-40-2019	N	F
41-41-2020	O	M
42-42-2021	P	F
43-43-2022	Q	M
44-44-2023	R	F
45-45-2024	S	M
46-46-2025	T	F
47-47-2026	U	M
48-48-2027	V	F
49-49-2028	W	M
50-50-2029	X	F
51-51-2030	Y	M
52-52-2031	Z	F
53-53-2032	A	M
54-54-2033	B	F
55-55-2034	C	M
56-56-2035	D	F
57-57-2036	E	M
58-58-2037	F	F
59-59-2038	G	M
60-60-2039	H	F
61-61-2040	I	M
62-62-2041	J	F
63-63-2042	K	M
64-64-2043	L	F
65-65-2044	M	M
66-66-2045	N	F
67-67-2046	O	M
68-68-2047	P	F
69-69-2048	Q	M
70-70-2049	R	F
71-71-2050	S	M
72-72-2051	T	F
73-73-2052	U	M
74-74-2053	V	F
75-75-2054	W	M
76-76-2055	X	F
77-77-2056	Y	M
78-78-2057	Z	F
79-79-2058	A	M
80-80-2059	B	F
81-81-2060	C	M
82-82-2061	D	F
83-83-2062	E	M
84-84-2063	F	F
85-85-2064	G	M
86-86-2065	H	F
87-87-2066	I	M
88-88-2067	J	F
89-89-2068	K	M
90-90-2069	L	F
91-91-2070	M	M
92-92-2071	N	F
93-93-2072	O	M
94-94-2073	P	F
95-95-2074	Q	M
96-96-2075	R	F
97-97-2076	S	M
98-98-2077	T	F
99-99-2078	U	M
100-100-2079	V	F
101-101-2080	W	M
102-102-2081	X	F
103-103-2082	Y	M
104-104-2083	Z	F
105-105-2084	A	M
106-106-2085	B	F
107-107-2086	C	M
108-108-2087	D	F
109-109-2088	E	M
110-110-2089	F	F
111-111-2090	G	M
112-112-2091	H	F
113-113-2092	I	M
114-114-2093	J	F
115-115-2094	K	M
116-116-2095	L	F
117-117-2096	M	M
118-118-2097	N	F
119-119-2098	O	M
120-120-2099	P	F
121-121-2100	Q	M
122-122-2101	R	F
123-123-2102	S	M
124-124-2103	T	F
125-125-2104	U	M
126-126-2105	V	F
127-127-2106	W	M
128-128-2107	X	F
129-129-2108	Y	M
130-130-2109	Z	F
131-131-2110	A	M
132-132-2111	B	F
1		

11/03/46 IR0 F

Country of Birth

Egypt

CARD EXPIRES 02/15/11

Resident Since 03/07/00



C1USAO738227789WAC9819754147<<
4611037F1102152EGY<<<<<<<<<D
NOUR<<NAWAL<A<<<<<<<<<<<<<<

U.S. DEPARTMENT OF JUSTICE Immigration and Naturalization Service

PERMANENT RESIDENT CARD

The person identified by this card is authorized to work and reside in the U.S.



1-551 7909156

EXPIRES 11-03-08

DRIVER LICENSE

CLASS: C

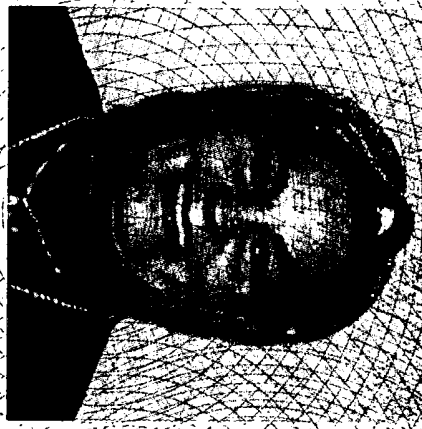
A5277724

NAM: AL ABDEL AZIZ NOUR
844 5TH ST APT B
SANTA MONICA CA 90403

SEX: F HAIR: BLK
HT: 5-08 WT: 200

EYES: BRN
DOB: 11-03-4

RSTR: CORR LENS



N. AL

12/08/2003 616 35 FD/08

Photographie

لون العينين

Couleur des Yeux

Taille

الطول



اسم الزوجة

الاسم نوال عبد العزيز عبد العزيز نور

مكان الميلاد

الدمقراطية

تاريخ الميلاد في يوم

تاريخ الميلاد في يوم ٢ من شهر ١١ سنة ١٩٤٦

المهنة أو الوظيفة

المهنة أو الوظيفة

NOM De L'épouse

NOM NAWAL ABDEL AZIZ

Lieu de Naissance

ABDEL AZIZ NOUR

Date de Naissance

Lieu de Naissance EL DAKAHLIA

Profession

Date de Naissance 3 - 11 - 1946

Taille

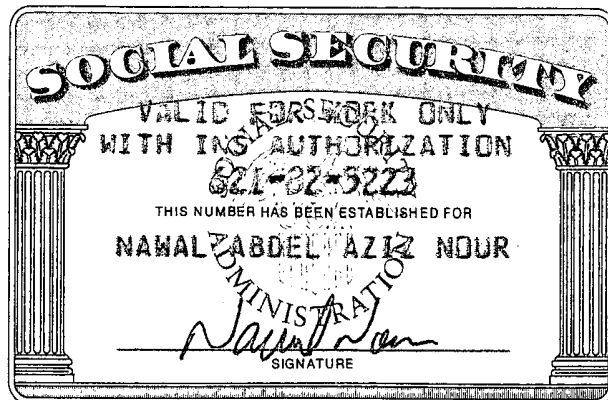
Profession

Couleur des Yeux

Signes Particuliers

Signes Particuliers

العنوان في ج.م.ع ١٥ شارع الحسن البصري



USCIS Naturalization Testing (CLAIMS)
Civics/History

NAWAL ABDELAZIZ NOUR
Alien Number: A073822778
Application Number: WSC*001348184

Civics/History Questions:

In what month do we vote for the President?

November

Who is the Commander in Chief of the U.S. Army and Navy?

The president

Who is the President of the United States today?

Goerge Bush

How many states are there in the union?

Fifty states

Who is the Chief Justice of the Supreme Court?

John Robert.

How many times can a congressman be re-elected?

No limit

What are the two major political parties in the United States today?

Democratic and Republican.

What is the legislative branch of our government?

Congress

How many states are there in the United States?

Fifty states

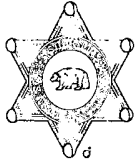
Who becomes our President if the President should die?

The vice president.

NAWAL ABDELAZIZ NOUR

May 24 - 2006.
(Date)

To day I'm going to the store.



LEROY D. BACA, SHERIFF

County of Los Angeles
Sheriff's Department Headquarters
4700 Ramona Boulevard
Monterey Park, California 91754-2169



(562) 465-7825

May 25, 2006

Ms. Nawal Abdel Aziz Nour
844 5th Street
Santa Monica, California 90403

RECEIVED
MAY 26 2006
MAY 26 1:39 PM

Dear Ms. Nour:

Utilizing information you provided, we conducted a **name only/non-fingerprint** based search of Los Angeles County Sheriff's Department records on your behalf. The search included arrest records, booking records, and active arrest warrants ranging from the year 2000 to the present. Our inquiry failed to produce any such records. As presented, we used the following to conduct our search:

NAME: Nawal Abdel Aziz Nour
ALIAS(ES): Nawal A. Nour
DATE OF BIRTH: November 3, 1946
IDENTIFICATION: State of California Driver License Number A5277724

Our investigation did not include a search of records held by the State of California, or any other law enforcement agency serving local municipalities in Los Angeles County. If you desire a more thorough account of your personal history, you may contact the California Department of Justice at (916) 227-3822, and they will guide you to obtaining a more complete record.

Sincerely,

LEROY D. BACA, SHERIFF

Henry Arevalo, Director
Records and Identification Bureau

A Tradition of Service

Nawal Nour 844 5th Street No. B, Santa Monica, CA 90403 Cell: 310.266.2219 Home: 310.656.7729

Date: 06/09/2006

Officer: S. M. KIM
Department of Homeland Security
U.S. Citizenship and Immigration Services
P.O. Box 532939
Los Angeles, CA 90053-2939

Re: Nawal Nour
File No. A 73 822 778
Requested Documents: Police Clearance Letter

Dear Officer S. M. KIM,

I was told that the County of Los Angeles covers the City Santa Monica and, therefore, the Clearance Letter I got from the County of Los Angeles Sheriff Department was sufficient.

Santa Monica Police Department does not do or give Clearance Letters, I went several times to Santa Monica Police Department at 333 Olympic Drive, Santa Monica, CA 90401 Tel: 310.458.8431 and every time they refused and said that they did not do this service any more. They directed me to L.A. County Sheriff department at 12440 Imperial Highway Room 120, Norwalk, CA. Tel: 562.465.7825. (copy of their paper that they gave me is attached)

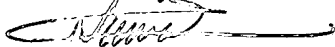
I sent you the County of Los Angeles Original Clearance Letter and the Original Form WR-822 by Certified Mail and I am attaching a copy of the return receipt I got from the US Postal Services. An identical copy of the Original Clearance Letter and the Original Form WR-822 were sent to you also by regular mail.

As maybe in my file, you can see that I repeated my fingerprints process six times already, which caused a major delay in my case.

I am in a predicament now, and I really need your help to resolve this matter. Please, I do not want to start the process all over again because of something out of my hands. My phone number is (310) 656-7729 also, if you can contact my son [REDACTED] because I authorized him to act on my behalf for any needed paper work.

(b)(6)

Sincerely,



Nawal Nour
310.656.7729 Home
310.266.2219 Cell
[REDACTED] My Son Cell

(b)(6)

Enclosure:

- 1- Copy of form N-652 Naturalization Interview Results dated May 24, 06
- 2- Copy of form WR-822 requested information/documents
- 3- Copy of County of Los Angeles Sheriff Department Clearance Letter
- 4- Copy of a paper given by Santa Monica Police Department



LEROY D. BACA, SHERIFF

County of Los Angeles
Sheriff's Department Headquarters
4700 Ramona Boulevard
Monterey Park, California 91754-2169



(562) 465-7825

May 25, 2006

Ms. Nawal Abdel Aziz Nour
844 5th Street
Santa Monica, California 90403

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Sincerely,

LEROY D. BACA, SHERIFF

Henry Arevalo, Director
Records and Identification Bureau

A Tradition of Service

L. A. County Sheriff

Clearance Letter

37

(562) 465-7825

(clearance letter)



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

RECORD OF SWORN STATEMENT
(FINGERPRINTS)

APPLICANT NAME: _____ FILE NO: AD3822778 DATE _____
EXECUTED AT _____

Before the following officer of the U.S. Immigration and Naturalization Service: _____
(NAME AND TITLE)

in the _____ language. Interpreter _____ used.

I, NAWAL A. NOUR acknowledge that the above named officer has identified himself/herself to administer oaths and take testimony in connection with the enforcement of the Immigration and Nationality laws of the United States. He/she has informed me that he/she desires to take my sworn statement regarding: _____

NO He/she has told me that my statement must be made freely and voluntarily. I am willing to make such a statement. I swear that I will tell the truth the whole truth, and nothing but the truth, so help me, God.

Being duly sworn, I make the following statement:

Q. What is your true, full and complete name?

A. NAWAL A. NOUR

Q. What is your place and date of birth?

A. EGYPT NOV. 03, 1946

Q. Have you ever been arrested or detained by a law enforcement officer?

A. NO

Q. Have you had your fingerprints taken for any reason by a law enforcement officer?

A. NO, EXCEPT FOR U.S. CITIZENSHIP PURPOSES

Q. Have you ever been ordered by a court to: pay a fine; go to jail; serve a probationary sentence; perform community service; make restitution; or have your wages garnished (e.g., for failure to make child support payments)?

A. NO

Q. Have you ever received an expungement, parole, pardon, or successfully completed a diversion or rehabilitation program?

A. NO

Q. If you have answered "yes" to any of the above questions, please explain below:

A. MY FINGERPRINTS WERE TAKEN BY SMPD FOR CITIZENSHIP PURPOSES and at MY REQUEST, VOLUNTARILY

I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information from my records which the Immigration and Naturalization Service needs to determine eligibility for the benefit that I am seeking.

Signature of Applicant

NAWAL

24th day of JUNE

2006, Sworn and subscribed before me:

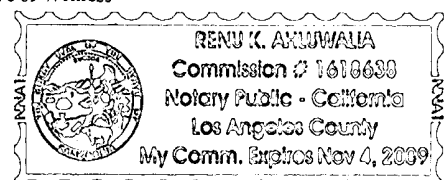
Signature INS Officer

NIA

Signature of Witness

Renu K. Ahluwalia

NOTARY PUBLIC





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

300 N. Los Angeles Street
Los Angeles, CA 90012

NAWAL A NOUR
844 5 ST B
SANTA MONICA CA 90403

File No: A73822778
Date: 6/22/2006
Officer: S. M. KIM

Examination of your application (N-400) shows that additional information, documents or forms are needed before your application can be acted upon. Please **RETURN THIS NOTICE WITH THE REQUESTED INFORMATION and/or DOCUMENTS** by mail only within 30 days from the date of this notice to the following address:

**U.S. Citizenship and Immigration Services
P.O. Box 532939
Los Angeles, CA 90053-2939**

FAILURE TO DO SO MAY RESULT IN THE DENIAL OF YOUR APPLICATION

NOTE: ALL DOCUMENTS MUST BE ORIGINAL OR CERTIFIED COPIES.

Any documents in a foreign language must be accompanied by a translation in English. The translator must certify that he/she is competent to translate and that the translation is accurate.

- ☐ Complete court disposition(s), arrest report(s), complaint(s) and probation report (if applicable) *for the following:*

ALL ARRESTS, including following

<u>Arrest date</u>	<u>Arresting Agency</u>	<u>Place of Arrest</u>	<u>Charge</u>
--------------------	-------------------------	------------------------	---------------

(All court dispositions MUST be certified by the court issuing the record. If there is no record or the record is no longer available, you must submit documentation from the appropriate agency stating this. If a record has been sealed or expunged, court records showing this must be submitted.)

- ☐ Police clearance(s) from the local law enforcement agency(ies) in each jurisdiction where you have resided a minimum of six months during the years _____ -Present.
- ☐ Birth certificate of : all of your children
- ☐ Marriage certificate of :
- ☐ Divorce decree (interlocutory and final decree) of:
- ☐ Death certificate of _____.
- ☐ Your written statement, as well as a letter on official church stationery signed by a church official, explaining how your religious beliefs prevent you from taking the full oath.

SEE
REVERSE

- ☐ Evidence of a viable marriage - any documents which would assist in establishing the validity of your marriage such as, but not limited to, lease agreements or home ownership documents, joint bank and credit account statements, joint tax returns, proof of joint ownership of other property such as investments and automobiles, and life, health and car insurance. Please include a notarized affidavit from your spouse stating your viable marriage relationship.
- ☐ Proof that your spouse has been a U.S. citizen for more than three years, such as birth certificate, naturalization certificate, certificate of citizenship or U.S. passport.
- ☐ Proof of child support for:
(Evidence of your payments of financial support, such as canceled checks, money order receipts and bank drafts showing your payments record, along with copies of any court or government orders relating to the required payments. Please include a notarized affidavit from the child's custodial parent or guardian attesting to the support you are providing.)
- ☐ Copies of tax returns for year(s) to present including W2s.
(Copies of any correspondence relating to payment arrangements, and copies of any returns for which you claimed to be a non-resident.)
- ☐ Verification of tax compliance from the Internal Revenue Service (IRS)
- ☐ Proof of Selective Service registration. (Selective Service System telephone number: 1-847-688-6888.)
Note: If you failed to register with the Selective Service System before you reached age 26, you must contact the Selective Service System and request a status information or advisory letter regarding your failure to register. Please submit this as well as any other correspondence that you receive from the Selective Service System to the CIS.
- ☐ Copy of Your passport(s) and any travel documents issued by the INS/CIS.-all the pages. Please include a complete list of your trips outside of the U.S.
- ☐ Proof of physical presence in the U.S. and state of CALIFORNIA during the years 2000 -PRESENT
- ☐ Documentation to establish that you did not disrupt the continuity of your residence in the U.S. during all extended absences of 6 months or more, such as: you did not terminate your employment in the U.S., your immediate family remained in the U.S., your family retained full access to your U.S. abode, you did not obtain employment while abroad, you maintained personal and/or real property in the U.S., etc.
- ☐ Letter from Social Security Office: Please take attached letter to the Social Security Administration and have the department personnel complete the form. Mail the sealed envelope to the U.S. Citizenship and Immigration Services
- ☐ 2 Passport style photos
- ☐ Clearance letter from Court (Family support division) regarding child support case.
- ☒ Please fill out the attached sworn statement and get notarized by a public notary.
- ☐ Copy of Alien Registration Card and California Driver License
- ☐ Recent Social Security Statement
- ☐ Fingerprint-See attached
- ☐ Department of Motor Vehicle (DMV) Printout
- ☐ Department of Justice Record: Please call 916-227-2222 for information.

Cc:

Nawel Nour
844 5th Street Apt B
Santa Monica, CA 90403

LOS ANGELES CA 900
24 JUN 2005 PM 11 L



24 JUN 2005 PM 11 L

.....
Officer: S. M. KIM
U.S. Citizenship and Immigration Services
P.O. Box 532939
Los Angeles, CA 900 53-2939

30053+2920 8039

Nawal Nour 844 5th Street No. B, Santa Monica, CA 90403 Cell: 310.266.2219 Home: 310.656.7729

Date: 06/29/2006

Officer: S. M. KIM
U.S. Citizenship and Immigration Services
P.O. Box 532939
Los Angeles, CA 90053-2939

Re: Nawal Nour
File No. A 73 822 778
Requested Documents: California Department of Justice Clearance Letter

Dear Officer S. M. KIM,

I am sending the attached clearance letter from the State of California Department of Justice which covers all the State of California.

Sincerely,



Nawal Nour
310.656.7729 Home
310.266.2219 Cell
 My Son Cell

(b)(6)



**BUREAU OF CRIMINAL IDENTIFICATION
AND INFORMATION**
P.O. BOX 903417
SACRAMENTO, CA 94203-4170

June 26, 2006

Nawal Nour
844 5th Street, # B
Santa Monica, CA 90403

RE: Criminal History Record

Dear Ms. Nour:

This letter is a response to your request for a criminal record background check as provided by California Penal Code Section 11105 (c)(8).

No criminal record was located in the files of the California Department of Justice based upon the name, date of birth, California Driver's License and Social Security numbers submitted with your fingerprint impressions. Present this letter to the proper immigration authorities.

The fingerprints which were submitted are unclassifiable and are being rejected. Do not resubmit unless instructed to do so by the immigration authorities.

If you have any further questions, I may be contacted at the above address or by telephone at (916) 227-3364.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Santos", with a stylized flourish at the end.

Robert Santos, Assistant Manager
Record Review Unit
Record Support Section

For **BILL LOCKYER**
Attorney General

Hand - Delivered

A #:

73 822 118

On MAY 2 2006, you were interviewed by USCIS officer S. M. KIM.

- ☒ You passed the tests of English and U.S. history and government.
- ☐ You passed the tests of U.S. history and government and the English language requirement was waived.
- ☐ USCIS has accepted your request for a Disability Exception. You are exempted from the requirement to demonstrate English language ability and/or a knowledge of U.S. history and government.
- ☐ You will be given another opportunity to be tested on your ability to _____ speak/ _____ read/ _____ write _____ English.
- ☐ You will be given another opportunity to be tested on your knowledge of U.S. history and government.
- ☒ Please follow the instructions on Form ~~N-44~~ **NR-822**
- ☐ USCIS will send you a written decision about your application.
- ☐ You did not pass the second and final test of your _____ English ability/ _____ knowledge of U.S. history and government. You will not be rescheduled for another interview for this Form N-400. USCIS will send you a written decision about your application.

A) Congratulations! Your application has been recommended for approval. At this time it appears that you have established your eligibility for naturalization. If final approval is granted, you will be notified when and where to report for the Oath Ceremony. **You cannot vote or register to vote until you are sworn in as a United States citizen.**

- ☐ Please take this letter to the Oath Ceremony.

USCIS Officer, check appropriate box(es):

Officer Initials

 Section 312 Waiver Handicap Applicant Exempt English Requirements

B) A decision cannot yet be made about your application.

It is very important that you:

- ☒ Notify USCIS if you change your address:

You may notify us of any change in your mailing address by calling 1-800-375-5283. If you do not receive an appointment notice within 90 days from the date of this letter, or to notify us in writing of any change in your mailing address, please write to:

U.S. Citizenship and Immigration Services
P.O. Box 532969
Los Angeles, CA 90053-2969

- ☒ Come to any scheduled interview.
- ☒ Submit all requested documents.
- ☒ Send any questions about this application in writing to the officer named above. Include your full name, Alien Registration Number (A#,) and a copy of this paper.
- ☒ Go to any Oath Ceremony that you are scheduled to attend.
- ☒ Notify USCIS as soon as possible in writing if you cannot come to any scheduled interview or Oath Ceremony. Include a copy of this paper and a copy of the scheduling notice.

NOTE: Please be advised that under section 336 of the Immigration and Nationality Act, you have the right to request a hearing before an immigration officer if your application is denied, or before the U.S. district court if USCIS had not made a determination on your application within 120 days of the date of your examination.

☐ SEE REVERSE



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

300 N. Los Angeles Street
Los Angeles, CA 90012

X *Nawal*

NAWAL NOUR
HAND-DELIVERED

File No: A 73 822 778
Date: 5/24/2006
Officer: S. M. KIM

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Los Angeles, CA 90053-2939

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ALL ARRESTS, including following

<u>Arrest date</u>	<u>Arresting Agency</u>	<u>Place of Arrest</u>	<u>Charge</u>
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(All court dispositions MUST be certified by the court issuing the record. If there is no record or the record is no longer available, you must submit documentation from the appropriate agency stating this. If a record has been pulled or removed, court records showing this must be submitted.)



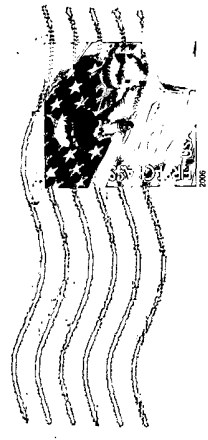
Police clearance(s) from the local law enforcement agency(ies) in each jurisdiction where you have resided a minimum of six months during the years 2000 -Present.

- ☐ Birth certificate of :
- ☐ Marriage certificate of : if applicable
- ☐ Divorce decree (interlocutory and final decree) of:
- ☐ Death certificate of _____
- ☐ Your written statement, as well as a letter on official church stationery signed by a church official, explaining how your religious beliefs prevent you from taking the full oath.

SEE
REVERSE

Nawal Nour
844 5th Street Apt B
Santa Monica, CA 90403

RECEIVED
JUN 30 2006
MAIL ROOM



LOS ANGELES CA 900
30 JUN 2006 PM 6 T

.....
Officer: S. M. KIM
U.S. Citizenship and Immigration Services
P.O. Box 532939
Los Angeles, CA 90053-2939

30033+2320 B033//

SENDER COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

U.S. CITIZENSHIP
and IMMIGRATION
SERVICE
P.O. BOX 532979
LOS ANGELES, CA

2. Article Number

(Transfer from service label)

90057

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☒ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7004 1350 0001 7386 4526

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

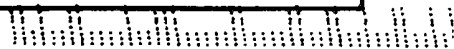
• Sender: Please print your name, address, and ZIP+4 in this box •

NAWAL NOUR

8445 HST # B

SANTA MONICA, CA 90403

90403+1348-74 0003



Hand - Delivered

A #:

73 822 118

On MAY 2 2008 2008, you were interviewed by USCIS officer S. M. KIM.

- ☒ You passed the tests of English and U.S. history and government.
- ☐ You passed the tests of U.S. history and government and the English language requirement was waived.
- ☐ USCIS has accepted your request for a Disability Exception. You are exempted from the requirement to demonstrate English language ability and/or a knowledge of U.S. history and government.
- ☐ You will be given another opportunity to be tested on your ability to _____ speak/ _____ read/ _____ write _____ English.
- ☐ You will be given another opportunity to be tested on your knowledge of U.S. history and government.
- ☒ Please follow the instructions on Form ~~N-44~~ **NR-822**.
- ☐ USCIS will send you a written decision about your application.
- ☐ You did not pass the second and final test of your _____ English ability/ _____ knowledge of U.S. history and government. You will not be rescheduled for another interview for this Form N-400. USCIS will send you a written decision about your application.

A) Congratulations! Your application has been recommended for approval. At this time it appears that you have established your eligibility for naturalization. If final approval is granted, you will be notified when and where to report for the Oath Ceremony. **You cannot vote or register to vote until you are sworn in as a United States citizen.**

- ☐ Please take this letter to the Oath Ceremony:

USCIS Officer, check appropriate box(es):

Officer Initials

 Section 312 Waiver Handicap Applicant Exempt English Requirements

B) A decision cannot yet be made about your application.

It is very important that you:

- ☒ Notify USCIS if you change your address:

You may notify us of any change in your mailing address by calling 1-800-375-5283. If you do not receive an appointment notice within 90 days from the date of this letter, or to notify us in writing of any change in your mailing address, please write to:

U.S. Citizenship and Immigration Services
P.O. Box 532969
Los Angeles, CA 90053-2969

- ☒ Come to any scheduled interview.
- ☒ Submit all requested documents.
- ☒ Send any questions about this application in writing to the officer named above. Include your full name, Alien Registration Number (A#,) and a copy of this paper.
- ☒ Go to any Oath Ceremony that you are scheduled to attend.
- ☒ Notify USCIS as soon as possible in writing if you cannot come to any scheduled interview or Oath Ceremony. Include a copy of this paper and a copy of the scheduling notice.

NOTE: Please be advised that under section 336 of the Immigration and Nationality Act, you have the right to request a hearing before an immigration officer if your application is denied, or before the U.S. district court if USCIS had not made a determination on your application within 120 days of the date of your examination.

☐ SEE REVERSE



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

300 N. Los Angeles Street
Los Angeles, CA 90012

X *Nawal*

NAWAL NOUR
HAND-DELIVERED

File No: A 73 822 778
Date: 5/24/2006
Officer: S. M. KIM

Examination of your application (N-400) shows that additional information, documents or forms are needed before your application can be acted upon. Please **RETURN THIS NOTICE WITH THE REQUESTED INFORMATION and/or DOCUMENTS** by mail only within 30 days from the date of this notice to the following address:

U.S. Citizenship and Immigration Services
P.O. Box 532939
Los Angeles, CA 90053-2939

FAILURE TO DO SO MAY RESULT IN THE DENIAL OF YOUR APPLICATION

NOTE: ALL DOCUMENTS MUST BE ORIGINAL OR CERTIFIED COPIES.

Any documents in a foreign language must be accompanied by a translation in English. The translator must certify that he/she is competent to translate and that the translation is accurate.

- ☐ Complete court disposition(s), arrest report(s), complaint(s) and probation report (if applicable) for the following:

ALL ARRESTS, including following

<u>Arrest date</u>	<u>Arresting Agency</u>	<u>Place of Arrest</u>	<u>Charge</u>
--------------------	-------------------------	------------------------	---------------

(All court dispositions MUST be certified by the court issuing the record. If there is no record or the record is no longer available, you must submit documentation from the appropriate agency stating this. If a record has been sealed or expunged, court records showing this must be submitted.)

- ☒ Police clearance(s) from the local law enforcement agency(ies) in each jurisdiction where you have resided a minimum of six months during the years 2000 -Present.
- ☐ Birth certificate of :
- ☐ Marriage certificate of : if applicable
- ☐ Divorce decree (interlocutory and final decree) of:
- ☐ Death certificate of _____
- ☐ Your written statement, as well as a letter on official church stationery signed by a church official, explaining how your religious beliefs prevent you from taking the full oath.

SEE
REVERSE

U.S. DEPARTMENT OF HOMELAND SECURITY
U.S. Citizenship and Immigration Services

HEADQUARTERS

05/24/2006

Application Number: WSC*001348184

Alien Number: A073822778

On this day, 05/24/2006, I, Nawal Abdelaziz Nour ,
waive the right to have my attorney, (b)(6)
present at this interview.



Nawal Abdelaziz Nour

Appearances - An appearance shall be filed on this form by the attorney or representative appearing in each case. Thereafter, substitution may be permitted upon the written withdrawal of the attorney or representative of record or upon notification of the new attorney or representative. When an appearance is made by a person acting in a representative capacity, his personal appearance or signature shall constitute a representation that under the provisions of this chapter he is authorized and qualified to represent. Further proof of authority to act in a representative capacity may be required. Availability of Records - During the time a case is pending, and except as otherwise provided in 8 CFR 103.2 (b), a party to a proceeding or his attorney or representative shall be permitted to examine the record of proceeding in a Service office. He may, in conformity with 8 CFR 103.10, obtain copies of Service records or information therefrom and copies of documents or transcripts of evidence furnished by him. Upon request, he/she may, in addition, be loaned a copy of the testimony and exhibits contained in the record of proceeding upon giving his/her receipt for such copies and pledging that it will be surrendered upon final disposition of the case or upon demand. If extra copies of exhibits do not exist, they shall not be furnished free on loan; however, they shall be made available for copying or purchase of copies as provided in 8 CFR 103.10.



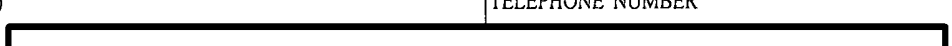
In re: N-400	Date: 7/7/2005
	File No. A073 822 778

I hereby enter my appearance as attorney for (or representative of), and at the request of the following named person(s):

Name: NAWAL A. NOUR	<input type="checkbox"/> Petitioner <input type="checkbox"/> Beneficiary	<input type="checkbox"/> Applicant		
Address: (Apt. No.) B	(Number & Street) 844 5TH ST	(City) SANTA MONICA	(State) CA	(Zip Code) 90403
Name:	<input type="checkbox"/> Petitioner <input type="checkbox"/> Beneficiary	<input type="checkbox"/> Applicant		
Address: (Apt. No.)	(Number & Street)	(City)	(State)	(Zip Code)

Check Applicable Item(s) below:

<input checked="" type="checkbox"/> 1. I am an attorney and a member in good standing of the bar of the Supreme Court of the United States or of the highest court of the following State, territory, insular possession, or District of Columbia <u>CALIFORNIA SUPREME COURT</u> and am not under a court or administrative agency order suspending, enjoining, restraining, disbaring, or otherwise restricting me in practicing law. <small>Name of Court</small>
<input type="checkbox"/> 2. I am an accredited representative of the following named religious, charitable, social service, or similar organization established in the United States and which is so recognized by the Board:
<input type="checkbox"/> 3. I am associated with the attorney of record previously filed a notice of appearance in this case and my appearance is at his request. (If you check this item, also check item 1 or 2 whichever is appropriate.)
<input type="checkbox"/> 4. Others (Explain Fully.) (b)(6)

SIGNATURE 	COMPLETE ADDRESS 
NAME (Type or Print) (b)(6)	TELEPHONE NUMBER 

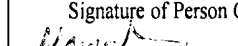
PURSUANT TO THE PRIVACY ACT OF 1974, I HEREBY CONSENT TO THE DISCLOSURE TO THE FOLLOWING NAMED ATTORNEY OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY IMMIGRATION AND NATURALIZATION SERVICE SYSTEM OF RECORDS:

(b)(6)

(Name of Attorney or Representative)

THE ABOVE CONSENT TO DISCLOSURE IS IN CONNECTION WITH THE FOLLOWING MATTER:

ALL IMMIGRATION MATTERS

Name of Person Consenting NAWAL A. NOUR	Signature of Person Consenting 	Date 7/7/2005
--	---	------------------

(NOTE: Execution of this box is required under the Privacy Act of 1974 where the person being represented is a citizen of the United States or an alien lawfully admitted for permanent residence.)



LEROY D. BACA, SHERIFF

County of Los Angeles
Sheriff's Department Headquarters
4700 Ramona Boulevard
Monterey Park, California 91754-2169

(562) 465-7825

May 25, 2006

Ms. Nawal Abdel Aziz Nour
844 5th Street
Santa Monica, California 90403

Dear Ms. Nour:

Utilizing information you provided, we conducted a **name only/non-fingerprint** based search of Los Angeles County Sheriff's Department records on your behalf. The search included arrest records, booking records, and active arrest warrants ranging from the year 2000 to the present. Our inquiry failed to produce any such records. As presented, we used the following to conduct our search:

NAME: Nawal Abdel Aziz Nour
ALIAS(ES): Nawal A. Nour
DATE OF BIRTH: November 3, 1946
IDENTIFICATION: State of California Driver License Number A5277724

Our investigation did not include a search of records held by the State of California, or any other law enforcement agency serving local municipalities in Los Angeles County. If you desire a more thorough account of your personal history, you may contact the California Department of Justice at (916) 227-3822, and they will guide you to obtaining a more complete record.

Sincerely,

LEROY D. BACA, SHERIFF

Henry Arevalo, Director
Records and Identification Bureau

A Tradition of Service



2006 JUN -6 P 1:52

DISPATCH

MAIL ROOM



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

300 N. Los Angeles Street
Los Angeles, CA 90012

X *Naval Nour*

NAWAL NOUR
HAND-DELIVERED

File No: A 73 822 778
Date: 5/24/2006
Officer: S. M. KIM

Examination of your application (N-400) shows that additional information, documents or forms are needed before your application can be acted upon. Please **RETURN THIS NOTICE WITH THE REQUESTED INFORMATION and/or DOCUMENTS** by mail only within 30 days from the date of this notice to the following address:

U.S. Citizenship and Immigration Services
P.O. Box 532939
Los Angeles, CA 90053-2939

FAILURE TO DO SO MAY RESULT IN THE DENIAL OF YOUR APPLICATION

NOTE: ALL DOCUMENTS MUST BE ORIGINAL OR CERTIFIED COPIES.

Any documents in a foreign language must be accompanied by a translation in English. The translator must certify that he/she is competent to translate and that the translation is accurate.

- ☐ Complete court disposition(s), arrest report(s), complaint(s) and probation report (if applicable) for the following:

ALL ARRESTS, including following

Arrest date

Arresting Agency

Place of Arrest

Charge

(All court dispositions MUST be certified by the court issuing the record. If there is no record or the record is no longer available, you must submit documentation from the appropriate agency stating this. If a record has been sealed or expunged, court records showing this must be submitted.)

- ☒ Police clearance(s) from the local law enforcement agency(ies) in each jurisdiction where you have resided a minimum of six months during the years 2000 -Present *S. M. Kim*
- ☐ Birth certificate of :
- ☐ Marriage certificate of : if applicable
- ☐ Divorce decree (interlocutory and final decree) of:
- ☐ Death certificate of _____
- ☐ Your written statement, as well as a letter on official church stationery signed by a church official, explaining how your religious beliefs prevent you from taking the full oath.

SEE
REVERSE

Hand - delivered

A #:

73 822 118

On MAY 2 2006, you were interviewed by USCIS officer S. M. KIM.

- ☒ You passed the tests of English and U.S. history and government.
- ☐ You passed the tests of U.S. history and government and the English language requirement was waived.
- ☐ USCIS has accepted your request for a Disability Exception. You are exempted from the requirement to demonstrate English language ability and/or a knowledge of U.S. history and government.
- ☐ You will be given another opportunity to be tested on your ability to _____ speak/ _____ read/ _____ write _____ English.
- ☐ You will be given another opportunity to be tested on your knowledge of U.S. history and government.
- ☒ Please follow the instructions on Form ~~N-44~~ **NR-822**
- ☐ USCIS will send you a written decision about your application.
- ☐ You did not pass the second and final test of your _____ English ability/ _____ knowledge of U.S. history and government. You will not be rescheduled for another interview for this Form N-400. USCIS will send you a written decision about your application.

A) Congratulations! Your application has been recommended for approval. At this time it appears that you have established your eligibility for naturalization. If final approval is granted, you will be notified when and where to report for the Oath Ceremony. **You cannot vote or register to vote until you are sworn in as a United States citizen.**

☐ Please take this letter to the Oath Ceremony:

USCIS Officer, check appropriate box(es):

Officer Initials

 Section 312 Waiver Handicap Applicant Exempt English Requirements

B) A decision cannot yet be made about your application.

It is very important that you:

☒ Notify USCIS if you change your address:

You may notify us of any change in your mailing address by calling 1-800-375-5283. If you do not receive an appointment notice within 90 days from the date of this letter, or to notify us in writing of any change in your mailing address, please write to:

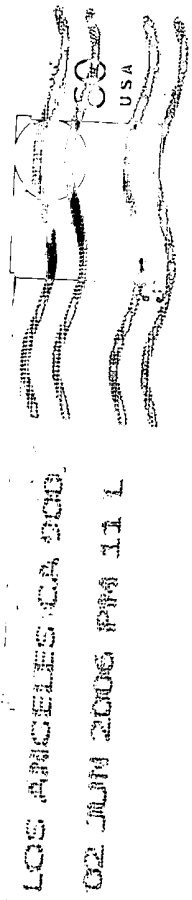
U.S. Citizenship and Immigration Services
P.O. Box 532969
Los Angeles, CA 90053-2969

- ☒ Come to any scheduled interview.
- ☒ Submit all requested documents.
- ☒ Send any questions about this application in writing to the officer named above. Include your full name, Alien Registration Number (A#,) and a copy of this paper.
- ☒ Go to any Oath Ceremony that you are scheduled to attend.
- ☒ Notify USCIS as soon as possible in writing if you cannot come to any scheduled interview or Oath Ceremony. Include a copy of this paper and a copy of the scheduling notice.

NOTE: Please be advised that under section 336 of the Immigration and Nationality Act, you have the right to request a hearing before an immigration officer if your application is denied, or before the U.S. district court if USCIS had not made a determination on your application within 120 days of the date of your examination.

☐ SEE REVERSE

Naval Nour
844 5th Street Apt B
Santa Monica, CA 90403



U.S. Citizenship and Immigration Services
P.O. Box 532939
Los Angeles, CA 90053-2939

90053-2939

U.S. Citizenship and Immigration Services



Request for Applicant to Appear for Naturalization Initial Interview			NOTICE DATE April 22, 2006
CASE TYPE N400 Application For Naturalization			INS A# A 073 822 778
APPLICATION NUMBER WSC*001348184	RECEIVED DATE July 12, 2005	PRIORITY DATE July 12, 2005	PAGE 1 of 1

APPLICANT NAME AND MAILING ADDRESS
NAWAL ABDELAZIZ NOUR
844 5 ST B
SANTA MONICA CA 90403

Please come to:
LOS ANGELES DISTRICT OFFICE
300 NORTH LOS ANGELES STREET
ROOM: 6024A/47
LOS ANGELES CA 90012

On (Date): Wednesday, May 24, 2006
At (Time): 09:15 AM

You are hereby notified to appear for an interview on your Application for Naturalization at the date, time, and place indicated above. **Waiting room capacity is limited. Please do not arrive any earlier than 30 minutes before your scheduled appointment time.** The proceeding will take about two hours. If for any reason you cannot keep this appointment, return this letter immediately to the INS office address listed below with your explanation and a request for a new appointment; otherwise, no further action will be taken on your application.

If you are applying for citizenship for yourself, you will be tested on your knowledge of the government and history of the United States. You will also be tested on reading, writing, and speaking English, unless on the day you filed your application, you have been living in the United States for a total of at least 20 years as a lawful permanent resident and are over 50 years old, or you have been living in the United States for a total of 15 years as a lawful permanent resident and are over 55 years old, or unless you have a medically determinable disability (you must have filed form N648 Medical Certification for Disability Exception, with your N400 Application for Naturalization).

You MUST BRING the following with you to the interview:

- This letter.
- Your Alien Registration Card (green card).
- Any evidence of Selective Service Registration.
- Your passport and/or any other documents you used in connection with any entries into the United States.
- Those items noted below which are applicable to you:

If applying for NATURALIZATION AS THE SPOUSE of a United States Citizen;

- Your marriage certificate.
- Proof of death or divorce for each prior marriage of yourself or spouse.
- Your spouse's birth or naturalization certificate or certificate of citizenship.

If applying for NATURALIZATION as a member of the United States Armed Forces;

- Your discharge certificate, or form DD 214.

If copies of a document were submitted as evidence with your N400 application, the originals of those documents should be brought to the interview.


PLEASE keep this appointment, even if you do not have all the items indicated above.

If you have any questions or comments regarding this notice or the status of your case, please contact our office at the below address or customer service number. You will be notified separately about any other cases you may have filed.

INS Office Address:
US IMMIGRATION AND NATURALIZATION SERVICE
300 NORTH LOS ANGELES STREET
LOS ANGELES CA 90012-

INS Customer Service Number:
(800) 375-5283

APPLICANT COPY



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

Additional Information

GENERAL.

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

INQUIRIES.

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

APPROVAL OF NONIMMIGRANT PETITION.

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

APPROVAL OF AN IMMIGRANT PETITION.

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

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

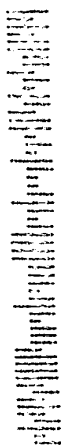
If this notice indicates we have approved the immigrant petition you filed, and have forwarded it to the Department of State Immigrant Visa Processing Center, that office will contact the person you filed the petition for directly with information about visa issuance.

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

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

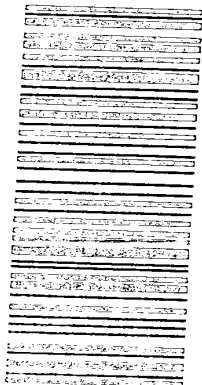
LAW OFFIC

6399 Wilshire Blvd. Suite 804
Los Angeles, CA 90048



PLEASE PRINT (Do not write in this space)
OFFICE ADDRESS FOR MAILING

6399 WILSHIRE BLVD. SUITE 804
LOS ANGELES, CA 90048



7003 1680 0006 6805 1782

U.S. C.I.S.
California Service Center
P.O. Box 10400
Laguna Niguel, CA 92607-0400

UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE

COVER SHEET

RECORD OF PROCEEDING

This is a permanent record to the Immigration and Naturalization Service. Any part of this record which is removed **MUST BE RETURNED** after it has served its purpose.

INSTRUCTIONS

1. Place a separated cover sheet on the top of each Record of Proceeding.
2. Each Record of Proceeding is to be fastened on the inner left side of the file jacket in chronological order.
3. Any person temporarily removing any part of this record must make, date, and sign a notation to this effect which is to be retained in this record below the cover sheet. The signer is responsible for replacing the removed material as soon as it has served its purpose.
4. See AM 2710 for detailed instructions.

NAWAL A NOUR
PO BOX 450
SANTA MONICA CA 90406-0450

NAWAL A NOUR
PO BOX 450
SANTA MONICA CA 90406-0450


02/08/2001 WAC-98-197-54147 WACCPA01


02/08/2001 WAC-98-197-54147 WACCPA01


02/08/2001 WAC-98-197-54147 WACCPA01

WAC-98-197-54147
I-181

U.S. DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

Memorandum of Creation of Record
of Lawful Permanent Residence



02/08/2001 WAC-98-197-54147 WACCP001

Status as a lawful permanent resident of the United States is accorded:

Name In Care Of Street Address Apt. No. City, State, Zip	NAWAL A NOUR			Sex 1 <input type="checkbox"/> Male 2 <input checked="" type="checkbox"/> Female	Date of Birth (Month/Day/Year) 11/03/46	
	844 5TH STREET P.O. Box 450			City of Birth DAKAHLIA	Country of Birth EGYPT	
	B SANTA MONICA, CA 90403			Country of Nationality EGYPT	Country of Last Residence EGYPT	
	90406-0450					
Marital Status	1 <input type="checkbox"/> Single 3 <input checked="" type="checkbox"/> Widowed	2 <input type="checkbox"/> Married 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Separated	Occupation	N/I Class at time of Adj.	Year Adm. to U.S. or Year of Change to Present NI Class (whichever most recent) 19	
Priority Date (Month/Day/Year)			Preference (if any) IRO	Country to Which Chargeable (if any) EGYPT		
Section 212 (a)(14) Labor Certification			1 <input type="checkbox"/> Applicable-Submitted 3 <input checked="" type="checkbox"/> Not Applicable	Mother's First Name HANEM	Father's First Name ABDELAZIZ	
Last NIV Issued at (U.S. Consulate Post)			Date of Issuance of Last NIV	Number of Last NIV	Classification of Last NIV	
Under the following provision of law						
<input type="checkbox"/> Public Law 95-412 <input type="checkbox"/> Public Law 96-212 <input type="checkbox"/> Private Law No. _____ of the _____ Congress _____ Session						
<input type="checkbox"/> Sec. 209 (a) of the I & N Act <input type="checkbox"/> Sec. 209 (b) of the I & N Act <input type="checkbox"/> Sec. 244 () () of the I & N Act <input checked="" type="checkbox"/> Sec. 245 of the I & N Act						
<input type="checkbox"/> Sec. 249 of the I & N Act <input type="checkbox"/> Sec. 1 of the Act of 11/2/66 <input type="checkbox"/> Sec. 13 of the Act of 9/11/57 <input type="checkbox"/> Sec. 214 (d) of the I & N Act						
<input type="checkbox"/> Other law (Specify) _____						
As of AUG X 7 2000 at LOS						
(Month) (Day) (Year)						
Class of admission (Insert Symbol) IRO						
PORT OF ENTRY FOR PERMANENT RESIDENCE						
REMARKS						
RECOMMENDED BY (Immigration Officer) (Date) C. Ramuz				DATE OF ACTION		
				DD		
				DISTRICT		
FOR USE BY VISA CONTROL OFFICE						
Date _____						
Foreign State EGYPT						
Preference Category IRO						
Number _____						
Month of Issuance _____						
Signed _____ (Visa Office, Dept. of State)						

CC: Page 2 Master Index copy sent on 06/24/97

CC: Page 3 ADIT and Statistical report copy sent on _____



Narrow

Norm

USE THIS SIDE FOR TRANSACTIONS THROUGH 7

FORM I-89 (Rev. 2/25/86) N SIDE 2

A. CARD TYPE 1. ☒ REGULAR I-551 2. ☐ COMMUTER I-551 3. ☐ MEXICAN I-586 4. ☐ CANADIAN I-586

B. TRANSACTION CODES - CHECK APPROPRIATE BLOCK

2. ☐ REPLACEMENT FOR LOST/STOLEN CARD 3. ☐ REPLACEMENT FOR MUTILATED CARD 4. ☐ REPLACEMENT FOR ADMINISTRATIVE REASONS 5. ☐ LOST/STOLEN CARD RECOVERED - NO NEW CARD TO BE ISSUED 6. ☐ CARD LIFTED - NO NEW CARD TO BE ISSUED (NOT USED FOR DEATH OR NATURALIZATION) 7. ☐ REPLACEMENT FOR CHANGE IN CARD DATA

A 7 3 8 2 2 7 7 8

D. OLD CARD RECOVERED ☐ YES ☐ NO

E. ISSUE NO OF RECOVERED CARD ☐

AUG 12 1998

F. DATE OF THIS I-89

C. ALIEN NUMBER

G. NAME AS PRINTED ON LAST CARD (LAST/FIRST/MIDDLE)

H. IN CARE OF

I. NUMBER AND STREET (APT. NO. IF APPLICABLE)

J. CITY

K. STATE

L. ZIP CODE

M. DOB (MM/DD/YY) ON CARD

N. AMC

O. OTHER FP DESIGNATOR

P. WAIVER/INIT./REASON

FP _____

SIG _____

PHOTO _____

Q. NAME CHANGE CODE

NEW NAME

R1. CHANGE CODE

NEW DATA

R2. CHANGE CODE

NEW DATA

R3. CHANGE CODE

NEW DATA

S. AFFIX SEAL IN THIS SPACE

T. CERTIFICATION

I certify, based upon all available information, that this applicant is entitled to the immigration document for which this application has been made.

JACQUELYN AMES

U. STAMPED OR PRINTED NAME OF OFFICER

V. OFFICER'S SIGNATURE

W. LOC CODE

A 7 3 8 2 2 7 7 8

X. ALIEN NUMBER

I-551 OR I-586 CARD DATA COLLECTION FORM

TRANSACTION 1 - INITIAL CARD

(Use the Other Side For All Other Transactions)

FORM I-89 (Rev. 2/25/86) N SIDE 1
U.S. DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE

1. CARD TYPE: ☒ REGULAR I-551 ☐ COMMUTER I-551 ☐ MEXICAN I-586 ☐ CANADIAN I-586

A 7 3 8 2 2 7 7 8

AUG 12 1998

2. ALIEN NUMBER

3. DATE OF THIS I-89

4. NAME (LAST/FIRST/MIDDLE)

5. MOTHER'S FIRST NAME

6. FATHER'S FIRST NAME

7. DOB (MM/DD/YY)

8. COB

9. CITY/TOWN/VILLAGE OF BIRTH

10. CITY OF RESIDENCE WHEN APPLYING FOR THIS STATUS

11. CITY OF DESTINATION AT TIME OF ORIGINAL ADMISSION

12. LOCATION OF CONSULATE (OR INS OFFICE WHERE ADJUSTED)

13. POE/POI

14. CLASS

15. ADM/ADJ DATE (MM/DD/YY)

16. AMC

17. OTHER FP

18. WAIVER/REASON

FP

SIG

PHOTO

19. IN CARE OF

20. NUMBER AND STREET (APT NO. IF APPLICABLE)

21. CITY

22. STATE

23. ZIP CODE

25. CERTIFICATION

I certify, based upon all available information, that this applicant is entitled to the immigration document for which this application has been made.

JACQUELYN AMES

26. STAMPED OR PRINTED NAME OF OFFICER

24. AFFIX SEAL IN THIS SPACE

27. OFFICER'S SIGNATURE

28. LOC CODE

29. ALIEN NUMBER



Now

Form 9003
(October 1994)**Additional Questions to be Completed by All Applicants
for Permanent Residence in the United States****This form must accompany your application for permanent residence in the United States****Privacy Act Notice:** Your responses to the following questions will be provided to the Internal Revenue Service pursuant to Section 6039E of the Internal Revenue Code of 1986. Use of this information is limited to that needed for tax administration purposes. Failure to provide this information may result in a \$500 penalty unless failure is due to reasonable cause.

On the date of issuance of the Alien Registration Receipt Card, the Immigration and Naturalization Service will send the following information to the Internal Revenue Service: your name, social security number, address, date of birth, alien identification number, occupation, class of admission, and answers to IRS Form 9003.

Name (Last—Surname—Family) (First—Given) (Middle Initial)

Nour, Nawal

Taxpayer Identification Number

6 2 1 8 1 1 1 1 1 1

Enter your Social Security Number (SSN) if you have one. If you do not have an SSN but have used a Taxpayer Identification Number issued to you by the Internal Revenue Service, enter that number. Otherwise, write "NONE" in the space provided; i.e., "1 1 1 1 1 1 1 1 1 1" [NONE].

	Mark appropriate column	
	Yes	No
1. Are you self-employed? Mark "yes" if you own and actively operate a business in which you share in the profits other than as an investor.		
2. Have you been in the United States for 183 days or more during any one of the three calendar years immediately preceding the current calendar year? Mark "yes" if you spent 183 days or more (not necessarily consecutive) in the United States during any one of the three prior calendar years whether or not you worked in the United States.		
3. During the last three years did you receive income from sources in the United States? Mark "yes" if you received income paid by individuals or institutions located in the United States. Income includes, but is not limited to, compensation for services provided by you, interest, dividends, rents, and royalties.		
4. Did you file a United States Individual Income Tax Return (Forms 1040, 1040A, 1040EZ or 1040NR) in any of the last three years?		

If you answered yes to question 4, for which tax year was the last return filed? 19 9 2

Paperwork Reduction Act Notice—We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is 5 minutes. If you have comments concerning the accuracy of this time estimate or suggestions for making this form more simple, we would be happy to hear from you. You can write to both the **Internal Revenue Service**, Attention: Reports Clearance Officer, PC:FP, Washington, DC 20224, and the **Office of Management and Budget**, Paperwork Reduction Project (1545-1065), Washington, DC 20503. **DO NOT send this form to either of these offices. Instead, return it to the appropriate office of the Department of State or the Immigration and Naturalization Service.**

Remarks

Memorandum of Creation of Record
of Lawful Permanent Residence

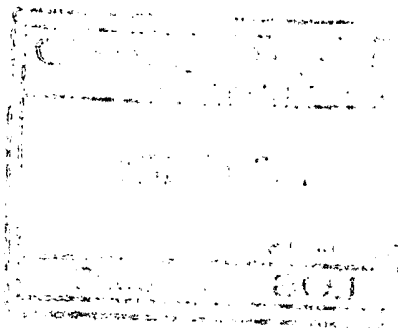
Place	<i>LOS</i>
File No.	<i>A 073 822 778</i>

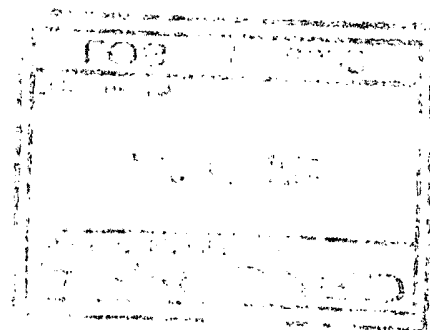
Status as a lawful permanent resident of the United States is accorded:

Name In Care Of Street Address Apt. No. City, State, Zip	NAWAL A NOUR 844 5TH STREET P.O. Box 450 B SANTA MONICA, CA 90403 90406-0450	<div style="border: 1px solid black; width: 40px; height: 100px; margin: 0 auto;"></div>	Sex 1 <input type="checkbox"/> Male 2 <input checked="" type="checkbox"/> Female	Date of Birth (Month/Day/Year) 11/03/46
			City of Birth DAKAHLIA	Country of Birth EGYPT
			Country of Nationality EGYPT	Country of Last Residence EGYPT
Marital Status 3 <input checked="" type="checkbox"/> Widowed	1 <input type="checkbox"/> Single 4 <input type="checkbox"/> Divorced	2 <input type="checkbox"/> Married 5 <input type="checkbox"/> Separated	Occupation	N/I Class at time of Adj.
			Year Adm. to U.S. or Year of Change to Present NI Class (whichever most recent) 19	
Priority Date (Month/Day/Year)		Preference (if any) IRO		Country to Which Chargeable (if any) EGYPT
Section 212 (a)(14) Labor Certification		1 <input type="checkbox"/> Applicable-Submitted 3 <input checked="" type="checkbox"/> Not Applicable		Mother's First Name HANEM
				Father's First Name ABDELAZIZ
Last NIV Issued at (U.S. Consulate Post)		Date of Issuance of Last NIV		Number of Last NIV
				Classification of Last NIV
Under the following provision of law <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Public Law 95-412 <input type="checkbox"/> Public Law 96-212 <input type="checkbox"/> Private Law No. _____ of the _____ Congress _____ Session </div> <div> <input type="checkbox"/> Sec. 209 (a) of the I & N Act <input type="checkbox"/> Sec. 209 (b) of the I & N Act <input type="checkbox"/> Sec. 244 () () of the I & N Act <input checked="" type="checkbox"/> Sec. 245 of the I & N Act </div> <div> <input type="checkbox"/> Sec. 249 of the I & N Act <input type="checkbox"/> Sec. 1 of the Act of 11/2/66 <input type="checkbox"/> Sec. 13 of the Act of 9/11/57 <input type="checkbox"/> Sec. 214 (d) of the I & N Act </div> <div> <input type="checkbox"/> Other law (Specify) _____ _____ _____ </div> </div>				
As of <u>AUG X 7 2000</u> at <u>LOS</u> <small>(Month) (Day) (Year)</small>				
Class of admission (Insert Symbol) <u>IRO</u>				
PORT OF ENTRY FOR PERMANENT RESIDENCE				
REMARKS				
RECOMMENDED BY (Immigration Officer) (Date) <u>[Signature]</u>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> APPROVED U.S. DISTRICT DIRECTOR <u>AUG X 7 2000</u> <u>[Signature]</u> Recommended by: <div style="display: flex; justify-content: space-around;"> LOS 8622 </div> </div>		
DATE OF ACTION		DD		
DISTRICT		FOR USE BY VISA CONTROL OFFICE		
Date _____				
Foreign State <u>EGYPT</u>				
Preference Category <u>IRO</u>				
Number _____				
Month of Issuance _____				
Signed _____ <small>(Visa Office, Dept. of State)</small>				

CC: Page 2 Master Index copy sent on 06/24/97

CC: Page 3 ADIT and Statistical report copy sent on





WITNESSES

by Naval
Horn

Polaroid® J6V073005E

(b)(6)

Fax

*Rw. I Sh. 093***To:** Continued Unit**From:** [REDACTED]**Fax:** (213) 894-3864**Date:** 7/12/00**Phone:****Pages:** 2 incl. cover**Re:** Nawal Nour, A73-822-778☒ **Urgent**☐ **For Review**☐ **Please Comment**☐ **Please Reply**☐ **Please Recycle**

Dear Sirs:

This family-based adjustment applicant was interviewed in August of 1998. Since then she has been fingerprinted at least 5 times (the last time in February of 2000) and still has not had her I-485 adjudicated.

Can you please tell us what the status of this case is?

Please note the address change on the attached page.

Thank you.

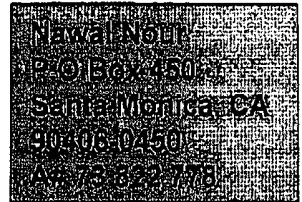
Sincerely,

[REDACTED]
Attorney at Law

(b)(6)

Status Inquiry

Date: July 11, 2000

**Attention: I- 485 UNIT**

Immigration & Naturalization Service
300 N. Los Angeles St. Room 1001
Los Angeles, CA 90012

To Whom It May Concern:

Since my last interview for the Permanent Resident Status (Green Card) on 08-12-98 I have not received any kind of documents or approval letter from The Immigration And Naturalization Services. I have been to the INS Los Angeles Office many times without getting any results. Please Advise me of my current status and any documents that need to be completed on my part. Following is my INS information. Please respond as soon as possible.
Thank you

My name: Last name: NOUR First name: Nawal
Date Of Birth: 11/03/1946

Alien Registration Number: A73 822 778
Social Security Number: 621-82-5223
Control Date: 2-10-97
Interview Date For Permanent Resident Card (Green Card): 08-12-98

Old Address: 847 5th Street # 202, Santa Monica, CA 90403

New Address: **P.O.Box 450
Santa Monica, CA
90406-0450**

Telephone Number: 310-473-3531 Effective Date: October 20, 1997

Please be advised that I have not received any kind of immigration documents ever since I had the interview for the Green Card. Please Advise me of the status of my case and any action required on my part.

Please send any correspondences and/or any immigration documents to this address.

Thank you for your attention and cooperation.

Nawal Nour
Nawal Nour

**IMMIGRATION APPLICATION INVENTORY WORKSHEET
HIGH VOLUME**

 1 **I-485**
_____ Add Init/Date
_____ Comp Init/Date

_____ **I-90**
_____ Add Init/Date
_____ Comp Init/Date

_____ **I-129**
_____ Add Init/Date
_____ Comp Init/Date

_____ **I-130**
_____ Add Init/Date
_____ Comp Init/Date

_____ **I-131**
_____ Add Init/Date
_____ Comp Init/Date

_____ **I-539**
_____ Add Init/Date
_____ Comp Init/Date

_____ **I-751**
_____ Add Init/Date
_____ Comp Init/Date

_____ **I-765**
_____ Add Init/Date
_____ Comp Init/Date

_____ **I-140**
_____ Add Init/Date
_____ Comp Init/Date

_____ **I-191***
_____ Add Init/Date
_____ Comp Init/Date

_____ **I-192***
_____ Add Init/Date
_____ Comp Init/Date

_____ **I-212***
_____ Add Init/Date
_____ Comp Init/Date

***Contained in I-724**

_____ **(OTHER)**
_____ Add Init/Date
_____ Comp Init/Date

_____ **(OTHER)**
_____ Add Init/Date
_____ Comp Init/Date

_____ **I-601***
_____ Add Init/Date
_____ Comp Init/Date

_____ **I-602***
_____ Add Init/Date
_____ Comp Init/Date

_____ **I-612***
_____ Add Init/Date
_____ Comp Init/Date

_____ **I-817**
_____ Add Init/Date
_____ Comp Init/Date

_____ **I-881**
_____ Add Init/Date
_____ Comp Init/Date

_____ **(OTHER)**
_____ Add Init/Date
_____ Comp Init/Date

07:47:48



**LOS ANGELES DISTRICT
EXAMINATIONS BRANCH-ADJUSTMENT OF STATUS UNIT**

2nd Floor ROOM ~~8024~~ 2024
DROP OFF INQUIRY/RESPONSE FORM

☒ Change address

☒ Check Status

Name and address of Inquirer or applicant:

Date: 09-15-99

NAWAL NOUR

Name of Representative, if any:

P.O. Box 450

SANTA MONICA, CA 90406

(Please Attach FORM G-28)

Phone # 310-473-3531

Your assistance in furnishing identifying information is requested so that we may act upon or reply to your inquiry. Please fill in the necessary information and submit this form to the receptionist. Please submit any relevant information and forms with your document. **A WRITTEN RESPONSE TO YOUR INQUIRY WILL BE PROVIDED BY MAIL WITH SIXTY (60) DAYS.** Thank you for your patience and cooperation.

NAME OF APPLICANT: NAWAL NOUR

DATE & PLACE OF BIRTH: 11-03-46

"A" FILE NUMBER: A 73 822 778

DATE I-485 APPLICATION FILED: _____

UNDERLYING VISA PETITION: ☐ I-130 ☐ I-140 ☐ I-360 ☐ OTHER/SPECIFY: _____

DATE OF INTERVIEW: 08-12-98

NAME OF INTERVIEWING OFFICER: _____

GIVE A BRIEF EXPLANATION OF YOUR CASE: I had a Green Card interview on 08-12-98 and until this date I have not received anything from immigration. I have changed my address.

DO NOT WRITE BELOW THIS LINE

PLEASE NOTE THE APPLICABLE INS RESPONSE: _____

DATE: _____

_____ The case has been approved. Form I-181, approval notice attached. Your alien registration card will be mailed to your from the immigration card facility in Arlington Texas. No further action by you is necessary. Temporary evidence of lawful permanent residence by be obtained by presenting your valid passport and the attached notice at this office any weekday (except holidays) 7:00 A.M. -2:00 P.M.

_____ The case has been approved. However before we can process your case further for issuance of your Alien Registration card (I-551). We will need to obtain your (fingerprint), (signature), (Photograph. See specification sheet attached). Your appearance at this office is required. (Same place and hour as above). Please ask for officer: _____.

_____ Further continuance of this case is warranted. Please see attached.

_____, Immigration Examiner

O.I.405 (REV.11/97)

06/05/2000

07:45:48



U.S. Department of Justice
Immigration & Naturalization Service
Los Angeles District Office

ADJUSTMENT OF STATUS INQUIRY

300 N. Los Angeles Street
Los Angeles CA 90012

TODAY'S DATE

2-16-2000

ADJUSTMENT OF STATUS INQUIRY

INQUIRIES WILL NOT BE ACCEPTED UNTIL 2 YEARS AFTER YOUR INTERVIEW. NO RESPONSE WILL BE GIVEN IF SUBMITTED PRIOR TO THE 2 YEARS. INQUIRIES MAY BE SUBMITTED IN ONE OF THE FOLLOWING MANNERS:

[THIS BOXED SECTION OF THE FORM TO BE COMPLETED BY AN INS EMPLOYEE ONLY]

☐ **WALK-IN OR DROP OFF INQUIRY:** Room 1001, 300 N. Los Angeles St., Los Angeles, CA
SERVICE HOURS: Mon., Tues., Wed., and Friday, 7:00am - 3:00pm; Thurs., 7:00am - NOON

☐ **MAIL:** U.S. Immigration and Naturalization Service, ATTN: ROOM 2024/INQUIRY
P.O. Box 532559, Los Angeles, CA 90053-2559

☐ **GO TO ROOM 2024 ON THE SECOND FLOOR:**

☐ Check Status

☐ Reschedule

☐ Other

DATE OF INTERVIEW AND INTERVIEWING OFFICER:

Control Date 2-10-97

APPLICANT(S) NAME AND ADDRESS:

NAWAL NOUR
P.O. Box 450
SANTA MONICA, CA 90408

☒ Check this box if this is a change of address

NAME OF REPRESENTATIVE, IF ANY:

(Please Attach Form G-28)

TELEPHONE # (310) 473-3531
FAX # (310) 473-3531

TELEPHONE # () _____
FAX # () _____

LIST APPLICANT & FAMILY MEMBERS (SPOUSE & CHILDREN) AND "A" NUMBERS (IF ANY). LIST ADDITIONAL FAMILY MEMBER(S) ON THE BACK OF THIS FORM.

A# 73 822778 NAME NAWAL NOUR DATE & PLACE OF BIRTH 11-3-46 EGYPT

A# _____ NAME _____ DATE & PLACE OF BIRTH _____

A# _____ NAME _____ DATE & PLACE OF BIRTH _____

ADDITIONAL DOCUMENTS SUBMITTED ON (DATE): Status Inquiry 8-99# 1-2000

GIVE A BRIEF EXPLANATION OF YOUR INQUIRY (Use reverse side of this form if necessary):

I had the interview for the Green Card on 8-98 and I have not received any kind of documents since then. I called INS and was told that I was approved for the Green Card many months ago. and must go to Room 1001 to be processed for the Green Card.

YOU MUST ATTACH A COPY OF ONE OF THE FOLLOWING WITH THIS NOTICE: Appointment Notice, Adjustment of Status Notice, Form I-72 or WR-827.

Change of Address Notice
& Inquiry about my status

RECEIVED
US IMMIGRATION
& NATZ. SERVICE

00 JAN 27 AM 9:37

LOS RECORDS
MAILROOM

Nawal Nour
P.O.Box 450
Santa Monica, CA
90406-0450
A# 73 822 778

Date: January 21, 2000

Immigration & Naturalization Service
300 N. Los Angeles St. Room 1001
Los Angeles, CA 90012

To Whom It May Concern:

This is a change of address notice. Please be advised that I have changed my mailing address as follows:

My name:

Last name: NOUR

First name: Nawal

Date Of Birth: 11/03/1946

Alien Registration Number: A73 822 778

Old Address: 847 5th Street # 202, Santa Monica, CA 90403

New Address:

**P.O.Box 450
Santa Monica, CA
90406-0450**

Telephone Number: 310-473-3531

Effective Date: October 20, 1997

Interview Date For Permanent Resident Card (Green Card): 08/12/98

Please be advised that I have not received any kind of immigration documents ever since I had the interview for the Green Card. Please Advise me of the status of ^{my} case and any action required on my part.

Please send any correspondences and/or any immigration documents to this address.

Thank you for your attention and cooperation.

Nawal Nour

Nawal Nour

US DEPT OF JUSTICE
LOS ANGELES INS
RETAIN THIS RECEIPT

1/09/97

3822778*H

ASTNAME 0.00

OUR/NAWALHH

485 130.00

765 70.00

130 80.00

TLAMT 280.00

HECK 210.00

HECK 70.00

1052002 R 2 8:14

RETAIN THIS RECEIPT



U.S. Department of Justice

Immigration & Naturalization Service

300 N. Los Angeles Street

Los Angeles, CA 90012

CONTROL DATE: 2-10-97

CRATE A

NAME NAWAC NOUR A# 73 822 778

YOUR APPLICATION FOR ADJUSTMENT OF STATUS HAS BEEN RECEIVED. PLEASE READ THE ITEM(S) CHECKED BELOW AND FOLLOW THE INSTRUCTIONS GIVEN.

☐ YOUR APPOINTMENT FOR AN EMPLOYMENT AUTHORIZATION CARD HAS BEEN SCHEDULED AS FOLLOWS:

Please come into this office, Room B-232 - Date APR 21 1997 Time 8:00 AM to be processed for your Employment Authorization Card. DUE TO LIMITED SEATING, DO NOT BRING FAMILY MEMBERS OR FRIENDS TO ROOM B-232, ONLY THE APPLICANT WILL BE ALLOWED INSIDE THE ROOM.

Attention!! You must bring this *ORIGINAL* notice AND your fee receipt from the Immigration & Naturalization Service.

☒ YOU WILL BE NOTIFIED BY MAIL NO LATER THAN 12 MONTHS FROM THE DATE OF THIS NOTICE WHETHER YOU ARE REQUIRED TO HAVE AN ADJUSTMENT OF STATUS INTERVIEW. IF AN INTERVIEW IS REQUIRED, YOU WILL BE NOTIFIED OF THE DATE AND TIME AND WHAT ADDITIONAL ITEMS YOU ARE REQUIRED TO SUBMIT. IF NO INTERVIEW IS REQUIRED, YOU WILL BE NOTIFIED OF THE DATE AND TIME YOU MUST APPEAR AT THE INS OFFICE TO BE PROCESSED FOR YOUR I-551 CARD.

PLEASE DO NOT CONTACT THIS OFFICE PRIOR TO 12 MONTHS FROM THE "CONTROL DATE" ABOVE TO INQUIRE ABOUT THE STATUS OF YOUR APPLICATION UNLESS:

- 1) YOU CHANGE YOUR ADDRESS - MAIL A COPY OF THIS NOTICE ALONG WITH YOUR NEW ADDRESS TO: INS, 300 N. LOS ANGELES ST., ROOM 1001, LOS ANGELES, CA 90012.
- 2) YOU PLAN TO DEPART FROM THE UNITED STATES TO ANY COUNTRY INCLUDING MEXICO (TIJUANA INCLUDED), OR CANADA PRIOR TO YOUR INTERVIEW - YOU MUST OBTAIN *ADVANCE PAROLE* FROM THIS SERVICE. FAILURE TO DO SO WILL RESULT IN AUTOMATIC TERMINATION OF YOUR APPLICATION(S). TO OBTAIN *ADVANCE PAROLE*, GO TO: INS, 1241 S. SOTO ST., EAST LOS ANGELES, CA, WITH THIS NOTICE AND YOUR RECEIPT.
- 3) YOU DO NOT HEAR FROM US WITHIN THE TIME-FRAMES SHOWN ABOVE - YOU MAY GO TO 300 N LOS ANGELES ST., ROOM 8024, LOS ANGELES, CA, TO INQUIRE ABOUT YOUR CASE.

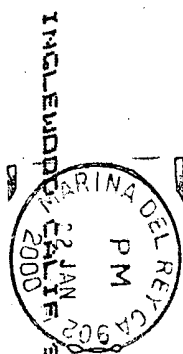
Sincerely,

[Handwritten signature]
[Stamp: INS, LOS ANGELES, CA]

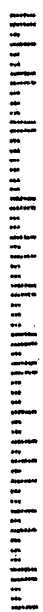
Naval Nour
P.O. Box 450
Santa Monica, CA
90406-0450
A# 73 822 778

Change of Address Notice
& Status Inquiry

Immigration & Naturalization Service
300 N. Los Angeles St. Room 1001
Los Angeles, CA 90012



90012-3308 32



```
Enter the Next Number          <Press Enter>.      F7=Exit.      10:23:58
```




to be Assigned 851 Room

LOS ANGELES DISTRICT

EXAMINATIONS BRANCH-ADJUSTMENT OF STATUS UNIT

2nd Floor ROOM 8074 2024

DROP OFF INQUIRY/RESPONSE FORM

☒ Change address

☒ Check Status

Name and address of Inquirer or applicant:

NAWAL NOUR

Date: 09-15-99

P.O. BOX 450

Name of Representative, if any:

Santa Monica, CA 90406

(Please Attach FORM G-28)

Phone # 310-477-3531

Your assistance in furnishing identifying information is requested so that we may act upon or reply to your inquiry. Please fill in the necessary information and submit this form to the receptionist. Please submit any relevant information and forms with your document. **A WRITTEN RESPONSE TO YOUR INQUIRY WILL BE PROVIDED BY MAIL WITH SIXTY (60) DAYS.** Thank you for your patience and cooperation.

NAME OF APPLICANT:

NAWAL NOUR

DATE & PLACE OF BIRTH:

11-03-46

EGYPT

"A" FILE NUMBER:

A 73 822 778

DATE I-485 APPLICATION FILED:

Control date

02-10-97

UNDERLYING VISA PETITION: () I-130 () I-140 () I-360 () OTHER/SPECIFY:

DATE OF INTERVIEW:

08-12-98

NAME OF INTERVIEWING OFFICER:

GIVE A BRIEF EXPLANATION OF YOUR CASE:

I had my Green Card interview on 08-12-98 and until now I have not received anything from Immigration. I have changed my address

DO NOT WRITE BELOW THIS LINE

PLEASE NOTE THE APPLICABLE INS RESPONSE:

DATE: _____

The case has been approved. Form I-181, approval notice attached. Your alien registration card will be mailed to your from the immigration card facility in Arlington Texas. No further action by you is necessary. Temporary evidence of lawful permanent residence by be obtained by presenting your valid passport and the attached notice at this office any weekday (except holidays) 7:00 A.M. -2:00 P.M.

The case has been approved. However before we can process your case further for issuance of your Alien Registration card (I-551). We will need to obtain your (fingerprint), (signature), (Photograph. See specification sheet attached). Your appearance at this office is required. (Same place and hour as above). Please ask for officer: _____

Further continuance of this case is warranted. Please see attached.

_____, Immigration Examiner

G.14LOS (REV.11/92)

06/02/2000

TRANSACTION COMPLETED 10:09:15



Continue Unit Section

U.S. Department of Justice

Immigration & Naturalization Service

Los Angeles District Office

ADJUSTMENT OF STATUS INQUIRY

300 N. Los Angeles Street
Los Angeles CA 90012

TODAY'S DATE 2-17-2000

ADJUSTMENT OF STATUS INQUIRY

INQUIRIES WILL NOT BE ACCEPTED UNTIL 2 YEARS AFTER YOUR INTERVIEW. NO RESPONSE WILL BE GIVEN IF SUBMITTED PRIOR TO THE 2 YEARS. INQUIRIES MAY BE SUBMITTED IN ONE OF THE FOLLOWING MANNERS:

[THIS BOXED SECTION OF THE FORM TO BE COMPLETED BY AN INS EMPLOYEE ONLY]

- ☐ **WALK-IN OR DROP OFF INQUIRY:** Room 1001, 300 N. Los Angeles St., Los Angeles, CA
SERVICE HOURS: Mon., Tues., Wed., and Friday, 7:00am - 3:00pm; Thurs., 7:00am - NOON
- ☐ **MAIL:** U.S. Immigration and Naturalization Service, ATTN: ROOM 2024/INQUIRY
P.O. Box 532559, Los Angeles, CA 90053-2559
- ☐ **GO TO ROOM 2024 ON THE SECOND FLOOR:**
- ☐ Check Status ☐ Reschedule ☐ Other

DATE OF INTERVIEW AND INTERVIEWING OFFICER:

Control date
2-10-97

interview date
8-98

APPLICANT(S) NAME AND ADDRESS:

NAWAL A. NOUR
P.O. Box 450
SANTA MONICA, CA 90406-0450

NAME OF REPRESENTATIVE, IF ANY:

6-0450

☒ Check this box if this is a change of address

(Please Attach Form G-28)

TELEPHONE # (310) 473-3531

TELEPHONE # () _____

FAX # (310) 473-3531

FAX # () _____

LIST APPLICANT & FAMILY MEMBERS (SPOUSE & CHILDREN) AND "A" NUMBERS (IF ANY). LIST ADDITIONAL FAMILY MEMBER(S) ON THE BACK OF THIS FORM.

A# 73 822 778 NAME NAWAL NOUR DATE & PLACE OF BIRTH 11-3-46 Egypt

A# _____ NAME _____ DATE & PLACE OF BIRTH _____

A# _____ NAME _____ DATE & PLACE OF BIRTH _____

ADDITIONAL DOCUMENTS SUBMITTED ON (DATE): 10-98 / 1-99 / 8-99

GIVE A BRIEF EXPLANATION OF YOUR INQUIRY (Use reverse side of this form if necessary):

I have not received any document from INS
since the interview date in 8-98. Please inform me
if there is any thing needs to be done on my part.

oventes

YOU MUST ATTACH A COPY OF ONE OF THE FOLLOWING WITH THIS NOTICE: Appointment Notice, Adjustment of Status Notice, Form I-72 or WR-827.

Immigration and Naturalization Service
PC Receipt & A-File Accountability and Control System

Receipt or A-File (Inquiry/Request)

Number	A73822778	File Status	RECORD IN USE
Creation Date	11/06/1996	Creation Source	EMPTY JACKET
Last Active Date	11/15/1999	Time	1451
Last Transaction	RECEIVE	Audit Date	11/08/1999
Location Section	ADJ 8FL/245 CONTINUE	Responsible Party	SDAO M. NGUYEN #8511
In Transit To		Phone Number	X8766
Requestor Section		Responsible Party	

PREV LOCATION: ROW E SHELF 002

Number	Section	Responsible Party
A73822778	ADJ 8FL/245 CONTINUE	SDAO M. NGUYEN #8511

Next Receipt or A-Number

TRANSACTION COMPLETED

09:06:36

CNF C-72

(b)(6)



August 5, 1999

U.S. Immigration & Naturalization Service
300 N. Los Angeles Street
~~Room 8010~~
Los Angeles, CA 90012

RE: NOUR, Nawal
A73 822 778

Dear Sirs:

The adjustment applicant named above has moved. Her new address is:

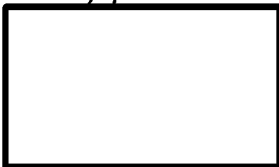
P. O. Box 450
Santa Monica, CA 90406-0450

Please update the file accordingly.

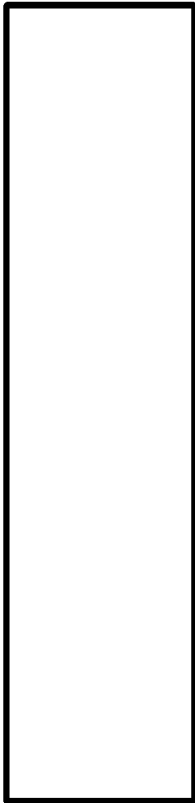
Thank You.

Sincerely,

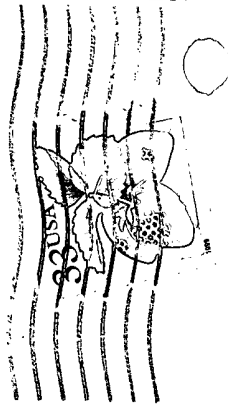
(b)(6)



Attorney at Law

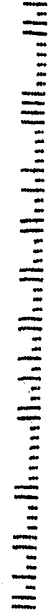


(b)(6)



U.S. Immigration & Naturalization Service
300 N. Los Angeles Street
Room 8010
Los Angeles, CA 90012

90012X3335 32



NAWAL NOUR
A# 73 8 22 778

OCT. 20, 97

U.S. DEPARTMENT of JUSTICE
IMMIGRATION & NATURALIZATION SERVICE
300 N. LOS ANGELES STREET #1001
LOS ANGELES, CA 90012

U.S. IMMIGRATION & NAT. SERVICE
OCT 22 PM 2:19
U.S. RECORDS MAILROOM

Please be advised that my new mailing address is:

NAWAL NOUR
P.O. Box 450
SANTA MONICA, CA
90406-0450

Expires 2nd 2043
Row 2 Shelf 507

Thanks you
Nawal Nour



8024
FX

U.S. Department of Justice
Immigration & Naturalization Service
300 N. Los Angeles Street
Los Angeles, CA 90012

2509
FBR
5/21/98

CONTROL DATE: 2-10-97

CRATE A

NAME NAWAC NOUR A# 73 822 778

YOUR APPLICATION FOR ADJUSTMENT OF STATUS HAS BEEN RECEIVED. PLEASE READ THE ITEM(S) CHECKED BELOW AND FOLLOW THE INSTRUCTIONS GIVEN.

☐ YOUR APPOINTMENT FOR AN EMPLOYMENT AUTHORIZATION CARD HAS BEEN SCHEDULED AS FOLLOWS:

Please come into this office, Room B-232 - Date APR 21 1997 Time 8:00 AM to be processed for your Employment Authorization Card. DUE TO LIMITED SEATING, DO NOT BRING FAMILY MEMBERS OR FRIENDS TO ROOM B-232, ONLY THE APPLICANT WILL BE ALLOWED INSIDE THE ROOM.

Attention!! You must bring this *ORIGINAL* notice AND your fee receipt from the Immigration & Naturalization Service.

☒ YOU WILL BE NOTIFIED BY MAIL NO LATER THAN 12 MONTHS FROM THE DATE OF THIS NOTICE WHETHER YOU ARE REQUIRED TO HAVE AN ADJUSTMENT OF STATUS INTERVIEW. IF AN INTERVIEW IS REQUIRED, YOU WILL BE NOTIFIED OF THE DATE AND TIME AND WHAT ADDITIONAL ITEMS YOU ARE REQUIRED TO SUBMIT. IF NO INTERVIEW IS REQUIRED, YOU WILL BE NOTIFIED OF THE DATE AND TIME YOU MUST APPEAR AT THE INS OFFICE TO BE PROCESSED FOR YOUR I-551 CARD.

PLEASE **DO NOT** CONTACT THIS OFFICE PRIOR TO 12 MONTHS FROM THE "CONTROL DATE" ABOVE TO INQUIRE ABOUT THE STATUS OF YOUR APPLICATION UNLESS:

- 1) YOU CHANGE YOUR ADDRESS - MAIL A COPY OF THIS NOTICE ALONG WITH YOUR NEW ADDRESS TO: INS, 300 N. LOS ANGELES ST, ROOM 1001, LOS ANGELES, CA 90012.
- 2) YOU PLAN TO DEPART FROM THE UNITED STATES TO ANY COUNTRY INCLUDING MEXICO (TIJUANA INCLUDED), OR CANADA PRIOR TO YOUR INTERVIEW - YOU MUST OBTAIN *ADVANCE PAROLE* FROM THIS SERVICE. FAILURE TO DO SO WILL RESULT IN AUTOMATIC TERMINATION OF YOUR APPLICATION(S). TO OBTAIN *ADVANCE PAROLE*, GO TO: INS, 1241 S. SOTO ST., EAST LOS ANGELES, CA, WITH THIS NOTICE AND YOUR RECEIPT.
- 3) YOU DO NOT HEAR FROM US WITHIN THE TIME-FRAMES SHOWN ABOVE - YOU MAY GO TO 300 N LOS ANGELES ST., ROOM 8024, LOS ANGELES, CA, TO INQUIRE ABOUT YOUR CASE.

Sincerely,

Steven K. Rogers
Assistant Director
San Francisco
California

Öäääç

12/02/1999

Öääääááî Immigration and Naturalization Service âääääáç

èèèèèèèèèèèèç PC Receipt & A-File Accountability and Control System óèèèèèèèèèèèèø

[illegible]

Receipt or A-File (Inquiry/Request)

□ Number	A73822778	File Status	RECORD IN USE	□
□ Creation Date	11/06/1996	Creation Source	EMPTY JACKET	□
□ Last Active Date	11/15/1999	Time	1451	□
□ Last Transaction	RECEIVE	Audit Date	11/08/1999	□
□ Location Section	ADJ 8FL/245 CONTINUE	Responsible Party	SDAO M. NGUYEN #8511	□
□ In Transit To		Phone Number	X8766	□
□ Requestor Section		Responsible Party		□

PREV LOCATION: ROW E SHELF 002

Number	Section	Responsible Party
A73822778	ADJ 8FL/245 CONTINUE	SDAO M. NGUYEN #8511

Next Receipt or A-Number

TRANSACTION COMPLETED

07:42:33



U.S. Department of Justice
Immigration and Naturalization Service
300 N. Los Angeles Street
Los Angeles, Ca. 90012

Nawal A. Nour



(b)(6)

A# A73 822 778

FILE :

DATE :

FEB 11 1999

To continue processing of your application form I-485, INS must send your fingerprints to the Federal Bureau of Investigation for a criminal history check. You have been scheduled to be fingerprinted at the location listed below:

OFFICE LOCATION	Application Support Center 888 WILSHIRE BLVD. LOS ANGELES, CA 90017
DATE AND HOUR	FEBRUARY 23, 1999 at 10:00AM
ASK FOR	Fingerprinting Office
REASON FOR APPOINTMENT	<input type="checkbox"/> Initial processing of your fingerprints. <input checked="" type="checkbox"/> The period of validity for your fingerprint check has expired. <input type="checkbox"/> Your fingerprints have been rejected by the FBI
BRING WITH YOU:	THIS LETTER, your Alien Registration Card (if applicable), and photo identification such as passport, valid driver's license, national ID, military ID, State-issued photo ID, or other INS issued photo ID. If you do not bring this letter and proper photo identification, you will not be permitted to have your fingerprints taken.

Please take note that the staff at the Application Support Center will not be able to answer any questions about the status of your application. **Failure to appear may result in the denial of your application.**

F/P INDICATOR: _____
F/P PROCESSING DATE _____
RAFACS _____
INS OFFICIAL'S INITIALS _____

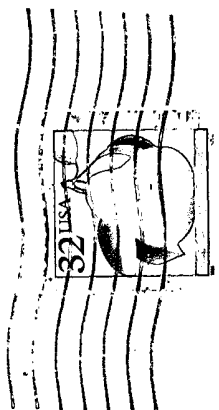
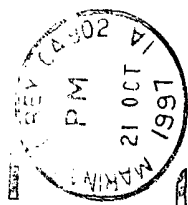
I CANNOT APPEAR FOR THIS APPOINTMENT BECAUSE:	
SIGNATURE OF APPLICANT	DATE: _____

Sincerely,

Thomas J. Schiltgen
District Director
Signed for by:
Mary Hernandez

Thomas J. Schiltgen
District Director

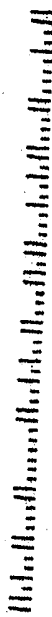
NAAAL NOAR
P.O. Box 450
SANTA MONICA, CA
90406-0450



INS

300 N. LOS ANGELES STREET
LOS ANGELES, CA 90012

90012/3308



Version 2.64 08/18/1999

Immigration and Naturalization Service

PC Receipt & A-File Accountability and Control System

Receipt or A-File (Inquiry/Request)

Number	A73822778	File Status	AVAILABLE IN RECORDS
Creation Date	11/06/1996	Creation Source	EMPTY JACKET
Last Active Date	08/03/1999	Time	1147
Last Transaction	BATCH AUDIT	Audit Date	08/03/1999
Location Section	ADJ 8FL/FINGERPRINT	Responsible Party	ROW E SHELF 002
In Transit To		Phone Number	QO164
Requestor Section		Responsible Party	

PREV LOCATION: ROW E SHELF 002

Number	Section	Responsible Party
A73822778	ADJ 8FL/FINGERPRINT	ROW E SHELF 002

Next Receipt or A-Number

TRANSACTION COMPLETED 05:44:27

Version 2.64 08/18/1999

Immigration and Naturalization Service

PC Receipt & A-File Accountability and Control System

Receipt or A-File (Inquiry/Request)

Number	A73822778	File Status	AVAILABLE IN RECORDS
Creation Date	11/06/1996	Creation Source	EMPTY JACKET
Last Active Date	08/03/1999	Time	1147
Last Transaction	BATCH AUDIT	Audit Date	08/03/1999
Location Section	ADJ 8FL/FINGERPRINT	Responsible Party	ROW E SHELF 002
In Transit To		Phone Number	QO164
Requestor Section		Responsible Party	

PREV LOCATION: ROW E SHELF 002

Number	Section	Responsible Party
A73822778	ADJ 8FL/FINGERPRINT	ROW E SHELF 002

Next Receipt or A-Number

TRANSACTION COMPLETED 05:44:27

Version 2.64 08/18/1999

Immigration and Naturalization Service

PC Receipt & A-File Accountability and Control System

Receipt or A-File (Inquiry/Request)

Number	A73822778	File Status	AVAILABLE IN RECORDS
--------	-----------	-------------	----------------------

Nawal Nour
P.O.Box 450
Santa Monica, CA
90406-0450
Tel: 310-473-3531
A# 73 822 778

Date: June 16, 1999

RECEIVED
IMMIGRATION
GITHZ SERVICE
99 JUN 24 AM 10:55
LOS ANGELES
MAIL ROOM

U.S. Department of Justice
Immigration & Naturalization Service
300 N. Los Angeles Street. Room 1001
Los Angeles, CA 90012

To Whom It May Concern:

This is a change of address notice. Please be advised that I have changed my address as follows;

Nawal Nour
P.O.Box 450
Santa Monica, CA
90406-0450

Please, any correspondences should be sent to this address.

Your attention is greatly appreciated.

Nawal Nour





U.S. Department of Justice

Immigration & Naturalization Service

300 N. Los Angeles Street

Los Angeles, CA 90012

CONTROL DATE: 2-10-97

CRATE A

NAME NAWAC NOUR A# 73 822 778

YOUR APPLICATION FOR ADJUSTMENT OF STATUS HAS BEEN RECEIVED. PLEASE READ THE ITEM(S) CHECKED BELOW AND FOLLOW THE INSTRUCTIONS GIVEN.

YOUR APPOINTMENT FOR AN EMPLOYMENT AUTHORIZATION CARD HAS BEEN SCHEDULED AS FOLLOWS:

Please come into this office, Room B-232 - Date APR 21 1997 Time 8:00 AM to be processed for your Employment Authorization Card. DUE TO LIMITED SEATING, DO NOT BRING FAMILY MEMBERS OR FRIENDS TO ROOM B-232, ONLY THE APPLICANT WILL BE ALLOWED INSIDE THE ROOM.

Attention!! You must bring this *ORIGINAL* notice AND your fee receipt from the Immigration & Naturalization Service.

YOU WILL BE NOTIFIED BY MAIL NO LATER THAN 12 MONTHS FROM THE DATE OF THIS NOTICE WHETHER YOU ARE REQUIRED TO HAVE AN ADJUSTMENT OF STATUS INTERVIEW. IF AN INTERVIEW IS REQUIRED, YOU WILL BE NOTIFIED OF THE DATE AND TIME AND WHAT ADDITIONAL ITEMS YOU ARE REQUIRED TO SUBMIT. IF NO INTERVIEW IS REQUIRED, YOU WILL BE NOTIFIED OF THE DATE AND TIME YOU MUST APPEAR AT THE INS OFFICE TO BE PROCESSED FOR YOUR I-551 CARD.

PLEASE DO NOT CONTACT THIS OFFICE PRIOR TO 12 MONTHS FROM THE "CONTROL DATE" ABOVE TO INQUIRE ABOUT THE STATUS OF YOUR APPLICATION UNLESS:

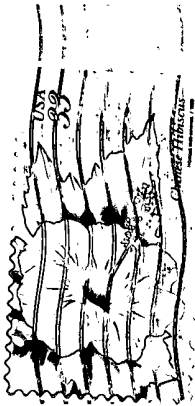
YOU CHANGE YOUR ADDRESS - MAIL A COPY OF THIS NOTICE ALONG WITH YOUR NEW ADDRESS TO: INS, 300 N. LOS ANGELES ST, ROOM 1001, LOS ANGELES, CA 90012.

YOU PLAN TO DEPART FROM THE UNITED STATES TO ANY COUNTRY INCLUDING MEXICO (TIJUANA INCLUDED), OR CANADA PRIOR TO YOUR INTERVIEW - YOU MUST OBTAIN *ADVANCE PAROLE* FROM THIS SERVICE. FAILURE TO DO SO WILL RESULT IN AUTOMATIC TERMINATION OF YOUR APPLICATION(S). TO OBTAIN *ADVANCE PAROLE*, GO TO: INS, 1241 S. SOTO ST., EAST LOS ANGELES, CA, WITH THIS NOTICE AND YOUR RECEIPT.

YOU DO NOT HEAR FROM US WITHIN THE TIME-FRAMES SHOWN ABOVE - YOU MAY GO TO 300 N LOS ANGELES ST., ROOM 8024, LOS ANGELES, CA, TO INQUIRE ABOUT YOUR CASE.

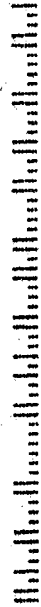
Sincerely,

Nawal Nour
P.O.Box 450
Santa Monica, CA
90406-0450



U.S. Department Of Justice
Immigration & Naturalization
Service
300 N. Los Angeles Street
Room # 1001
Los Angeles, CA 90012

30012-3306 32



Immigration and Naturalization Service
PC Receipt & A-File Accountability and Control System

Inquiry On: LOS ANGELES, CA

Number	A73822778	File Status	RECORD IN USE
Creation Date	11/06/1996	Creation Source	EMPTY JACKET
Last Active Date	11/15/1999	Time	1451
Last Transaction	RECEIVE	Audit Date	11/08/1999
Location Section	ADJ 8FL/245 CONTINUE	Responsible Party	SDAO M. NGUYEN #8511
In Transit To		Phone Number	X8766
Requestor Section		Responsible Party	

PREV LOCATION: ROW E SHELF 002

Number	Section	Responsible Party
A73822778	ADJ 8FL/245 CONTINUE	SDAO M. NGUYEN #8511

Next Receipt or A-Number

TRANSACTION COMPLETED

11:14:07

Nawal Nour
P.O.Box 450
Santa Monica, CA
90406-0450
A# 73 822 778

Date: October 14, 1999

Immigration & Naturalization Service
300 N. Los Angeles St. Room 1001
Los Angeles, CA 90012

To Whom It May Concern:

This is a change of address notice. Please be advised that I have changed my mailing address as follows:

My name: Last name: **NOUR** First name: **Nawal**

Date Of Birth: 11/03/1946

Alien Registration Number: A73 822 778

Old Address: 847 5th Street # 202, Santa Monica, CA 90403

New Address:

P.O.Box 450
Santa Monica, CA
90406-0450

Effective Date: October 20, 1997

Interview Date For Permanent Resident Card: 08/12/98

Please send any correspondences and/or any immigration documents to this address.

Thank you for your attention and cooperation.

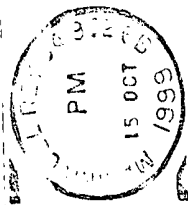
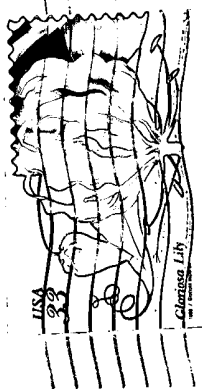
Nawal Nour

Nawal Nour
Tel: 310-473-3531

RECEIVED
US IMMIGRATION
NATIONALITY
DIVISION
OCT 19 6 1006
MAILROOM

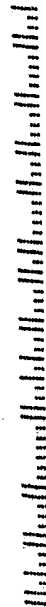
Nawal Nour
P.O.Box 450
Santa Monica, CA 90406-0450
A# 73 822 778

Change of Address Notice



Immigration & Naturalization Service
300 N. Los Angeles St. Room 1001
Los Angeles, CA 90012

90012-3306 32



**IMMIGRATION AND NATURALIZATION SERVICE
300 NORTH LOS ANGELES
LOS ANGELES, CALIFORNIA 90012**

**NAWAL NOUR
847 5TH STREET , APT. 202
SANTA MONICA, CA 90403**

**FILE NUMBER: A 073 822 778
DATE: 05/13/98**

Please come to the office shown below at the time and place indicated in connection with an official matter.

**OFFICE LOCATION: 300 NORTH LOS ANGELES, RM 8024/B119
LOS ANGELES, CA 90012**

**DATE AND TIME: 05/20/98
11 : 15 AM**

OFFICER: BUNDLE N/ 10

REASON FOR APPOINTMENT: APPLICATION FOR ADJUSTMENT OF STATUS

THIS INTERVIEW WILL BE VIDEO TAPED

PLEASE BRING ALL ITEMS THAT ARE CHECKED (X) TO THE INTERVIEW

- ☒ THIS LETTER, YOUR PASSPORT, YOUR FORM I-94 (ARRIVAL/DEPARTURE FORM), IF ANY
- ☐ MEDICAL EXAM RESULTS, FORM I-693. APPEAR EVEN IF NOT COMPLETED
- ☐ A CURRENT LETTER OF EMPLOYMENT
- ☐ A CURRENT LETTER OF EMPLOYMENT FOR YOU AND/OR YOUR SPOUSE SHOWING RATE OF PAY AND HOURS PER WEEK.
- ☐ YOUR SPOUSE
- ☐ EVIDENCE OF A COMMON RESIDENCE AND SHARED LIFE (INCLUDE PHOTOS)

☒ OTHER:
INTERVIEW TO TAKE PLACE IN THE BASEMENT, ROOM #B119. PLEASE SEE ENCLOSED CHECKLIST CONCERNING DOCUMENTS THAT SHOULD BE BROUGHT TO THE INTERVIEW. sh

**IMMIGRATION AND NATURALIZATION SERVICE
300 NORTH LOS ANGELES
LOS ANGELES, CALIFORNIA 90012**

**NAWAL NOUR
847 5TH STREET , APT. 202
SANTA MONICA, CA 90403**

**FILE NUMBER: A 073 822 778
DATE: 07/02/98**

Please come to the office shown below at the time and place indicated in connection with an official matter.

**OFFICE LOCATION: 300 NORTH LOS ANGELES, RM 8024/B119
LOS ANGELES, CA 90012**

**DATE AND TIME: 08/12/98
08 : 20 AM**

OFFICER: BUNDLE X-3 RESCHEDULE

REASON FOR APPOINTMENT: APPLICATION FOR ADJUSTMENT OF STATUS

THIS INTERVIEW WILL BE VIDEO TAPED

PLEASE BRING ALL ITEMS THAT ARE CHECKED (X) TO THE INTERVIEW

- ☒ THIS LETTER, YOUR PASSPORT, YOUR FORM I-94 (ARRIVAL/DEPARTURE FORM), IF ANY
- ☐ MEDICAL EXAM RESULTS, FORM I-693. APPEAR EVEN IF NOT COMPLETED
- ☐ A CURRENT LETTER OF EMPLOYMENT
- ☐ A CURRENT LETTER OF EMPLOYMENT FOR YOU AND/OR YOUR SPOUSE SHOWING RATE OF PAY AND HOURS PER WEEK.
- ☐ YOUR SPOUSE
- ☐ EVIDENCE OF A COMMON RESIDENCE AND SHARED LIFE (INCLUDE PHOTOS)

☒ OTHER:

INTERVIEW WILL BE HELD IN ROOM 8542. PLEASE FIND ENCLOSED CHECKLIST CONCERNING DOCUMENTS THAT SHOULD BE BROUGHT TO YOUR INTERVIEW. SP

[Handwritten signature and stamp]

**IMMIGRATION AND NATURALIZATION SERVICE
300 NORTH LOS ANGELES
LOS ANGELES, CALIFORNIA 90012**

**NAWAL NOUR
847 5TH STREET , APT. 202
SANTA MONICA, CA 90403**

**FILE NUMBER: A 073 822 778
DATE: 07/02/98**

--- Please come to the office shown below at the time and place indicated in connection with an official matter. ---

**OFFICE LOCATION: 300 NORTH LOS ANGELES, RM 8024/B119
LOS ANGELES, CA 90012**

**DATE AND TIME: 08/12/98
08 : 20 AM**

OFFICER: BUNDLE X-3 RESCHEDULE

REASON FOR APPOINTMENT: APPLICATION FOR ADJUSTMENT OF STATUS

THIS INTERVIEW WILL BE VIDEO TAPED

PLEASE BRING ALL ITEMS THAT ARE CHECKED (X) TO THE INTERVIEW

- ☒ THIS LETTER, YOUR PASSPORT, YOUR FORM I-94 (ARRIVAL/DEPARTURE FORM), IF ANY
- ☐ MEDICAL EXAM RESULTS, FORM I-693. APPEAR EVEN IF NOT COMPLETED
- ☐ A CURRENT LETTER OF EMPLOYMENT
- ☐ A CURRENT LETTER OF EMPLOYMENT FOR YOU AND/OR YOUR SPOUSE SHOWING RATE OF PAY AND HOURS PER WEEK.
- ☐ YOUR SPOUSE
- ☐ EVIDENCE OF A COMMON RESIDENCE AND SHARED LIFE (INCLUDE PHOTOS)
- ☒ OTHER:

INTERVIEW WILL BE HELD IN ROOM 8542. PLEASE FIND ENCLOSED CHECKLIST CONCERNING DOCUMENTS THAT SHOULD BE BROUGHT TO YOUR INTERVIEW. SP



U.S. Department of Justice

Immigration & Naturalization Service

300 N. Los Angeles Street

Los Angeles, CA 90012

CONTROL DATE: 2-10-97

CRATE A

NAME KAWAC NOUR A# 73 872 778

YOUR APPLICATION FOR ADJUSTMENT OF STATUS HAS BEEN RECEIVED. PLEASE READ THE ITEM(S) CHECKED BELOW AND FOLLOW THE INSTRUCTIONS GIVEN.

☐ YOUR APPOINTMENT FOR AN EMPLOYMENT AUTHORIZATION CARD HAS BEEN SCHEDULED AS FOLLOWS:

Please come into this office, Room B-232 - Date APR 21 1997 Time 8:00 AM to be processed for your Employment Authorization Card. DUE TO LIMITED SEATING, DO NOT BRING FAMILY MEMBERS OR FRIENDS TO ROOM B-232, ONLY THE APPLICANT WILL BE ALLOWED INSIDE THE ROOM.

Attention!! You must bring this *ORIGINAL* notice AND your fee receipt from the Immigration & Naturalization Service.

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PLEASE **DO NOT** CONTACT THIS OFFICE PRIOR TO 12 MONTHS FROM THE "CONTROL DATE" ABOVE TO INQUIRE ABOUT THE STATUS OF YOUR APPLICATION UNLESS:

- 1) YOU CHANGE YOUR ADDRESS - MAIL A COPY OF THIS NOTICE ALONG WITH YOUR NEW ADDRESS TO: INS, 300 N. LOS ANGELES ST, ROOM 1001, LOS ANGELES, CA 90012.
- 2) YOU PLAN TO DEPART FROM THE UNITED STATES TO ANY COUNTRY INCLUDING MEXICO (TIJUANA INCLUDED), OR CANADA PRIOR TO YOUR INTERVIEW - YOU MUST OBTAIN *ADVANCE PAROLE* FROM THIS SERVICE. FAILURE TO DO SO WILL RESULT IN AUTOMATIC TERMINATION OF YOUR APPLICATION(S). TO OBTAIN *ADVANCE PAROLE*, GO TO: INS, 1241 S. SOTO ST., EAST LOS ANGELES, CA, WITH THIS NOTICE AND YOUR RECEIPT.
- 3) YOU DO NOT HEAR FROM US WITHIN THE TIME-FRAMES SHOWN ABOVE - YOU MAY GO TO 300 N LOS ANGELES ST., ROOM 8024, LOS ANGELES, CA, TO INQUIRE ABOUT YOUR CASE.

Sincerely,



Immigration and Naturalization Service

District Director

300 North Los Angeles Street
Los Angeles, CA. 90012

Date: AUG 12 1998

File: A73 822 778

TO WHOM IT MAY CONCERN:

I wish to proceed with the interview regarding my application for adjustment of status without the presence of my attorney.

Naiwal Now
Signature of applicant

JACQUELYN AMES

District Adjudications Officer

NOTICE OF ENTRY OF APPEARANCE AS ATTORNEY OR REPRESENTATIVE

In re: <u>I-130 / I-485</u>	DATE <u>1/2/97</u>
	FILE No.

I hereby enter my appearance as attorney for (or representative of), and at the request of, the following named person(s):

NAME <u>Nawal Nou</u>	<input type="checkbox"/> Petitioner	<input type="checkbox"/> Applicant
	<input checked="" type="checkbox"/> Beneficiary	<input type="checkbox"/>
ADDRESS (Apt. No) (Number & Street) (City) (State) (ZIP Code)		
<u>847 5th ST. #202 SANTA MONICA CA 90403</u>	<input checked="" type="checkbox"/> Petitioner	<input type="checkbox"/> Applicant
	<input type="checkbox"/> Beneficiary	<input type="checkbox"/>

Check Applicable Item(s) below:

<input checked="" type="checkbox"/> 1. I am an attorney and a member in good standing of the bar of the Supreme Court of the United States or of the highest court of the following State, territory, insular possession, or District of Columbia <u>California</u> <u>Supreme Court</u> and am not under a court or administrative agency order suspending, enjoining, restraining, disbaring, or otherwise restricting me in practicing law. (Name of Court)
<input type="checkbox"/> 2. I am an accredited representative of the following named religious, charitable, social service, or similar organization established in the United States and which is so recognized by the Board:
<input type="checkbox"/> 3. I am associated with _____ the attorney of record who previously filed a notice of appearance in this case and my appearance is at his request. (If you check this item, also check item 1 or 2 whichever is appropriate.)
<input type="checkbox"/> 4. Others (Explain fully.)
SIGNATURE <u>[Signature]</u> COMPLETE ADDRESS _____
NAME (Type or Print) _____ TELEPHONE NUMBER _____

PURSUANT TO THE PRIVACY ACT OF 1974, I HEREBY CONSENT TO THE DISCLOSURE TO THE FOLLOWING NAMED ATTORNEY OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY IMMIGRATION AND NATURALIZATION SERVICE SYSTEM OF RECORDS: _____ (Name of Attorney or Representative)		
THE ABOVE CONSENT TO DISCLOSE IS IN CONNECTION WITH THE FOLLOWING MATTER: <u>Immigration/Department of State/Dept. Labor</u>		
NAME OF PERSON CONSENTING _____	SIGNATURE OF PERSON CONSENTING _____	DATE <u>12-20-96</u>
(NOTE: Execution of this box is required under the Privacy Act of 1974 where the person being represented is a citizen of the United States or an alien lawfully admitted for permanent residence.)		

Departure Number

030178015 06

Immigration and
Naturalization Service

I-94

Departure Record

APPROVED FOR

~~APPROVED FOR~~ Indefinite

Purpose:

AdJ of status

NYC 6/4/98 2684

14. Family Name

NOYR

15. First (Given) Name

NAMAL

16. Birth Date (Day/Mo/Yr)

03/11/46

17. Country of Citizenship

EGYPT

See Other Side

STAPLE HERE

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

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

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

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

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

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

Record of Changes

Port:

Departure Record

Date:

Carrier:

Flight #/Ship Name:

START HERE - Please Type or Print

Part 1. Information about you.

Family Name NOUR	Given Name NAWAL	Middle Initial A
Address - C/O NAWAL NOUR		
Street Number and Name 847 5th STREET.		Apt. # 202
City SANTA MONICA		
State CALIFORNIA		Zip Code 90403
Date of Birth (month/day/year) 11-03-46		Country of Birth EGYPT
Social Security # 621-82-5223		A # (if any) 73822778
Date of Last Arrival (month/day/year) 5-03-95		I-94 # 63079143503
Current INS Status VISITOR		Expires on (month/day/year) 5-02-97

Part 2. Application Type. (check one)

I am applying for adjustment to permanent resident status because:

- a. ☒ an immigrant petition giving me an immediately available immigrant visa number has been approved (attach a copy of the approval notice), or a relative, special immigrant juvenile, or special immigrant military visa petition filed with this application will give me an immediately available visa number if approved.
- b. ☐ My spouse or parent applied for adjustment of status or was granted lawful permanent residence in an immigrant visa category which allows derivative status for spouses and children.
- c. ☐ I entered as a K-1 fiancé(e) of a U.S. citizen whom I married within 90 days of entry, or I am the K-2 child of such a fiancé(e) (attach a copy of the fiancé(e) petition approval notice and the marriage certificate).
- d. ☐ I was granted asylum or derivative asylum status as the spouse or child of a person granted asylum and am eligible for adjustment.
- e. ☐ I am a native or citizen of Cuba admitted or paroled into the U.S. after January 1, 1959, and thereafter have been physically present in the U.S. for at least 1 year.
- f. ☐ I am the husband, wife, or minor unmarried child of a Cuban described in (e) and am residing with that person, and was admitted or paroled into the U.S. after January 1, 1959, and thereafter have been physically present in the U.S. for at least 1 year.
- g. ☐ I have continuously resided in the U.S. since before January 1, 1972.
- h. ☐ Other-explain _____

I am already a permanent resident and am applying to have the date I was granted permanent residence adjusted to the date I originally arrived in the U.S. as a nonimmigrant or parolee, or as of May 2, 1964, whichever is later, and: (Check one)

- i. ☐ I am a native or citizen of Cuba and meet the description in (e), above.
- j. ☐ I am the husband, wife or minor unmarried child of a Cuban, and meet the description in (f), above.

FOR INS USE ONLY

Returned	Receipt
Resubmitted	Reloc Sent 0052 002 R 2 01/09/97 8:13 1485 130.00
Reloc Rec'd	
<input type="checkbox"/> Applicant Interviewed	

Section of Law

- ☐ Sec. 209(b), INA
☐ Sec. 13, Act of 9/11/57
☐ Sec. 245, INA
☐ Sec. 249, INA
☐ Sec. 1 Act of 11/2/66
☐ Sec. 2 Act of 11/2/66
☐ Other _____

Country Chargeable

Eligibility Under Sec. 245

- ☐ Approved Visa Petition
☐ Dependent of Principal Alien
☐ Special Immigrant
☐ Other _____

Preference

APPROVED	
Action Block I.N.S. DISTRICT DIRECTOR	
AUG 17 2000	
Recommended by: <i>Calvin Ramus</i>	
LOS	8622

To Be Completed by

Attorney or Representative, if any

- ☐ Fill in box if G-28 is attached to represent the applicant

VOLAG# **0036**

ATTY State License #

98691

Part 3. Processing Information.

A. City/Town/Village of birth SHERBEEN - DAKAHLIA		Current occupation	
Your mother's first name HANEM		Your father's first name ABDELAZIZ	
Give your name exactly how it appears on your Arrival /Departure Record (Form I-94) NOUR, NAWAL A.			
Place of last entry into the U.S. (City/State) NEW YORK, N.Y.		In what status did you last enter? (Visitor, Student, exchange alien, crewman, temporary worker, without inspection, etc.) VISITOR	
Were you inspected by a U.S. Immigration Officer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Nonimmigrant Visa Number 19951102600030		Consulate where Visa was issued CAIRO - EGYPT	
Date Visa was Issued (month/day/year) 04-20-95	Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed	
Have you ever before applied for permanent resident status in the U.S? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (give date and place of filing and final disposition): (b)(6)			

B. List your present husband/wife, all of your sons and daughters (if you have none, write "none". If additional space is needed, use separate paper).

--	--	--	--

Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
		others	
Country of birth	Relationship	A #	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
	None		

C. List your present and past membership in or affiliation with every political organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other place since your 16th birthday. Include any foreign military service in this part. If none, write "none". Include the name of organization, location, dates of membership from and to, and the nature of the organization. If additional space is needed, use separate paper.

NONE			
-------------	--	--	--

Please answer the following questions. (If your answer is "Yes" on any one of these questions, explain on a separate piece of paper. Answering "Yes" does not necessarily mean that you are not entitled to register for permanent residence or adjust status).

1. Have you ever, in or outside the U. S.:
a. knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested?
b. been arrested, cited, charged, indicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations?
c. been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action?
d. exercised diplomatic immunity to avoid prosecution for a criminal offense in the U. S.? ☐ Yes ☒ No

2. Have you received public assistance in the U.S. from any source, including the U.S. government or any state, county, city, or municipality (other than emergency medical treatment) , or are you likely to receive public assistance in the future? ☐ Yes ☒ No

3. Have you ever:
a. within the past 10 years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future?
b. engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling?
c. knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the U.S. illegally?
d. illicitly trafficked in any controlled substance, or knowingly assisted, abetted or colluded in the illicit trafficking of any controlled substance? ☐ Yes ☒ No

4. Have you ever engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or funds for, or have you through any means ever assisted or provided any type of material support to, any person or organization that has ever engaged or conspired to engage, in sabotage, kidnapping, political assassination, hijacking, or any other form of terrorist activity? ☐ Yes ☒ No

5. Do you intend to engage in the U.S. in:
a. espionage?
b. any activity a purpose of which is opposition to, or the control or overthrow of, the Government of the United States, by force, violence or other unlawful means?
c. any activity to violate or evade any law prohibiting the export from the United States of goods, technology or sensitive information? ☐ Yes ☒ No

6. Have you ever been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party? ☐ Yes ☒ No

7. 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? ☐ Yes ☒ No

8. Have you ever engaged in genocide, or otherwise ordered, incited, assisted or otherwise participated in the killing of any person because of race, religion, nationality, ethnic origin, or political opinion? ☐ Yes ☒ No

9. Have you ever been deported from the U.S., or removed from the U.S. at government expense, excluded within the past year, or are you now in exclusion or deportation proceedings? ☐ Yes ☒ No

10. Are you under a final order of civil penalty for violating section 274C of the Immigration Act for use of fraudulent documents, or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the U.S., or any other immigration benefit? ☐ Yes ☒ No

11. Have you ever left the U.S. to avoid being drafted into the U.S. Armed Forces? ☐ Yes ☒ No

12. Have you ever been a J nonimmigrant exchange visitor who was subject to the 2 year foreign residence requirement and not yet complied with that requirement or obtained a waiver? ☐ Yes ☒ No

13. Are you now withholding custody of a U.S. Citizen child outside the U.S. from a person granted custody of the child? ☐ Yes ☒ No

14. Do you plan to practice polygamy in the U.S.? ☐ Yes ☒ No

Part 4. Signature. (Read the information on penalties in the instructions before completing this section. You must file this application while in the United States.)

I certify under penalty of 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 authorize the release of any information from my records which the Immigration and Naturalization Service needs to determine eligibility for the benefit I am seeking.

Signature	Print Your Name	Date	Daytime Phone Number
<i>Nawal Nour</i>	<i>NAWAL NOUR</i>	<i>Dec. 20-96</i>	<i>310-656-1599 house</i>

Please Note: If you do not completely fill out this form, or fail to submit required documents listed in the instructions, you may not be found eligible for the requested document and this application may be denied.

Part 5. Signature of person preparing form if other than above. (Sign Below)

I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.

Signature	Print Your Name	Date	Day time Phone Number
-----------	-----------------	------	-----------------------

Firm Name
and Address

(Family name) NOUR		(First name) NAWAL		(Middle name) ABOELAZIZ		<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	BIRTHDATE(Mo.-Day-Yr.) 11/03/1946	NATIONALITY EGYPTIAN	FILE NUMBER A
ALL OTHER NAMES USED (Including names by previous marriages)						CITY AND COUNTRY OF BIRTH DAKAHLIA, EGYPT			SOCIAL SECURITY NO. (If any) 621-82-522 3
FAMILY NAME FIRST NAME DATE, CITY AND COUNTRY OF BIRTH(if known) CITY AND COUNTRY OF RESIDENCE FATHER NOUR ABOELAZIZ 12/5/03 DAKAHLIA, EGYPT DECEASED MOTHER(Maiden name) MOSTAFA									
HUSBAND(If none, so state) OR WIFE		FAMILY NAME (For wife, give maiden name)		FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH		DATE OF MARRIAGE	PLACE OF MARRIAGE
WIDOWED									
FORMER HUSBANDS OR WIVES(if none, so state)									
FAMILY NAME (For wife, give maiden name)		FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE		DATE AND PLACE OF TERMINATION OF MARRIAGE			
ABDELREHIM		SALAH	03/17/27	10/22/59		HUSBAND DECEASED			
APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.									
STREET AND NUMBER				CITY	PROVINCE OR STATE	COUNTRY	FROM MONTH YEAR		TO MONTH YEAR
847 5th ST.# 202				SANTA MONICA	CA	USA	03 96		PRESENT TIME
12756 VENICE BLVD.#111				L.A.	CA	USA	12 95		02 96
1518 14th ST. #1				SANTA MONICA	CA	USA	07 95		12 95
15 ALHASSAN ST.# 603				DOKKI	GIZA	EGYPT	01 80		05 95
APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR									
STREET AND NUMBER				CITY	PROVINCE OR STATE	COUNTRY	FROM MONTH YEAR		TO MONTH YEAR
15 ALHASSAN ST. # 603				DOKKI	GIZA	EGYPT	01 80		05 95
APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST									
FULL NAME AND ADDRESS OF EMPLOYER						OCCUPATION(SPECIFY)	FROM MONTH YEAR		TO MONTH YEAR
NONE									PRESENT TIME
CAIRO UNIVERSITY/ CAIRO, EGYPT						ASSIST.PROGRAM.	01 90		01 95
Show below last occupation abroad if not shown above. (Include all information requested above.)									
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR: <input type="checkbox"/> NATURALIZATION <input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT <input type="checkbox"/> OTHER (SPECIFY):									
SIGNATURE OF APPLICANT NAWAL NOUR						DATE DEC. 20, 1996			
Are all copies legible? <input checked="" type="checkbox"/> Yes						IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:			

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

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

COMPLETE THIS BOX (Family name)	(Given name)	(Middle name)	(Alien registration number)
NOUR	NAWAL	ABDELAZIZ	73 822 778

Show below last occupation abroad if not shown above. (Include all information requested above.)			
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:		SIGNATURE OF APPLICANT	
<input type="checkbox"/> NATURALIZATION	<input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT	NAVAL KOUR	
<input type="checkbox"/> OTHER (SPECIFY):			
DATE		DEC. 20, 1996	
Are all copies legible? <input checked="" type="checkbox"/> Yes		IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:	

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

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

COMPLETE THIS BOX (Family name)	(Given name)	(Middle name)	(Alien registration number)
NOUR	NAWAL	ABDELAZIZ	73 822 778
(OTHER AGENCY USE)			INS USE (Office of Origin)
			OFFICE CODE:
			TYPE OF CASE:
			DATE:

Form G-325 A (Rev. 10-1-82)

(2) Rec Br.

(Family name) NOUR	(First name) NAWAL	(Middle name) ABDELHAZIZ	<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	BIRTHDATE(Mo.-Day-Yr.) 11/03/1946	NATIONALITY EGYPTIAN	FILE NUMBER A
ALL OTHER NAMES USED (Including names by previous marriages)			CITY AND COUNTRY OF BIRTH DAKAHLIA, EGYPT		SOCIAL SECURITY NO. (If any) 621-22-522 3	
FATHER NOUR ABDELHAZIZ 12/5/03 DAKAHLIA, EGYPT DECEASED						
MOTHER(Maiden name) MOSTAFA						
HUSBAND(If none, so state) OR WIFE WIDOWED	FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE
FORMER HUSBANDS OR WIVES(if none, so state)						
FAMILY NAME (For wife, give maiden name)		FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE	
ABDELRAHMAN		SALAM	03/17/27	10/22/59	HUSBAND DECEASED	

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

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR
347 5th ST. # 202	SANTA MONICA	CA	USA	03	96	PRESENT TIME	
12756 VERNICE BLVD. #111	L.A.	CA	USA	12	95	02	96
1513 14th ST. #1	SANTA MONICA	CA	USA	07	95	12	95
15 ALHASSAN ST. # 603	DOKKI	GIZA	EGYPT	01	80	05	95

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

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR
15 ALHASSAN ST. # 603	DOKKI	GIZA	EGYPT	01	80	05	95

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

FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION(SPECIFY)	FROM		TO	
		MONTH	YEAR	MONTH	YEAR
NONE				PRESENT TIME	
CAIRO UNIVERSITY/ CAIRO, EGYPT	ASSIST. PROGRAM.	01	90	01	95

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

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR: <input type="checkbox"/> NATURALIZATION <input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT <input type="checkbox"/> OTHER (SPECIFY):	SIGNATURE OF APPLICANT DEC. 20, 1996	DATE
Are all copies legible? <input checked="" type="checkbox"/> Yes	IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:	

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

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

COMPLETE THIS BOX (Family name) NOUR	(Given name) NAWAL	(Middle name) ABDELHAZIZ	(Alien registration number)
(OTHER AGENCY USE)			INS USE (Office of Origin) OFFICE CODE: TYPE OF CASE: DATE:

(Family name) HOOR		(First name) NAHAL		(Middle name) ABDELAZIZ		<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	BIRTHDATE(Mo.-Day-Yr.) 11/03/1946	NATIONALITY EGYPTIAN	FILE NUMBER A
ALL OTHER NAMES USED (Including names by previous marriages)						CITY AND COUNTRY OF BIRTH CAIRO, EGYPT		SOCIAL SECURITY NO. (If any) 621-52-522 3	
FAMILY NAME FIRST NAME DATE, CITY AND COUNTRY OF BIRTH(if known) CITY AND COUNTRY OF RESIDENCE FATHER HOOR ABDELAZIZ 12/5/03 CAIRO, EGYPT DECEASED MOTHER(Maiden name) MOSEARA									
HUSBAND(if none, so state) OR WIFE	FAMILY NAME (For wife, give maiden name)		FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH		DATE OF MARRIAGE	PLACE OF MARRIAGE	
	WIDOWED								
FORMER HUSBANDS OR WIVES(if none, so state)									
FAMILY NAME (For wife, give maiden name)		FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE		DATE AND PLACE OF TERMINATION OF MARRIAGE			
ABDELAZIZ		SALAM	03/17/27	10/22/59		HUSBAND DECEASED			
APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.									
STREET AND NUMBER				CITY	PROVINCE OR STATE	COUNTRY	FROM MONTH YEAR		TO MONTH YEAR
307 5th ST. # 202				SANTA MONICA	CA	USA	03 96		PRESENT TIME
12755 VENICE BLVD. #111				L.A.	CA	USA	12 95		02 96
1510 14th ST. #1				SANTA MONICA	CA	USA	07 95		12 95
15 AMMAN ST. # 603				DOKKI	CAIRO	EGYPT	01 99		05 95
APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR									
STREET AND NUMBER				CITY	PROVINCE OR STATE	COUNTRY	FROM MONTH YEAR		TO MONTH YEAR
15 AMMAN ST. # 603				DOKKI	CAIRO	EGYPT	01 99		05 95
APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST									
FULL NAME AND ADDRESS OF EMPLOYER						OCCUPATION(SPECIFY)	FROM MONTH YEAR		TO MONTH YEAR
NONE									PRESENT TIME
CAIRO UNIVERSITY/ CAIRO, EGYPT						ASSIST. PROGRAM.	01 99		01 95
Show below last occupation abroad if not shown above. (Include all information requested above.)									
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR: <input type="checkbox"/> NATURALIZATION <input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT <input type="checkbox"/> OTHER (SPECIFY):									
SIGNATURE OF APPLICANT						DATE DEC. 23, 1996			
Are all copies legible? <input checked="" type="checkbox"/> Yes						IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:			

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

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

COMPLETE THIS BOX (Family name)		(Given name)	(Middle name)	(Alien registration number)
HOOR		NAHAL	ABDELAZIZ	
(OTHER AGENCY USE)				INS USE (Office of Origin) OFFICE CODE: TYPE OF CASE: DATE:

DO NOT WRITE IN THIS BLOCK - FOR EXAMINING OFFICE ONLY		
Case ID#	Action Stamp	Fee Stamp
A# 73822 778		0052 002 R 2 01/09/97 8:14 I130 80.00
G-28 or Volag #		
Section of Law: <input type="checkbox"/> 201 (b) spouse <input type="checkbox"/> 203 (a)(1) <input type="checkbox"/> 201 (b) child <input type="checkbox"/> 203 (a)(2) <input type="checkbox"/> 201 (b) parent <input type="checkbox"/> 203 (a)(4) <input type="checkbox"/> 203 (a)(5)	Petition was filed on: _____ (priority date) <input checked="" type="checkbox"/> Personal Interview <input type="checkbox"/> Previously Forwarded <input type="checkbox"/> Pet. <input type="checkbox"/> Ben. "A" File Reviewed <input type="checkbox"/> Stateside Criteria <input type="checkbox"/> Field Investigations <input type="checkbox"/> I-485 Simultaneously <input type="checkbox"/> 204 (a)(2)(A) Resolved <input type="checkbox"/> 204 (h) Resolved	
AM CON: _____		
Remarks:		

A. Relationship

1. alien relative is my ☐ Husband/Wife ☒ Parent ☐ Brother/Sister ☐ Child ☐ Yes ☒ No
2. Are you related by adoption? ☐ Yes ☒ No
3. Did you gain permanent residence through adoption? ☐ Yes ☒ No

B. Information about you

(b)(6)

2. Address (Number and Street) (Apartment Number)
847 - 5th St. #202
(Town or City) (State/Country) (ZIP/Postal Code)
Santa Monica CA 90403

C. Information about your alien relative

1. Name (Family name in CAPS) (First) (Middle)
NOUR NGWAL Abd-El AZIZ

2. Address (Number and Street) (Apartment Number)
847 - 5th St. #202
(Town or City) (State/Country) (ZIP/Postal Code)
Santa Monica, CA 90403

3. Place of Birth (Town or City) (State/Country)
Sherbeen, EGYPT

4. Date of Birth (Mo/Day/Yr)
11/3/46

5. Sex ☐ Male ☒ Female

6. Marital Status ☐ Married ☒ Widowed ☐ Single ☐ Divorced

7. Other Names Used (including maiden name)
none

8. Date and Place of Present Marriage (if married)
n/a

9. Social Security Number
621-82-5223

10. Alien Registration Number (if any)
A73 822 778

11. Names of Prior Husbands/Wives
ABOU-ISMAIL, Salah

12. Date(s) Marriage(s) Ended

13. Has your relative ever been in the U.S.? ☒ Yes ☐ No

14. If your relative is currently in the U.S., complete the following: He or she last arrived as a (visitor, student, stowaway, without inspection, etc.)

Arrival/Departure Record (I-94) Number Date arrived (Month/Day/Year)
630-79114315019 5/3/95

Date authorized stay expired, or will expire, as shown on Form I-94 or I-95
5/2/97

15. Name and address of present employer (if any)
n/a

Date this employment began (Month/Day/Year)

16. Has your relative ever been under immigration proceedings?
☐ Yes ☒ No Where _____ When _____
☐ Exclusion ☐ Deportation ☐ Recission ☐ Judicial Proceedings

(b)(6)

RESUBMITTED	RELOCATED		COMPLETED		
	Rec'd	Sent	Approved	Denied	Returned
			8-26-98		

C. (continued) Information about your alien relative

16. List husband/wife and all children of your relative (if your relative is your husband/wife, list only his or her children).

(Name)

(Relationship)

(Date of Birth)

(Country of Birth)

(b)(6)

17. Address in the United States where your relative intends to live

(Number and Street)

(Town or City)

(State)

same as B 2

18. Your relative's address abroad

(Number and Street)

(Town or City)

(Province)

(Country)

(Phone Number)

none

19. If your relative's native alphabet is other than Roman letters, write his or her name and address abroad in the native alphabet:

(Name)

(Number and Street)

(Town or City)

(Province)

(Country)

نوال عبد العزيز عبد العزيز نور

20. If filing for your husband/wife, give last address at which you both lived together:

(Name)

(Number and Street)

(Town or City)

(Province)

(Country)

From

(Month)

(Year)

To

(Month)

(Year)

n/a

21. Check the appropriate box below and give the information required for the box you checked:

☐ Your relative will apply for a visa abroad at the American Consulate in

(City)

(Country)

☒ Your relative is in the United States and will apply for adjustment of status to that of a lawful permanent resident in the office of the Immigration and Naturalization Service at Los Angeles, CA

(City)

(State)

If your relative is not eligible for adjustment of status, he or she will

apply for a visa abroad at the American Consulate in

Cairo, Egypt

(City)

(Country)

(Designation of a consulate outside the country of your relative's last residence does not guarantee acceptance for processing by that consulate. Acceptance is at the discretion of the designated consulate.)

D. Other Information

1. If separate petitions are also being submitted for other relatives, give names of each and relationship.

n/a

2. Have you ever filed a petition for this or any other alien before?

☐ Yes

☒ No

If "Yes," give name, place and date of filing, and result.

Warning: The INS investigates claimed relationships and verifies the validity of documents. The INS seeks criminal prosecutions when family relationships are falsified to obtain visas.

Penalties: You may, by law be imprisoned for not more than five years, or fined \$250,000, or both, for entering into a marriage contract for the purpose of evading any provision of the immigration laws and you may be fined up to \$10,000 or imprisoned up to five years or both, for knowingly and willfully falsifying or concealing a material fact or using any false document in submitting this petition.

Your Certification: I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information from my records which the Immigration and Naturalization Service needs to determine eligibility for the benefit that I am seeking.

(b)(6) Signature

X) [Signature]

Date

12/19/96

Phone Number

310-656-1599

Signature of Person Preparing Form if Other than Above

I declare that I prepared this document at the request of the person above and that it

is true to the best of my knowledge.

Print Name

(b)(6)

[Signature]

(Signature)

(b)(6)

[Signature]

(Date)

12/18/96

G-28 ID Number

Volag Number

NOTICE TO PERSONS FILING FOR SPOUSES IF MARRIED LESS THAN TWO YEARS

Pursuant to section 216 of the Immigration and Nationality Act, your alien spouse may be granted conditional permanent resident status in the United States as of the date he or she is admitted or adjusted to conditional status by an officer of the Immigration and Naturalization Service. Both you and your conditional permanent resident spouse are required to file a petition, Form I-751, Joint Petition to Remove Conditional Basis of Alien's Permanent Resident Status, during the ninety day period immediately before the second anniversary of the date your alien spouse was granted conditional permanent residence.

Otherwise, the rights, privileges, responsibilities and duties which apply to all other permanent residents apply equally to a conditional permanent resident. A conditional permanent resident is not limited to the right to apply for naturalization, to file petitions in behalf of qualifying relatives, or to reside permanently in the United States as an immigrant in accordance with the immigration laws.

Failure to file Form I-751, Joint Petition to Remove the Conditional Basis of Alien's Permanent Resident Status, will result in termination of permanent residence status and initiation of deportation proceedings.

NOTE: You must complete Items 1 through 6 to assure that petition approval is recorded. Do not write in the section below item 6.

1. Name of relative (Family name in CAPS)	(First)	(Middle)	
<u>NOUR Nawal Abd-El-Aziz</u>			
2. Other names used by relative (Including maiden name)			
<u>None</u>			
3. Country of relative's birth		4. Date of relative's birth (Month/Day/Year)	
<u>EGYPT</u>		<u>11/3/46</u>	
5. Your name (Last name in CAPS) (First)		6. Your phone number	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

Action Stamp

(b)(6)

SECTION

- ☐ 201 (b)(spouse)
- ☐ 201 (b)(child)
- ☐ 201 (b)(parent)
- ☐ 203 (a)(1)
- ☐ 203 (a)(2)
- ☐ 203 (a)(4)
- ☐ 203 (a)(5)

DATE PETITION FILED

☐ STATESIDE
CRITERIA GRANTED

SENT TO CONSUL AT;

CHECKLIST

Have you answered each question?

Have you signed the petition?

Have you enclosed:

- ☐ The filing fee for each petition?
- ☐ Proof of your citizenship or lawful permanent residence?
- ☐ All required supporting documents for each petition?

If you are filing for your husband or wife have you included:

- ☐ Your picture?
- ☐ His or her picture?
- ☐ Your G-325A?
- ☐ His or her G-325A?

(Please type or print clearly)

I certify that on the date shown I examined:

3. File number (A number)

4. Sex

☐ Male

☒ Female

5. Date of birth (Month/Day/Year)

6. Country of birth

7. Date of examination (Month/Day/Year)

1. Name (Last in CAPS)

NOOR

(First)

NAWAL

(Middle Initial)

A

2. Address (Street number and name)

P.O. Box 450

(Apt. number)

(City)

SANTA MONICA

(State)

(ZIP Code)

CA 90406

General Physical Examination: I examined specifically for evidence of the conditions listed below. My examination revealed;

☒ No apparent defect, disease, or disability.

☐ The conditions listed below were found (check all boxes that apply).

Class A Conditions

☐ Chancroid

☐ Hansen's disease, infectious

☐ Mental defect

☐ Psychopathic personality

☐ Chronic alcoholism

☐ HIV infection

☐ Mental retardation

☐ Sexual deviation

☐ Gonorrhea

☐ Insanity

☐ Narcotic drug addiction

☐ Syphilis, infectious

☐ Granuloma inguinale

☐ Lymphogranuloma venereum

☐ Previous occurrence of one

☐ Tuberculosis, active

or more attacks of insanity

☐ Other physical defect, disease or disability (specify below).

Class B Conditions

☐ Hansen's disease, not infectious ☐ Tuberculosis, not active

Examination for Tuberculosis - Tuberculin-Skin Test

☐ Reaction _____ mm

☒ No reaction ☐ Not done

Doctor's name (please print)

Date read

Johnny Phan M.D.

7/31/98

Serologic Test for Syphilis

☐ Reactive Titer (confirmatory test performed)

☒ Nonreactive

Test Type

RPR (VDRL)

Doctor's name (please print)

Date read

Ayda Abuelkhair M.D.

7/31/98

Immunization Determination (DTP, OPV, MMR, Td-Refer to DHS Guidelines for recommendations.)

☒ Applicant is current for recommended age-specific immunizations.

Examination for Tuberculosis - Chest X-Ray Report

☐ Abnormal

☐ Normal

☐ Not done

Doctor's name (please print)

Date read

Serologic Test for HIV Antibody

☐ Positive (confirmed by Western blot)

☒ Negative

Test Type

HIV-1 (ELISA)

Doctor's name (please print)

Date read

Ayda Abuelkhair M.D.

7/31/98

REMARKS:

Civil Surgeon Referral for Follow-up of Medical Condition

☐ The alien named above has applied for adjustment of status. A medical examination conducted by me identified the conditions above which require resolution before medical clearance is granted or for which the alien may seek medical advice. Please provide follow-up services or refer the alien to an appropriate health care provider. The actions necessary for medical clearance are detailed on the reverse of this form.

Follow-up Information:

The alien named above has complied with the recommended health follow-up.

Doctor's name and address (please type or print clearly)

Doctor's signature

Date

Applicant Certification:

I certify that I understand the purpose of the medical examination, I authorize the required tests to be completed, and the information on this form refers to me.

Signature

Nawal Alwan

Date

7/28/98

Civil Surgeon Certification:

My examination showed the applicant to have met the medical examination and health follow-up requirements for adjustment of status.

Doctor's name and address (please type or print clearly)

Doctor's signature

Date

AYDA ABUELKHAIR M.D.
850 N. VERMONT AVE L.A. CA 90028

Ayda Abuelkhair

7/31/98

The Immigration and Naturalization Service is authorized to collect this information under the provisions of the Immigration and Nationality Act and the Immigration Reform and Control Act of 1986, Public Law 99-603.

**Medical Clearance Requirements
for Aliens Seeking Adjustment of Status**

Medical Condition	Estimated Time For Clearance	Action Required
<i>*Suspected Mental Conditions</i>	5 - 30 Days	The applicant must provide to a civil surgeon a psychological or psychiatric evaluation from a specialist or medical facility for final classification and clearance.
<i>Tuberculin Skin Test Reaction and Normal Chest X-Ray</i>	Immediate	The applicant should be encouraged to seek further medical evaluation for possible preventive treatment.
<i>Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Inactive/Class B)</i>	10 - 30 Days	The applicant should be referred to a physician or local health department for further evaluation. Medical clearance may not be granted until the applicant returns to the civil surgeon with documentation of medical evaluation for tuberculosis.
<i>Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Active or Suspected Active/Class A)</i>	10 - 300 Days	The applicant should obtain an appointment with physician or local health department. If treatment for active disease is started, it must be completed (usually 9 months) before a medical clearance may be granted. At the completion of treatment, the applicant must present to the civil surgeon documentation of completion. If treatment is not started, the applicant must present to the civil surgeon documentation of medical evaluation for tuberculosis.
<i>Hansen's Disease</i>	30 - 210 Days	Obtain an evaluation from a specialist or Hansen's disease clinic. If the disease is indeterminate or Tuberculoid, the applicant must present to the civil surgeon documentation of medical evaluation. If disease is Lepromatous or Borderline (dimorphous) and treatment is started, the applicant must complete at least 6 months and present documentation to the civil surgeon showing adequate supervision, treatment, and clinical response before a medical clearance is granted.
<i>**Venereal Diseases</i>	1 - 30 Days	Obtain an appointment with a physician or local public health department. An applicant with a reactive serologic test for syphilis must provide to the civil surgeon documentation of evaluation for treatment. If any of the venereal diseases are infectious, the applicant must present to the civil surgeon documentation of completion of treatment.
<i>Immunizations Incomplete</i>	Immediate	Immunizations are not required, but the applicant should be encouraged to go to physician or local health department for appropriate immunizations.
<i>HIV Infection</i>	Immediate	Post-test counseling is not required, but the applicant should be encouraged to seek appropriate post-test counseling.

*** Mental retardation; insanity; previous attack of insanity; psychopathic personality, sexual deviation or mental defect; narcotic drug addition; and chronic alcoholism.**

**** Chancroid; gonorrhea; granuloma inguinale; lymphogranuloma venereum; and syphilis.**

SUPPLEMENTAL FORM TO I-693
Adjustment of Status Applicant's Documentation of Immunization
To be completed by civil surgeon only

1. Applicant Identifying Information

NOUR NAWAL Date of Birth 11/3/46
(Family) (Personal) (Middle) (Month, Day, Year)
Male ☒ Female Passport # _____ Country EGYPT

2. Immunization Record

Vaccine History Transferred from a Written Record					Vaccine Given	Completed series or Fully immune (Check if YES or write date of lab test if immune)	Waiver(s) to be Requested from INS			
							Blanket			
							Not Medically Appropriate			
Vaccine	Date Rec'd Mo/Day/Yr	Date Rec'd Mo/Day/Yr	Date Rec'd Mo/Day/Yr	Date Rec'd Mo/Day/Yr	Date given by Civil Surgeon Mo/Day/Yr		Not appropriate age	Contra-indication	Insufficient time interval	Not fall (flu) season
DT/DTP							✓			////////
Td					7/31/98				✓	////////
Polio (OPV/IPV)							✓			////////
Measles (or MR or MMR)					7/31/98		✓			////////
Mumps (or MMR)					7/31/98		✓			////////
Rubella (or MR or MMR)					7/31/98		✓			////////
Hib							✓			////////
Hepatitis B							✓			////////
Varicella							✓			////////
Pneumococcal							✓			////////
Influenza							✓			

3. Results

- ☒ Applicant may be eligible for blanket waiver(s) as indicated above.
☐ Applicant will request an individual waiver based on religious or moral convictions.
☐ Vaccine history complete for each vaccine, all requirements met.
☐ Applicant does not meet immunization requirements.

4. Civil Surgeon's Identifying Information

ANDAN ABUELKHAIR M.D.
958 N. VERMONT AVE. LA. CA 90029
Civil Surgeon's Name _____ Date 7/31/98
(print or type)
Civil Surgeon's Signature Andan Abuelkhair

A# 73 822 778

PAGE WITHHELD PURSUANT TO

(b)(6)

(b)(6)

(b)(6)

Ref.: English translation of birth certificate.

[Arab Republic of Egypt]

Bureau of Property Taxes

Administration: Sharbain

Group No.: 14; Serial No.: 00365573

BIRTH CERTIFICATE
(For Births Prior To January Of 1962)

Holder Full Name:	NAWAL ABDELAZIZ ABDELAZIZ NOUR
Sex:	Female
Date of Birth:	11/3/1946
Place of Birth:	Sharbain, Province of [name illegible]
Father Name:	ABDELAZIZ ABDELAZIZ NOUR
Nationality:	Egyptian
Religion:	Muslim
Residence:	Sharbain
Mother Name:	HANEM MOSTAFA FARAG
Religion:	Muslim
Nationality:	Egyptian
Residence:	Sharbain

This birth was recorded in the Health Office of Sharbain, Province of [illegible], on 11/6/1946, under No. 656.

Certificate Issuance Date: 11/27/1982

Clerk:	(Signature)
Department Director:	(Signature)
Administration Director:	(Signature)

The certificate bears two stamps and certified with three seals.

END



TOTAL P. 02

رقم الدخول ()

رقم الدخول

رقم الدخول

رقم الدخول

رقم الدخول

مصلحة الضرائب العقارية

مأمورية

صورة قيد ميلاد

مجموعة رقم ١٤

الواقعة بالمدينة قبل أول يناير ١٩٦٢

بيانات المولود

٠٠٢٦٥٥٧٢

اسم المولود وكنية	أنيال عيسى المحمدي	محافظة الدمام
عمل المولود	مدرس	
تاريخ الميلاد كتابة	السنة ١٩٤٦	التاريخ ٢٠
السن	الطهر ١٩	السن ١٩

البيانات العامة للشؤون العامة الأمانة العامة - ١٩٥٩ - ١٩٦٠

بيانات الوالدين

الوالدين	الاسم بالكامل	الجنسية	الديانة	المهنة	عمل الإقامة
الأب	عيسى المحمدي	سوري	مسلم	مدرس	سوري
الأم	هاشم مصطفى	سورية	مسلمة	خاتمة	سورية

ملاحظات

محافظة الدمام

المولود مقيد بدقة والبيانات بالمدينة بكتب صحة

تاريخ ١٩٦١ / ١١ / ٦

رقم ١١٨٢ / ١١ / ٢٧

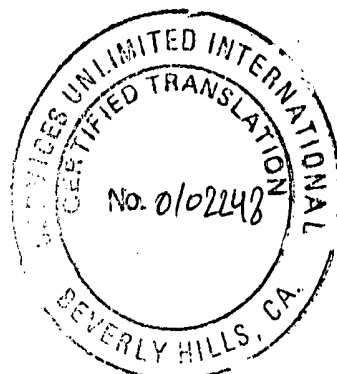
اسم المولود بالكامل

وظيفته

توقيعه

رئيس المأمورية

٠٨٠٠٨٨٨



Affidavit of Support

I, _____, residing at _____

(Name) (Street and Number)

(City) (State) (ZIP Code if in U.S.) (Country)

1. I was born on [redacted] at [redacted] [redacted]
(Date) (City) (Country)

- 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 _____ years of age and have resided in the United States since (date) _____

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

Name

Sex

Age

Citizen of--(Country)

Marital Status

Relationship to Deponent

Presently resides at--(Street and Number)

(City)

(State)

(Country)

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 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 _____ with _____
 _____ (Type of Business) _____ (Name of concern)
 at _____
 _____ (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

(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
None				

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

Name

Date submitted

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

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 at 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

Subscribed and sworn to (affirmed) before me this 11 day of August, 19 98

at Los Angeles

My Commission expires on March 30, 2002

Signature of Officer Administering Oath

Title Notary Public

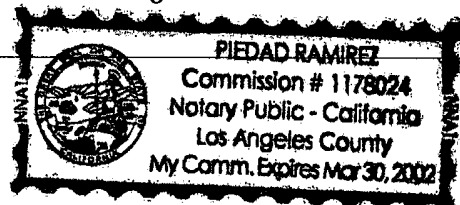
If affidavit prepared by other than deponent, please complete the following: I declare that this document was prepared by me at the request of the deponent and is based on all information of which I have knowledge.

(Signature)

(Address)

(b)(6)

(Date)





Services Unlimited International
Translation and Interpretation Services



STATE OF CALIFORNIA)

SS

COUNTY OF LOS ANGELES)

CERTIFICATION

I, Ladan Bina Kalili, on behalf of Services Unlimited International, certify that the attached translation No. 0102248 is a true and accurate translation from Arabic into English.

Furthermore, as director of Services Unlimited International, I am qualified to make this statement.

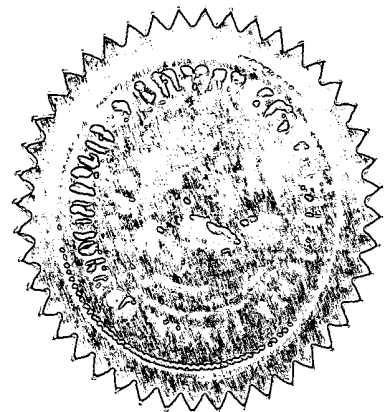
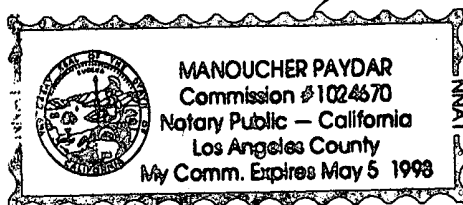
CALIFORNIA, this 2 day of January 1997.

Ladan Bina Kalili

Sworn to and subscribed before me on this 2 day of January 1997.

Notary by: Manoucher Paydar

Manoucher Paydar



Ref.: English translation of birth certificate.

[Arab Republic of Egypt]
Bureau of Property Taxes
Administration: Sharbain
Group No.: 14; Serial No.: 00365573

BIRTH CERTIFICATE
(For Births Prior To January Of 1962)

Holder Full Name:	NAWAL ABDELAZIZ ABDELAZIZ NOUR
Sex:	Female
Date of Birth:	11/3/1946
Place of Birth:	Sharbain, Province of [name illegible]
Father Name:	ABDELAZIZ ABDELAZIZ NOUR
Nationality:	Egyptian
Religion:	Muslim
Residence:	Sharbain
Mother Name:	HANEM MOSTAFA FARAG
Religion:	Muslim
Nationality:	Egyptian
Residence:	Sharbain

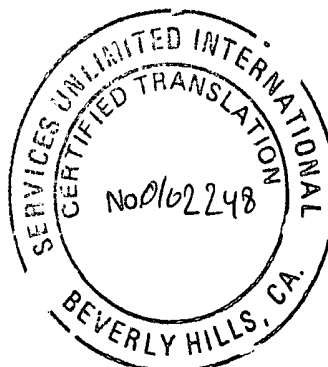
This birth was recorded in the Health Office of Sharbain, Province of [illegible], on 11/6/1946, under No. 656.

Certificate Issuance Date: 11/27/1982

Clerk:	(Signature)
Department Director:	(Signature)
Administration Director:	(Signature)

The certificate bears two stamps and certified with three seals.

END



TOTAL P. 02

رقم الدخول ()

رقم الدخول

رقم الدخول

رقم الدخول

رقم الدخول

مصلحة الضرائب العقارية

مأمورية

صورة قيد ميلاد

مجموعة رقم ١٤

الواقعات المقيمة قبل أول يناير ١٩٦٧

٠٠٢٦٥٥٧٢

بيانات المولود

اسم المولود وكنية		أشبال عيسى المحمدي عيسى العتيبي	
محل الميلاد		محافظة الدمام	
نوع المولود الذكر	الساكنة		
	التاريخ	٢٠ - ١١ - ١٩٦٦	
	السن	١٠ سنوات	
	السن	١٩٦٦	

الرقم الوطني للشؤون النظامية ٢٧٩١٩ - ١٩٨٩ - ٥٠٠٠٠٠٠

بيانات الوالدين

الوالدين	الاسم بالكامل	الجنسية	الديانة	المهنة	محل الإقامة
الأب	عيسى العتيبي العتيبي	دعوى	مسلم	دعوى	سورية
الأم	هاشم مصطفى	دعوى	مسلمة	خالبة	سورية

ملاحظات

محافظة الدمام

المولود مقيد بدقة والبيانات الملائمة بكتب صحة

صفحة

١٩٦٦

١٩٦٦

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١٩٦٦

١٩٦٦

١٩٨٩ / ١١ / ٥٠٠٠٠٠٠

أشبال عيسى المحمدي

أشبال عيسى المحمدي

أشبال عيسى المحمدي

أشبال عيسى المحمدي

وثيقته

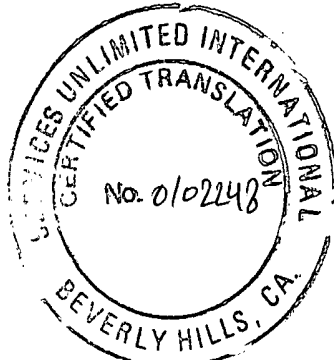
نوقيته

رئيس المأمورية

٠٠٠٠٠٠٠

٠

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U.S. IMMIGRATION
NEW YORK, N.Y. 2595
MAY 10

ADMITTED
UNTIL

MAY 03 1995

VISAS

استشارات

UNITED STATES
OF AMERICA



Issuing Post Name
CAIRO

CAIRO

Surname

NOUR

Given Nanie

NAWAL ABDEL AZIZ ABDEL AZIZ

Passport Number
17017

17317

Entries

• M

Annotation

Control Number

19951102600030

Visa Type/Class

R

B1/B2

Birth Date: 02/11/1944

Nationality

EGYP

03NOV1946

Expiry Date
20APR2000

04545063

VNEGYNOUR<<NAWAL<ABDEL<AZIZ<ABDEL<AZIZ<<<<<
17317<<<<9EGY4611037F9504202B310723F677A8A82

五

Departure Number

630791435 03

Immigration and
Naturalization Service

U.S. IMMIGRATION
NEW YORK, N.Y. 2595

I-94

Departure Record

NOV 02 1995

ADMITTED
UNIT

14. Family Name	Noue
15. First (Given) Name	Nawaf
17. Country of Citizenship	Egypt
16. Birth Date (Day Mo Yr)	3 11 1946

See Other Side

STAPLE HERE

(b)(6)

Please read and follow the instructions. Use of this checklist will speed up processing of your application. A separate checklist and set of documents must be submitted for EACH beneficiary.

INSTRUCTIONS

- STEP 1. Complete questions 1 through 6.
 STEP 2. Find the section on the enclosed form (WR-758) that describes your situation. The documents and applications listed in that section are required for you to adjust your status.
 STEP 3. Check the box on this checklist that appears before each of the required items listed in your section. **ASSEMBLE YOUR FORMS AND DOCUMENTS IN THE ORDER LISTED ON THIS CHECKLIST.** Shaded areas are for attorney/agency use only.
 STEP 4. Calculate the correct fee by completing item #7 and include your check or money order payable to INS. Applications with incorrect fees will be rejected. If you are found to be ineligible, your fee will not be refunded.

YOU MUST SUBMIT A COPY OF YOUR FOREIGN LANGUAGE DOCUMENTS AND A CERTIFIED ENGLISH TRANSLATION. ALL OFFICIAL U.S. DOCUMENTS i.e. BIRTH OR DEATH CERTIFICATES MUST BE CERTIFIED BY THE APPROPRIATE CIVIL AUTHORITY, i.e. CITY, STATE, ETC.

(b)(6)

IF AN ORDER TO SHOW CAUSE HAS BEEN ISSUED, YOU MUST SUBMIT YOUR APPLICATION TO THE IMMIGRATION COURT.

CERTIFICATION FOR ATTORNEY AND BIA ACCREDITED AGENCY REPRESENTATIVE USE ONLY:

I certify that I have submitted all the required documents checked below. I understand that this application will be accepted based on my certification that all required documents are included. I understand that if this application is later denied by Adjudications, the fee submitted will not be refunded.

Signature

Printed name

Address/Telephone

Date

State Bar # or VOLAG name

Submitted by attorney/filer - PRINT NAME

1. Beneficiary's Name: Nawal Nari (b)(6)

2. Alien registration number or file number as shown on Approval Notice: _____ If none, check here ☒

3. Class: Imm Bd (shown on your Approval Notice) 4. Priority Date: _____ (shown on your Approval Notice)

5. Country of birth OR country of chargeability: Egypt

6. ☒ Check here if your priority date (visa number) is current (You may call the State Department at (202) 663-1541 to see if your date is current, IF NOT, DO NOT SUBMIT YOUR APPLICATION).

7. ☒ FEE - check all that apply and compute the fee

☒ - Form I-130

☒ - Form I-485, beneficiary age 14 years or older

☐ - Form I-485, beneficiary under age 14 years

☐ - Form I-485 Supplement A, (If under age 17 years or has approved or pending I-817, there is no fee. If I-817 has been denied, fee must be paid)

☒ - Form I-765

☐ - Form I-360

☐ - Form I-824

TOTAL FEE - \$ 280.00 included

Indicate if the following items are included by checking the box.

8. <input checked="" type="checkbox"/> Form I-130 or Notice of Approval	14. <input checked="" type="checkbox"/> G-325A petitioner	20. <input checked="" type="checkbox"/> 2 photos, beneficiary
9. <input type="checkbox"/> Notice of Approval of I-140	15. <input type="checkbox"/> G-325A beneficiary	21. <input type="checkbox"/> 1 photo, petitioner
10. <input type="checkbox"/> Notice of Approval of I-129F and copy of I-94	16. <input checked="" type="checkbox"/> WR-702 (I-468)	22. <input checked="" type="checkbox"/> G-28
11. <input type="checkbox"/> Form I-360 or Notice of Approval	17. <input checked="" type="checkbox"/> I-765	23. <input type="checkbox"/> IRS 9003
12. <input checked="" type="checkbox"/> I-485	18. <input checked="" type="checkbox"/> FD-258(s)-fingerprint charts	24. <input type="checkbox"/> I-134
13. <input type="checkbox"/> I-485 Supplement A	19. <input checked="" type="checkbox"/> I-643 parolees/refugees	25. <input type="checkbox"/> I-824
26. If not filing Supplement A: Proof of entry- check one: <input checked="" type="checkbox"/> copy of passport visa page and entry stamp <input type="checkbox"/> copy of I-94 <input type="checkbox"/> copy of Border Crossing Card <input type="checkbox"/> Other, specify: _____		
27. <input type="checkbox"/> Employment letter		
28. Birth certificate: <input checked="" type="checkbox"/> Petitioner <input checked="" type="checkbox"/> Beneficiary <input type="checkbox"/> Other		
29. Marriage certificate: <input checked="" type="checkbox"/> Petitioner <input type="checkbox"/> Beneficiary <input type="checkbox"/> Other		
30. Proof of termination of all prior marriages: <input type="checkbox"/> Petitioner <input type="checkbox"/> Beneficiary <input type="checkbox"/> Other		
31. Proof of petitioner's citizenship: <input checked="" type="checkbox"/> Naturalization Certificate <input type="checkbox"/> Valid U.S. Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other		
32. <input type="checkbox"/> Other, specify: _____		

U.S. Department of Justice
Immigration and Naturalization Service

300 N. LOS ANGELES STREET, LOS ANGELES, CA 90012

Z.I.D. 8/12/98 Reschedule
"X" #3.
**AUTHORIZATION FOR PAROLE OF AN ALIEN
INTO THE UNITED STATES**

Name of Alien (First) (Middle) (Last)			Date		
NAWAL A NOUR			APRIL 29 1998		
			File Number		
			A 73 822 778		
Date of Birth (Month) (Day) (Year)		Place of Birth (City or town) (State or province) (Country)			
NOV 3 1946		EGYPT			
U.S. Address (Apt. number and/or in care of) (Number and street) (City or town) (State) (ZIP Code)					
844 5th STREET 0 B SANTA MONICA CA 90403					

Presentation of the attached duplicate of this document will authorize a transportation line to accept the named bearer on board for travel to the United States without liability under section 273 of the Immigration and Nationality Act for bringing an alien who does not have a visa.

Presentation of the original of this document prior to APRIL 26 1999 will authorize an immigration officer at a port of entry in the United States to permit the named bearer, whose photograph appears herein, to enter the United States:

☐ go on alien paroled pursuant to section 212(d)(5) of the Immigration and Nationality Act.

☒ X

A CIS RECORD OF THIS ALIEN MAY NOT EXIST HOWEVER VERIFICATION OF PENDENCY OF THIS ALIEN'S APPLICATION FOR ADJUSTMENT OF STATUS MAY BE OBTAINED BY PHONE DURING NORMAL WORKING HOUR AT THE LOS ANGELES DISTRICT OFFICE ADJUSTMENT OF STATUS VIA FAX (213) 894-3894

Remarks:

✧ MULTIPLE ENTRY ✧

IF YOUR APPLICATION FOR ADJUSTMENT OF STATUS IS DENIED, YOU WILL BE SUBJECT TO EXPEDITED REMOVAL UNDER SECTION 235(6)(1) OF THE IMMIGRATION AND NATIONALITY ACT. INDIVIDUAL IS TO BE PAROLED INTO THE UNITED STATES FOR AN INDEFINITE PERIOD OF TIME PROVIDED PRIMA FACIE ELIGIBILITY FOR ADJUSTMENT OF STATUS CONTINUES.

ADVANCE PAROLE AUTHORIZED BY THE UNDERSIGNED.

LOS ANGELES, CALIFORNIA

(Signature of Immigration Officer)

RICHARD K ROGERS, DISTRICT DIRECTOR

(Signature of Officer)



START HERE - Please Type or Print

Part 1. Information about you.

Family Name NOUR	Given Name NAWAL	Middle Initial A.
Address - C/O		
Street Number and Name 844-5th St.		Apt. # B
City Santa Monica	State or Province CA	
Country USA	ZIP/Postal Code 90403	
Date of Birth (Month/Day/Year) 11-3-46	Country of Birth EGYPT	
Social Security # 621-82-5223	A # 73-822-778	

Part 2. Application Type (check one).

- a. ☐ I am a permanent resident or conditional resident of the United States and I am applying for a Reentry Permit.
- b. ☐ I now hold U.S. refugee or asylee status and I am applying for a Refugee Travel Document.
- c. ☐ I am a permanent resident as a direct result of refugee or asylee status, and am applying for a Refugee Travel Document.
- d. ☒ I am applying for an Advance Parole to allow me to return to the U.S. after temporary foreign travel. **245 4/21/97**
- e. ☐ I am outside the U.S. and am applying for an Advance Parole.
- f. ☐ I am applying for an Advance Parole for another person who is outside the U.S. Give the following information about that person:

Family Name NIA	Given Name	Middle Initial
Date of Birth (Month/Day/Year)	Country of Birth	
Foreign Address - C/O		
Street Number and Name		Apt. #
City	State or Province	
Country	ZIP/Postal Code	

Part 3. Processing Information.

Date of Intended departure (Month/Day/Year) 04-26-1998	Expected length of trip. one month
Are you, or any person included in this application, now in exclusion or deportation proceedings? <input checked="" type="checkbox"/> No NO Yes, at (give office name)	
If applying for an Advance Parole Document, skip to Part 7.	
Have you ever before been issued a Reentry Permit or Refugee Travel Document? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (give the following for the last document issued to you)	
Date issued 04-21-97	Disposition (attached, lost, etc.)

FOR INS USE ONLY

Returned	Receipt
Resubmitted	OK to pay cashier
Reloc Sent	
Reloc Rec'd 0057 001 R# 04/22/98 13:07 131 70.00	
<input type="checkbox"/> Applicant Interviewed on	
Document Issued <input type="checkbox"/> Reentry Permit <input type="checkbox"/> Refugee Travel Document <input type="checkbox"/> Single Advance Parole <input checked="" type="checkbox"/> Multiple Advance Parole APR 28 1998 Validity to	
If Reentry Permit or Refugee Travel Document <input type="checkbox"/> Mail to Address in Part 2 <input type="checkbox"/> Mail to American Consulate <input type="checkbox"/> Mail to INS overseas office AT	
Remarks: <input type="checkbox"/> Document Hand Delivered On By DR	
Action Block <div style="border: 1px solid black; padding: 5px; text-align: center;">APPROVED INS DISTRICT DIRECTOR APR 29 1998 Recommended by: LOS 18493</div>	
To Be Completed by Attorney or Representative, if any <input checked="" type="checkbox"/> Fill in box if G-28 is attached to represent the applicant	
VOLAG# 0036	
ATTY State License # 98691	

Part 3. Processing Information. (continued)

N/A

Where do you want this travel document sent? (check one)

- a. ☐ Address in Part 2, above
b. ☐ American Consulate at (give City and Country, below)
c. ☐ INS overseas office at (give City and Country, below)

City

Country

If you checked b. or c., above, give your overseas address:

Part 4. Information about the Proposed Travel.

N/A

Purpose of trip. If you need more room, continue on a separate sheet of paper.

List the countries you intend to visit.

Part 5. Complete only if applying for a Reentry Permit.

Since becoming a Permanent Resident (or during the past five years, whichever is less) how much total time have you spent outside the United States?

- | | |
|---|--|
| <input type="checkbox"/> less than 6 months | <input type="checkbox"/> 2 to 3 years |
| <input type="checkbox"/> 6 months to 1 year | <input type="checkbox"/> 3 to 4 years |
| <input type="checkbox"/> 1 to 2 years | <input type="checkbox"/> more than 4 years |

Since you became a Permanent Resident, have you ever filed a federal income tax return as a nonresident, or failed to file a federal return because you considered yourself to be a nonresident? (if yes, give details on a separate sheet of paper).

- ☐ Yes ☐ No

Part 6. Complete only if applying for a Refugee Travel Document.

N/A

Country from which you are a refugee or asylee:

If you answer yes to any of the following questions, explain on a separate sheet of paper.

Do you plan to travel to the above-named country?

- ☐ Yes ☐ No

Since you were accorded Refugee/Asylee status, have you ever: returned to the above-named country; applied for an/or obtained a national passport, passport renewal, or entry permit into this country; or applied for an/or received any benefit from such country (for example, health insurance benefits)?

- ☐ Yes ☐ No

Since being accorded Refugee/Asylee status, have you, by any legal procedure or voluntary act, re-acquired the nationality of the above-named country, acquired a new nationality, or been granted refugee or asylee status in any other country?

- ☐ Yes ☐ No

Part 7. Complete only if applying for an Advance Parole.

On a separate sheet of paper, please explain how you qualify for an Advance Parole and what circumstances warrant issuance of Advance Parole. Include copies of any documents you wish considered. (See instructions.)

For how many trips do you intend to use this document?

Pending Sec. 245 application; Aunt is critically ill in Egypt - I need to see her. She is like a mother to me. I'll

If outside the U.S., at right give the U.S. Consulate or INS office you wish notified if this application is approved.

- ☐ 1 trip ☒ More than 1 trip

Part 8. Signature.

Read the information on penalties in the instructions before completing this section. You must file this application while in the United States if filing for a reentry permit or refugee travel document.

I certify under penalty of perjury under the laws of the United States of America that this petition, and the evidence submitted with it, is all true and correct. I authorize the release of any information from my records which the Immigration and Naturalization Service needs to determine eligibility for the benefit I am seeking.

Signature

Date

Daytime Telephone #

Nawal Noor

4/21/98

(310) 656-1599

Please Note: If you do not completely fill out this form, or fail to submit required documents listed in the instructions, you may not be found eligible for the requested document and this application will have to be denied.**Part 9. Signature of person preparing form if other than above. (sign below)**

I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.

Signature

(b)(6)

Print Your Name

Date

Firm Name and Address

Nawal Noor

(b)(6)

(b)(6)

(b)(6)

FPI-LOM



U.S. Department of Justice

Immigration & Naturalization Service

300 N. Los Angeles Street

Los Angeles, CA 90012

CONTROL DATE: 2-10-97

CRATE A

NAME NAWAC NOUR A# 73 872 778

YOUR APPLICATION FOR ADJUSTMENT OF STATUS HAS BEEN RECEIVED. PLEASE READ THE ITEM(S) CHECKED BELOW AND FOLLOW THE INSTRUCTIONS GIVEN.

☐ YOUR APPOINTMENT FOR AN EMPLOYMENT AUTHORIZATION CARD HAS BEEN SCHEDULED AS FOLLOWS:

Please come into this office, Room B-232 - Date APR 21 1997 Time 8:00 AM to be processed for your Employment Authorization Card. DUE TO LIMITED SEATING, DO NOT BRING FAMILY MEMBERS OR FRIENDS TO ROOM B-232, ONLY THE APPLICANT WILL BE ALLOWED INSIDE THE ROOM.

Attention!! You must bring this *ORIGINAL* notice AND your fee receipt from the Immigration & Naturalization Service.

☒ YOU WILL BE NOTIFIED BY MAIL NO LATER THAN 12 MONTHS FROM THE DATE OF THIS NOTICE WHETHER YOU ARE REQUIRED TO HAVE AN ADJUSTMENT OF STATUS INTERVIEW. IF AN INTERVIEW IS REQUIRED, YOU WILL BE NOTIFIED OF THE DATE AND TIME AND WHAT ADDITIONAL ITEMS YOU ARE REQUIRED TO SUBMIT. IF NO INTERVIEW IS REQUIRED, YOU WILL BE NOTIFIED OF THE DATE AND TIME YOU MUST APPEAR AT THE INS OFFICE TO BE PROCESSED FOR YOUR I-551 CARD.

PLEASE DO NOT CONTACT THIS OFFICE PRIOR TO 12 MONTHS FROM THE "CONTROL DATE" ABOVE TO INQUIRE ABOUT THE STATUS OF YOUR APPLICATION UNLESS:

- 1) YOU CHANGE YOUR ADDRESS - MAIL A COPY OF THIS NOTICE ALONG WITH YOUR NEW ADDRESS TO: INS, 300 N. LOS ANGELES ST, ROOM 1001, LOS ANGELES, CA 90012.
- 2) YOU PLAN TO DEPART FROM THE UNITED STATES TO ANY COUNTRY INCLUDING MEXICO (TIJUANA INCLUDED), OR CANADA PRIOR TO YOUR INTERVIEW - YOU MUST OBTAIN *ADVANCE PAROLE* FROM THIS SERVICE. FAILURE TO DO SO WILL RESULT IN AUTOMATIC TERMINATION OF YOUR APPLICATION(S). TO OBTAIN *ADVANCE PAROLE*, GO TO: INS, 1241 S. SOTO ST., EAST LOS ANGELES, CA, WITH THIS NOTICE AND YOUR RECEIPT.
- 3) YOU DO NOT HEAR FROM US WITHIN THE TIME-FRAMES SHOWN ABOVE - YOU MAY GO TO 300 N LOS ANGELES ST., ROOM 8024, LOS ANGELES, CA, TO INQUIRE ABOUT YOUR CASE.

Sincerely,

US DEPT OF JUSTICE
LOS ANGELES INS
RETAIN THIS RECEIPT

01/09/97

73822778*H	0.00
LASTNAME	
NOUR/NAWALHH	130.00
I485	70.00
I765	80.00
I130	
TTLAMT	280.00
CHECK	210.00
CHECK	70.00

0052002 R 2 8:14
RETAIN THIS RECEIPT

AL SALAM HOSPITAL

15 TAHRAN STREET
DOKKI, GIZAH
TEL : 349-8877
DR. AYMAN A. SALAH

DATE : April 19, 1998

Dear Ms. Nawal Nour,

This is to inform you that your aunt Ms. Malakah Mostafa Farag is in critical condition
in the intensive care at the Salam Hospital.

Sincerely,



Dr. Ayman Salah

(b)(6)

From : [REDACTED]

Tel [REDACTED]

To: [REDACTED]

Date: April 20, 1998

Re: Ms.Nawal Nour/Permanent Residence Status and Travel Permit

(b)(6)

Dear [REDACTED]

Ms . Nour needs to obtain a travel permit as soon as possible so that she can go to Egypt and see her aunt who is in a critical condition as per the attached doctor's letter.

Please let us know what is needed to get this travel permit as soon as possible .

Thank you .

Our new mailing address is

P.O. Box 450

SANTA MONICA, CA

90406-0450

NOTICE OF ENTRY OF APPEARANCE AS ATTORNEY OR REPRESENTATIVE

In re: <u>I-131</u>	DATE <u>4/21/98</u>
	FILE No. <u>A73-822-778</u>

I hereby enter my appearance as attorney for (or representative of), and at the request of, the following named person(s):

NAME <u>Nawal Nour</u>	<input type="checkbox"/> Petitioner <input type="checkbox"/> Applicant <input type="checkbox"/> Beneficiary <input type="checkbox"/>
ADDRESS (Apt. No.) (Number & Street) (City) (State) (ZIP Code)	
<u>844-5th St B</u> <u>Santa Monica</u> <u>CA</u> <u>90403</u>	
NAME	<input type="checkbox"/> Petitioner <input type="checkbox"/> Applicant <input type="checkbox"/> Beneficiary <input type="checkbox"/>
ADDRESS (Apt. No.) (Number & Street) (City) (State) (ZIP Code)	

Check Applicable Item(s) below:

☒ 1. I am an attorney and a member in good standing of the bar of the Supreme Court of the United States or of the highest court of the following State, territory, insular possession, or District of Columbia
California Supreme Court and am not under a
(Name of Court)
 court or administrative agency order suspending, enjoining, restraining, disbaring, or otherwise restricting me in practicing law.

☐ 2. I am an accredited representative of the following named religious, charitable, social service, or similar organization established in the United States and which is so recognized by the Board:

☐ 3. I am associated with _____, the attorney of record who previously filed a notice of appearance in this case and my appearance is at his request. (If you check this item, also check item 1 or 2 whichever is appropriate.)

☐ 4. Others (Explain fully.)

(b)(6)

SIGNATURE <u>[Signature]</u>	COMPLETE ADDRESS
NAME (Type or Print)	TELEPHONE NUMBER
<u>[Redacted]</u>	<u>[Redacted]</u>

PURSUANT TO THE PRIVACY ACT OF 1974, I HEREBY CONSENT TO THE DISCLOSURE TO THE FOLLOWING NAMED ATTORNEY OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY IMMIGRATION AND NATURALIZATION SERVICE SYSTEM OF RECORDS: _____
(Name of Attorney or Representative)

THE ABOVE CONSENT TO DISCLOSE IS IN CONNECTION WITH THE FOLLOWING MATTER:

(b)(6)

Naw

NAME OF PERSON CONSENTING	SIGNATURE OF PERSON CONSENTING	DATE
<u>Nawal Nour</u>	<u>[Signature]</u>	<u>4/21/98</u>

(NOTE: Execution of this box is required under the Privacy Act of 1974 where the person being represented is a citizen of the United States or an alien lawfully admitted for permanent residence.)



U.S. Department of Justice
Immigration and Naturalization Service

300 North Los Angeles Street
Los Angeles, CA 90012

ADVANCE PAROLE
SUPERVISORY REQUEST

Emergency Advanced Parole
NAME OF REQUEST: Nawal Nour

DATE: 4-22-98

ADDRESS: P.O. Box 450
Santa Monica, CA
90406-0450

BIRTH DATE: 11-3-46

TELEPHONE NUMBER: 310-656-1599

FILE #: A73-822-778

I-131 APPLICATION FILING DATE: 4-22-98

OTHER APPLICATION FILED:

NAME OF ATTORNEY:



(b)(6)

REASON FOR REQUEST:

Emergency

*Please I need to go to Egypt
as soon as possible. My Aunt is like a
mother to me she is in a critical condition
in the hospital. I need to see her now.*

SIGNATURE OF INQUIRER:

Nawal Nour

PAGE WITHHELD PURSUANT TO

(b)(3)

(b)(6)

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(b)(6)

(b)(3)

(b)(6)

(b)(6)

(b)(6)

Additional Questions to be Completed by All Applicants
for Permanent Residence in the United States

This form must accompany your application for permanent residence in the United States

Privacy Act Notice: Your responses to the following questions will be provided to the Internal Revenue Service pursuant to Section 6039E of the Internal Revenue Code of 1986. Use of this information is limited to that needed for tax administration purposes. Failure to provide this information may result in a \$500 penalty unless failure is due to reasonable cause.

On the date of issuance of the Alien Registration Receipt Card, the Immigration and Naturalization Service will send the following information to the Internal Revenue Service: your name, social security number, address, date of birth, alien identification number, occupation, class of admission, and answers to IRS Form 9003.

Name (Last—Surname—Family) (First—Given) (Middle Initial)

Nour, Nawal

Taxpayer Identification Number

621825223

Enter your Social Security Number (SSN) if you have one. If you do not have an SSN but have used a Taxpayer Identification Number issued to you by the Internal Revenue Service, enter that number. Otherwise, write "NONE" in the space provided; i.e., "_____|NONE|".

	Mark appropriate column	
	Yes	No
1. Are you self-employed? Mark "yes" if you own and actively operate a business in which you share in the profits other than as an investor.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Have you been in the United States for 183 days or more during any one of the three calendar years immediately preceding the current calendar year? Mark "yes" if you spent 183 days or more (not necessarily consecutive) in the United States during any one of the three prior calendar years whether or not you worked in the United States.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. During the last three years did you receive income from sources in the United States? Mark "yes" if you received income paid by individuals or institutions located in the United States. Income includes, but is not limited to, compensation for services provided by you, interest, dividends, rents, and royalties.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Did you file a United States Individual Income Tax Return (Forms 1040, 1040A, 1040EZ or 1040NR) in any of the last three years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you answered yes to question 4, for which tax year was the last return filed? 19 97

Paperwork Reduction Act Notice—We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is 5 minutes. If you have comments concerning the accuracy of this time estimate or suggestions for making this form more simple, we would be happy to hear from you. You can write to both the Internal Revenue Service, Attention: Reports Clearance Officer, PC:FP, Washington, DC 20224, and the Office of Management and Budget, Paperwork Reduction Project (1545-1065), Washington, DC 20503. **DO NOT send this form to either of these offices. Instead, return it to the appropriate office of the Department of State or the Immigration and Naturalization Service.**

Remarks

**UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE**

COVER SHEET

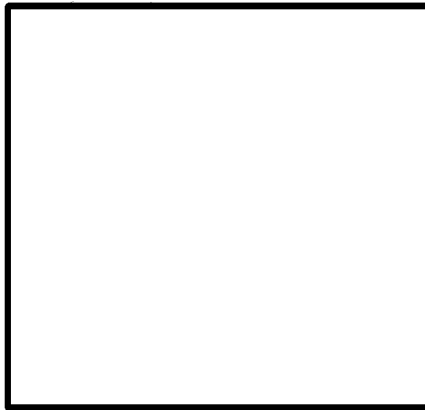
RECORD OF PROCEEDING

This is a permanent record of the Immigration and Naturalization Service. Any part of this record which is removed MUST BE RETURNED after it has served its purpose.

INSTRUCTIONS

- 1. Place a separate cover sheet on the top of each Record of Proceeding.**
- 2. Each Record of Proceeding is to be fastened on the inner left side of the file jacket in chronological order.**
- 3. Any person temporarily removing any part of this record must make, date, and sign a notation to this effect which is to be retained in this record below the cover sheet. The signer is responsible for replacing the removed material as soon as it has served its purpose.**
- 4. See AM 2710 for detailed instructions.**

(b)(6)



11/01/96 WAC-97-023-52633 WACLEG01

11/01/96 WAC-97-023-52633 WACLEG01

START HERE - Please Type or Print

Part 1. Information about you.

Family Name <i>NOUR</i>	Given Name <i>NAWAL</i>	Middle Initial <i>A</i>
Address - In Care of: <i>NAWAL NOUR</i>		
Street # and Name <i>847 5th ST.</i>	Apt. # <i>202</i>	
City <i>SANTA MONICA</i>	State <i>CA</i>	
Zip Code <i>90403</i>		
Date of Birth (month/day/year) <i>11-03-46</i>	Country of Birth <i>EGYPT</i>	
Social Security # (if any) <i>621-82-5223</i>	A# (if any) <i>63079143503</i>	
Date of Last Arrival Into the U.S. <i>MAY 03-1995</i>	I-94# <i>63079143503</i>	
Current Nonimmigrant Status <i>VISITOR B-2</i>	Expires on (month/day/year) <i>11-02-96</i>	

Part 2. Application Type. (See instructions for fee.)

1. I am applying for: (check one)
- a. ☒ an extension of stay in my current status
- b. ☐ a change of status. The new status I am requesting is: _____
2. Number of people included in this application: (check one)
- a. ☒ I am the only applicant
- b. ☐ Members of my family are filing this application with me. The Total number of people included in this application is (complete the supplement for each co-applicant) _____

Part 3. Processing information.

1. I/We request that my/our current or requested status be extended until (month/day/year) *05-02-97*
2. Is this application based on an extension or change of status already granted to your spouse, child or parent?
☒ No ☐ Yes (receipt # _____)
3. Is this application being filed based on a separate petition or application to give your spouse, child or parent an extension or change of status?
☒ No ☐ Yes, filed with this application ☐ Yes, filed previously and pending with INS
4. If you answered yes to question 3, give the petitioner or applicant name:

If the application is pending with INS, also give the following information.
Office filed at _____ Filed on _____ (date)

Part 4. Additional information.

1. For applicant #1, provide passport information: Country of issuance <i>EGYPT</i>		Valid to: (month/day/year) <i>3-11-2002</i>
2. Foreign address: Street # and Name <i>15 ALHASSAN ST.</i>		
City or Town <i>DOKKI, GIZA</i>		State or Province <i>GIZA</i>
Country <i>EGYPT</i>		Zip or Postal Code

FOR INS USE ONLY

Returned Date _____ Resubmitted Date _____ Reloc Sent Date _____ Reloc Rec'd Date _____ <input type="checkbox"/> Applicant Interviewed	Receipt 11/01/96 I-97-023-52633 I-97-023-52633 109LE01
--	--

☒ Extension Granted *11-03-96*
to (date): *05-02-97*

☐ Change of Status/Extension Granted
New Class: _____ To (date): _____

- If denied:
- ☐ Still within period of stay
- ☐ V/D to: _____
- ☐ S/D to: _____
- ☐ Place under docket control

Remarks

Action Block

APPROVED INS DISTRICT DIRECTOR
NOV 21 1996
Recommended by <i>Ron Hite</i>
WSC 1 7373

To Be Completed by Attorney or Representative, if any
<input type="checkbox"/> Fill in box if G-28 is attached to represent the applicant
VOLAG#
ATTY State License #

Part 4. Additional Information. (continued)

3. Answer the following questions. If you answer yes to any question, explain on separate paper.

Yes No

- | | | |
|---|--|---|
| a. Are you, or any other person included in this application, an applicant for an immigrant visa or adjustment of status to permanent residence? | | X |
| b. Has an immigrant petition ever been filed for you, or for any other person included in this application? | | X |
| c. Have you, or any other person included in this application ever been arrested or convicted of any criminal offense since last entering the U.S.? | | X |
| d. Have you, or any other person included in this application done anything which violated the terms of the nonimmigrant status you now hold? | | X |
| e. Are you, or any other person included in this application, now in exclusion or deportation proceedings? | | X |
| f. Have you, or any other person included in this application, been employed in the U.S. since last admitted or granted an extension or change of status? | | X |

If you answered YES to question 3f, give the following information on a separate paper: Name of person, name of employer, address of employer, weekly income, and whether specifically authorized by INS.

If you answered NO to question 3f, fully describe how you are supporting yourself on a separate paper. Include the source and the amount and basis for any income.

Part 5. Signature. Read the information on penalties in the instructions before completing this section. You must file this application while in the United States.

I certify under penalty of 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 authorize the release of any information from my records which the Immigration and Naturalization Service needs to determine eligibility for the benefit I am seeking.

Signature

NAWAL NOUR

Print your name

NAWAL NOUR

Date

10-27-96

Please Note: If you do not completely fill out this form, or fail to submit required documents listed in the instructions, you cannot be found eligible for the requested document and this application will have to be denied.

Part 6. Signature of person preparing form if other than above. (Sign below)

I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.

Signature

Print Your Name

Date

Firm Name
and Address

(Please remember to enclose the mailing label with your application)

QUESTION # 3F.

I am supporting myself. I have my own money
from my Country - EGYPT -. I have a bank account.
The money in that bank account is in excess of
\$ 10,000.00 US. - BANK OF AMERICA.

NAWAL NOUR

847 5th ST. #202
SANTA MONICA, CA 90403.
310-656-1599 ← tel no.

Where To File.

File this application at your local INS office if you are filing:

- for an extension as a B-1 or B-2, or change to such status;
- for reinstatement as an F-1 or M-1 or filing for change to F or M status; or
- for an extension as a J, or change to such status.

In all other instances, file your application at an INS Service Center, as follows:

If you live in Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Puerto Rico, Rhode Island, Vermont, Virgin Islands, Virginia, or West Virginia, mail your application to: USINS Eastern Service Center, 75 Lower Welden Street, St. Albans, VT 05479-0001.

If you live in Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee, or Texas, mail your application to: USINS Southern Service Center, P.O. Box 152122, Dept. A, Irving, TX 75015-2122.

If you live in Arizona, California, Guam, Hawaii, or Nevada, mail your application to: USINS Western Service Center, P.O. Box 30040, Laguna Niguel, CA 92607-0040.

If you live elsewhere in the United States, mail your application to: USINS Northern Service Center, 100 Centennial Mall North, Room, B-26, Lincoln, NE 68508.

Fee.

The fee for this application is \$70.00 for the first person included in the application, and \$10.00 for each additional person. The fee must be submitted in the exact amount. It cannot be refunded. DO NOT MAIL CASH.

All checks and money orders must be drawn on a bank or other institution located in the United States and must be payable in United States currency. The check or money order should be made payable to the Immigration and Naturalization Service, except that:

- If you live in Guam, and are filing this application in Guam, make your check or money order payable to the "Treasurer, Guam."
- If you live in the Virgin Islands, and are filing this application in the Virgin Islands, make your check or money order payable to the "Commissioner of Finance of the Virgin Islands."

Checks are accepted subject to collection. An uncollected check will render the application and any document issued invalid. A charge of \$5.00 will be imposed if a check in payment of a fee is not honored by the bank on which it is drawn.

Processing Information.

Acceptance. Any application that is not signed or is not accompanied by the correct fee will be rejected with a notice that the application is deficient. You may correct the deficiency and resubmit the application. An application is not considered properly filed until accepted by the Service.

Initial processing. Once the application has been accepted, it will be checked for completeness. If you do not completely fill out the form, or file it without required initial evidence, you will not establish a basis for eligibility, and we may deny your application.

Requests for more information or interview. We may request more information or evidence or we may request that you appear at an INS office for an interview. We may also request that you submit the originals of any copy. We will return these originals when they are no longer required.

Decision. An application for extension of stay, change of status, or reinstatement may be approved in the discretion of the Service. You will be notified in writing of the decision on your application.

Penalties.

If you knowingly and willfully falsify or conceal a material fact or submit a false document with this request, we will deny the benefit you are filing for, and may deny any other immigration benefit. In addition, you will face severe penalties provided by law, and may be subject to criminal prosecution.

Privacy Act Notice.

We ask for the information on this form, and associated evidence, to determine if you have established eligibility for the immigration benefit you are filing for. Our legal right to ask for this information is in 8 USC 1184, and 1258. We may provide this information to other government agencies. Failure to provide this information, and any requested evidence, may delay a final decision or result in denial of your request.

Paperwork Reduction Act Notice.

We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. The estimated average time to complete and file this application is as follows: (1) 10 minutes to learn about the law and form; (2) 10 minutes to complete the form; and (3) 25 minutes to assemble and file the application; for a total estimated average of 45 per application. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to both the Immigration and Naturalization Service, 425 I Street, N.W., Room 5304, Washington, D.C. 20536; and the Office of Management and Budget, Paperwork Reduction Project, OMB No. 1115-0093, Washington, D.C. 20503.

Mailing Label--Complete the following mailing label and submit this page with your application if you are required to submit your original Form I-94.

Name and address of applicant

Name

NAWAL A. NOUR

Street

847 5th ST. #202

City, State, & Zip Code

SANTA MONICA, CA 90403

Your I-94 Arrival-Departure Record is attached. It has been amended to show the extension of stay/change of status granted.

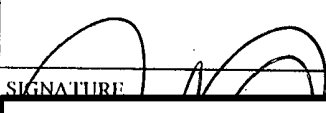
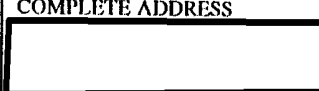
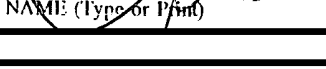

NOTICE OF ENTRY OF APPEARANCE AS ATTORNEY OR REPRESENTATIVE

In re: I-539	DATE 10/31/96
	FILE No.

I hereby enter my appearance as attorney for (or representative of), and at the request of, the following named person(s).

NAME NAWAL A. NOUR	<input type="checkbox"/> Petitioner <input type="checkbox"/> Beneficiary	<input type="checkbox"/> Applicant <input type="checkbox"/>
ADDRESS (Apt. No.) (Number & Street) (City) (State) (Zip Code) 847-5 th St. #202 Santa Monica, CA 90403		
NAME	<input type="checkbox"/> Petitioner <input type="checkbox"/> Beneficiary	<input type="checkbox"/> Applicant <input type="checkbox"/>
ADDRESS (Apt. No.) (Number & Street) (City) (State) (Zip Code)		

Check Applicable Item(s) below:

<input checked="" type="checkbox"/> 1. I am an attorney and a member in good standing of the bar of the Supreme Court of the United States or of the highest court of the following State, territory, insular possession, or District of Columbia California Supreme Court (Name of Court) and am not under a court or administrative agency order suspending, enjoining, restraining, disbaring, or otherwise restricting me in practicing law.	
<input type="checkbox"/> 2. I am an accredited representative of the following named religious, charitable, social service, or similar organization established in the United States and which is so recognized by the Board:	
<input type="checkbox"/> 3. I am associated with _____ The attorney of record who previously filed a notice of appearance in this case and my appearance is at his request. (If you check this item, also check item 1 or 2 whichever is appropriate.)	
<input type="checkbox"/> 4. Others (Explain fully.) (b)(6)	
SIGNATURE 	COMPLETE ADDRESS 
NAME (Type or Print) 	TELEPHONE NUMBER 

PURSUANT TO THE PRIVACY ACT OF 1974, I HEREBY CONSENT TO THE DISCLOSURE TO THE FOLLOWING NAMED ATTORNEY OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY IMMIGRATION AND NATURALIZATION SERVICE SYSTEM OF RECORDS:

(Name of Attorney or Representative)

THE ABOVE CONSENT TO DISCLOSE IS IN CONNECTION WITH THE FOLLOWING MATTER:

NAME OF PERSON CONSENTING (b)(6) Nawal Nour	SIGNATURE OF PERSON CONSENTING Nawal Nour	DATE 10/31/96
---	--	------------------

(NOTE: Execution of this box is required under the Privacy Act of 1974 where the person being represented is a citizen of the United States or an alien lawfully admitted for permanent residence.)

october 30, 1996

To Whom It May Concern;

Ms Nowal Nour is a 49-year old white female referred to our office for pain on both jaw, headache, dizziness and ringing ears.. She presented with a history of headaches. She related no trauma at that time. The headaches last for hours, she describes clicking and popping in the temporomandibular joints during function: yawning or opening wide. She has a high pitch siren sound in her ears. Ms. Nowal Nour is aware of muscle cramp, shoulder pain neck pain and stiffness in pain radiating to the neck,. Examination to the teeth revealed loss of vertical dimension and prothesis present, teeth 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,28,29,30,31,32, are missing.

Patient with no teeth in upper arch, lower anterior teeth present but no posterior teeth in the posterior areas, is highly susceptible to posterior displacement upon full closure. In order to create the proper anterior and posterior vertical dimension the prosthetic occlusion should support the condyle in the physiological position with the joint.

These principles apply to the patient of a full upper denture, lower partial denture, these full upper and lower partial should wear 6 to 9 months to correct muscle balance. During 6 months of wear of the stabilization prothesis, a time during which the patient is asymptomatic, we will be sure of the posterior vertical dimension and location of the mandible.

The appliance serves as an initial stabilization prothesis to get the joint under control for 6 to 9 months. then it may be used as a final partial denture, after stabilization condyle -fossa alignment is achieved, the case may be replaced with another partial to wear prothesis all the time.

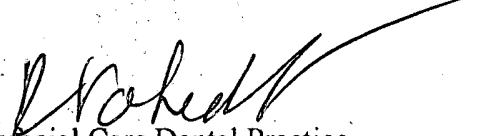
PLAN

Plan: Testing indicates that the craniomandibular relationship can be contributing to the muscle contraction headache pattern. Therefore, our plan is to alter the relationship to a more neuromuscularly balanced position.

1) orthosis therapy for a period of six months.

2) Along with the orthosis therapy, Ms. Nowal Nour should receive physical therapy and biofeedback management to address the myofascial component.

Sincerely,


TMJ, Craniofacial Care, Dental Practice
Maurice Vahedifar D.M.D., M.S.

Detach This Half for Personal Records

Receipt # WAC-96-144-51756

I-94# 630791435 03

NAME NOUR, NAWAL A.

CLASS B2

VALID FROM 05/03/96 UNTIL 11/02/96

PETITIONER: NOUR, NAWAL A.

847 5TH ST #202

SANTA MONICA CA 90403

63079 35 03

Receipt Number WAC-96-144-51756

Immigration and
Naturalization Service

I-94

Departure Record

Petitioner:

14. Family Name NOUR		16. Date of Birth 11/03/46
15. First (Given) Name NAWAL		
17. Country of Citizenship EGYPT		

Form I 797A (Rev. 09/07/93)N

Detach This Half for Personal Records

Receipt # WAC-96-022-52694

I-94# 630791435 03

NAME NOUR, NAWAL

CLASS B2

VALID FROM 11/03/95 UNTIL 05/02/96

PETITIONER: NOUR, NAWAL

1518 14TH ST #1

SANTA MONICA CA 90402

630791435 03

Receipt Number WAC-96-022-52694

Immigration and
Naturalization Service

I-94

Departure Record

Petitioner:

14. Family Name NOUR		16. Date of Birth 11/03/46
15. First (Given) Name NAWAL		
17. Country of Citizenship EGYPT		

Form I 797A (Rev. 09/07/93)N

Departure Number

630791435 03

Immigration and
Naturalization Service

I-94

Departure Record

U. S. IMMIGRATION
NEW YORK, N.Y. 2595

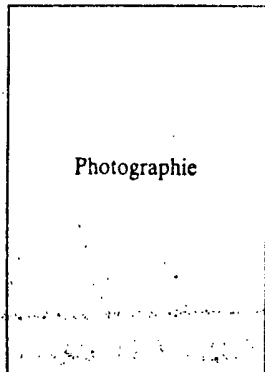
NOV 02 1995
ADMITTED
UNTIL

14. Family Name nour		16. Birth Date (Day/Mo/Yr) 3. 11. 1946
15. First (Given) Name Nawal		
17. Country of Citizenship egypt		

See Other Side

STAPLE HERE

5



Photographie

6

اسم الزوجة

مكان الميلاد

تاريخ الميلاد في يوم من شهر سنة

المهنة أو الوظيفة

NOM De L'épouse

Lieu de Naissance

Date de Naissance

Profession

Taille الطول

Couleur des Yeux لون العينين

Signes Particuliers الأوصاف المميزة

4



لون العينين

Couleur des Yeux

Taille الطول

الاسم نوال عبد العزيز عبد العزيز نور

مكان الميلاد دكاھليا

تاريخ الميلاد في يوم ٣ من شهر ١١ سنة ١٩٤٦

المهنة أو الوظيفة

NOM NAWAL ABD EL AZIZ

ABD EL AZIZ NOUR

Lieu de Naissance DAKAHLIA

Date de Naissance 3 - 11 - 1946

Profession

Signes Particuliers

الأوصاف المميزة

المشوان في ج ٢٠ ع ١٥ سحر الحسن ولد



١٧٣١٧

رقم الجواز

سنة ١٩٩٥

المدة التي أصدرته

في يوم ١٢ من شهر ٣ سنة ١٩٩٥



تمت صلاحية هذا الجواز

في يوم ١١ من شهر ٢ سنة ٢٠٠٢

N° du Passeport

17317

Fait le

12 du mois de 3 19 95

IL Expire Le

11-3-2002

Le Directeur Général

الدير العام

Ou Le Consul Général

أو القنصل العام



RÉPUBLIQUE ARABE D'EGYPTE

جمهورية مصر العربية
وزارة الداخلية
مصلحة وثائق السفر والهجرة والجنسية

يرجو وزير الخارجية من جميع القنصيين أن يسمحوا
لحامل هذا الجواز بالممرور وأن يتبدلوا له العون والرعاية
عند الاقتضاء.

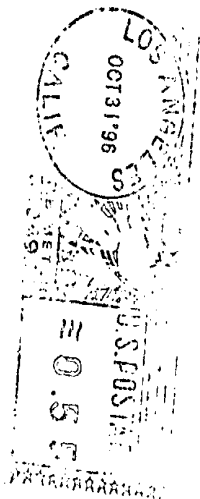
RÉPUBLIQUE ARABE D'EGYPTE
MINISTÈRE DE L'INTERIEUR
ADMINISTRATION DES PASSEPORTS,
DE L'IMMIGRATION ET
DE LA NATIONALITÉ.

Le Ministre des Affaires Etrangères Prie les autorités
concernées de Laisser Passer Le porteur de ce passeport
et de lui porter L'aide et La protection Le cas
échéant

جمهورية مصر العربية

LAW OFFICE OF
RAFAEL ROSE
8888 Wilshire Blvd. #804
Los Angeles, CA 90048

California Service Center
P.O. Box 30111
Laguna Niguel, CA 92607-0111



T-534

Referred to Immigration and Customs Enforcement

CIMDTL
COMMAND:

IMMIGRATION AND NATURALIZATION SERVICE
CENTRAL INDEX SYSTEM PERSONAL DESCRIPTION DISPLAY

02/02/07
13:38:35

A#: 073822778 NAME: NOUR

,NAWAL

DOB: 11031946

LAST: NOUR
FIRST: NAWAL
MIDDLE: ABDELAZIZ
ALIASES:

C #: 29164738
NATZ DATE: 10252006
COURT: 0000
LOCATION: LOS

SEX: F POE: NYC COB: EGYPT DOE: 08072000
FCO: LOS COA: USC COC: FTC: 04262006 FATHER: ABDELAZIZ
PFCO: WSC SFCO: DFO: 04211997 BIN: MOTHER: HANEM

SSN: 621825223
I-94 ADM #: 03017801506
PASSPORT #:
FBI #:
DRIVER LIC: A5277724
FINGER CD#:

CONSOLIDATED A-NOS
073822778
072309655

--OTHER INFORMATION--
EADS-X CARD-X

OVER-KEY A# TO DISPLAY NEW PERSON. PRESS ENTER. CLEAR EXIT PF1 NEXT CONS A#
PF2 PRIOR CONS A# PF4 RETURN PF5 HELP PF6 MAIN MENU PF8 HISTORY PF11 EOIR

N-400 Adjudication Processing Worksheet

ch 1 with any, for 5000 9/8/06 A# 173 & 22 778

INTERVIEW	Initials	Date	Remarks
Appeared for interview	SK	MAY 24 2006	No show on _____ (Date) _____ (Initials and Current Date) (I-551 S/R)
A-file present at time of initial interview	SK	MAY 24 2006	(T-file) (Current 9504 interfiled) (9101 interfiled & reviewed)

OFFICER	Initials	Date	Remarks (Only circle standard annotations when and if applicable)
Met § 312 requirements at initial interview	SK	MAY 24 2006	(UUE) (USE) (UWE) (URE) (LOK) (55/15) (50/20) (65/20)
Appeared for Re-Exam			No show on: _____ (Date) _____ (Initials and Current Date)
Met § 312 requirements at Re-Exam			
If applicable, met § 312(b) disability exceptions			(N-14)
Established physical presence/residence	SK	MAY 24 2006	(N-14) CDL Exp 11-3-98 A5277724 MAY 24 2006 SK
Established good moral character	AD	9/6/06	FIP Double Reject - WR 822 police clearance (b)(7)(e) MAY 24 2006 (N-14) (See Sworn Statement) (G-325B processed) (Criminal Record in File)
Established attachment to Constitution (Modified oath or oath waiver, circle notation in remarks)	SK	MAY 24 2006	(N-14) (oath waived per PL 106-448) (Religious Objection)
Met other eligibility requirements (put reason(s) in remarks)			(N-14) (319a) (319b) (328) (329) (See Sworn Statement-ARC)
Recommendation, if supervisory review required 1 ST <input type="checkbox"/> (CRIMINAL) and/or <input type="checkbox"/> (T-FILE) and/or If necessary, enter 2 ND			CIRCLE RECOMMENDATION: (GRANT) (DENY) (WITHDRAW) (GRANT) (DENY) (WITHDRAW)
Recommendation, if supervisory review required 1 ST <input type="checkbox"/> (DISABILITY) If necessary, enter 2 ND			CIRCLE RECOMMENDATION: (DENY) (WITHDRAW) (DENY) (WITHDRAW)

SUPERVISORY CONCURRENCE WITH OFFICER'S RECOMMENDATION	Initials	Date	Remarks (Indicate non-concurrence issue(s) within remarks)

OFFICER	Initials	Date	Remarks (Circle decision)
Indicate decision under remarks	AD	9/6/06	(GRANTED) (DENIED) (WITHDRAWN)

Reverified Adel, 5000 9/8/06 2nd Reverification if required _____
(Reverifier's Signature/Date) (Reverifier's Signature/Date)

QA Performed 7728 9/12/06
(QA Analyst/Evaluator Signature/Date)

No Errors Found / Error(s) Found - QA Checklist in File
(Circle Finding)

N-400 Pre-Processing Worksheet

A# 073-822-778

FBI Name Check	Initials	Date	Remarks (Only circle standard annotations when and if applicable)
No Record / Resolved Hit (Please circle applicable notation)	SK	MAY 24 2006	
FBI Fingerprint Check			
FD-258 Control #: NO 44 87 R Process Date: 9-1-05	TPT	10-3-06	(Waived-75 and over) (Waived-ASC) _____ (Rap Sheet Interfiled) (FTA/RFE-Not Received)
FD-258 Control #: NO 05 87 R Process Date: 4-15-06	2100188	APR 25 2006	(2 nd Unclassifiable) (Rap Sheet Interfiled) (FTA/RFE-Not Received)

MANUAL REQUESTS/RAFACS REQUESTS	Initials	Date	Remarks (Only circle standard annotations when and if applicable)
Initial search request was made (RAFACS)			
If necessary, 2 nd search request was made (RAFACS - 30 calendar days)			
If necessary, 3 rd search request was made (RAFACS - 30 calendar days)			
Manual search request initiated (circle one)			(New Added) (No Record Found)
Final Status of A-file (circle one)			(Received) (Not Received) (New Added) (Not Found)

A-FILE PROCESSING	Initials	Date	Remarks
A-file relates to applicant	2100374	7-29-07	

T-FILE PROCESSING	Initials	Date	Remarks
CIS documentation of lawful status and requisite file transfer requests is in T-file (9101 and 9504 CIS screen prints)			

Record of IBIS Query (ROIQ)

A-Number or
Receipt Number:

73 822 778

Form Type:

N-400

(b)(7)(c)

(b)(7)(e)

No.	NAME (person/business)	DOB	Batch Number/Date	IBIS OK	IBIS DNR	IBIS Ref.				
1	NOUR, Nawal	11-3-46								
CATEGORY M <input type="checkbox"/> F <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> D 2 nd Check → <input type="checkbox"/> Resolution Memorandum completed 3 rd Check →										
2	Aziz Nour, Nawal	11-3-46								
CATEGORY M <input type="checkbox"/> F <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> D 2 nd Check → <input type="checkbox"/> Resolution Memorandum completed 3 rd Check →										
3	Abouismail, Nawal	11-3-46								
CATEGORY M <input type="checkbox"/> F <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> D 2 nd Check → <input type="checkbox"/> Resolution Memorandum completed 3 rd Check →										
CATEGORY M <input type="checkbox"/> F <input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> D 2 nd Check → <input type="checkbox"/> Resolution Memorandum completed 3 rd Check →										
CATEGORY M <input type="checkbox"/> F <input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> D 2 nd Check → <input type="checkbox"/> Resolution Memorandum completed 3 rd Check →										

A-Applicant
B-Beneficiary

P-Petitioner
D-Derivative/
Household Member

M-Male
F-Female

IBIS OK-No match for search criteria listed
IBIS DNR-Match exists but does not relate to queried subject
IBIS REF-Case referred for resolution of positive result(s)

Hand - Delivered

A #:

73 822 178

On MAY 24 2006, you were interviewed by USCIS officer S. M. KIM.

- ☒ You passed the tests of English and U.S. history and government.
- ☐ You passed the tests of U.S. history and government and the English language requirement was waived.
- ☐ USCIS has accepted your request for a Disability Exception. You are exempted from the requirement to demonstrate English language ability and/or a knowledge of U.S. history and government.
- ☐ You will be given another opportunity to be tested on your ability to _____ speak/_____ read/_____ write _____ English.
- ☐ You will be given another opportunity to be tested on your knowledge of U.S. history and government.
- ☒ Please follow the instructions on Form ~~N-4~~ NR-822.
- ☐ USCIS will send you a written decision about your application.
- ☐ You did not pass the second and final test of your _____ English ability/_____ knowledge of U.S. history and government. You will not be rescheduled for another interview for this Form N-400. USCIS will send you a written decision about your application.

A) _____ **Congratulations! Your application has been recommended for approval.** At this time it appears that you have established your eligibility for naturalization. If final approval is granted, you will be notified when and where to report for the Oath Ceremony. **You cannot vote or register to vote until you are sworn in as a United States citizen.**

☐ Please take this letter to the Oath Ceremony:

USCIS Officer, check appropriate box(es):

Officer Initials

_____ Section 312 Waiver _____ Handicap Applicant _____ Exempt English Requirements _____

B) _____ **A decision cannot yet be made about your application.**

It is very important that you:

☒ Notify USCIS if you change your address:

You may notify us of any change in your mailing address by calling 1-800-375-5283. If you do not receive an appointment notice within 90 days from the date of this letter, or to notify us in writing of any change in your mailing address, please write to:

U.S. Citizenship and Immigration Services
P.O. Box 532969
Los Angeles, CA 90053-2969

- ☒ Come to any scheduled interview.
- ☒ Submit all requested documents.
- ☒ Send any questions about this application in writing to the officer named above. Include your full name, Alien Registration Number (A#), and a copy of this paper.
- ☒ Go to any Oath Ceremony that you are scheduled to attend.
- ☒ Notify USCIS as soon as possible in writing if you cannot come to any scheduled interview or Oath Ceremony. Include a copy of this paper and a copy of the scheduling notice.

NOTE: Please be advised that under section 336 of the Immigration and Nationality Act, you have the right to request a hearing before an immigration officer if your application is denied, or before the U.S. district court if USCIS had not made a determination on your application within 120 days of the date of your examination.

☐ SEE REVERSE



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

300 N. Los Angeles Street
Los Angeles, CA 90012

X *Nawal*

NAWAL NOUR
HAND-DELIVERED

File No: A 73 822 778
Date: 5/24/2006
Officer: S. M. KIM

Examination of your application (N-400) shows that additional information, documents or forms are needed before your application can be acted upon. Please **RETURN THIS NOTICE WITH THE REQUESTED INFORMATION and/or DOCUMENTS** by mail only within 30 days from the date of this notice to the following address:

U.S. Citizenship and Immigration Services
P.O. Box 532939
Los Angeles, CA 90053-2939

FAILURE TO DO SO MAY RESULT IN THE DENIAL OF YOUR APPLICATION

NOTE: ALL DOCUMENTS MUST BE ORIGINAL OR CERTIFIED COPIES.

Any documents in a foreign language must be accompanied by a translation in English. The translator must certify that he/she is competent to translate and that the translation is accurate.

- ☐ Complete court disposition(s), arrest report(s), complaint(s) and probation report (if applicable) *for the following:*

ALL ARRESTS, including following

<u>Arrest date</u>	<u>Arresting Agency</u>	<u>Place of Arrest</u>	<u>Charge</u>
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(All court dispositions MUST be certified by the court issuing the record. If there is no record or the record is no longer available, you must submit documentation from the appropriate agency stating this. If a record has been sealed or expunged, court records showing this must be submitted.)



Police clearance(s) from the local law enforcement agency(ies) in each jurisdiction where you have resided a minimum of six months during the years 2000 -Present.

- ☐ Birth certificate of :
- ☐ Marriage certificate of : if applicable
- ☐ Divorce decree (interlocutory and final decree) of:
- ☐ Death certificate of _____
- ☐ Your written statement, as well as a letter on official church stationery signed by a church official, explaining how your religious beliefs prevent you from taking the full oath.

SEE
REVERSE

- ☐ Evidence of a viable marriage - any documents which would assist in establishing the validity of your marriage such as, but not limited to, lease agreements or home ownership documents, joint bank and credit account statements, joint tax returns, proof of joint ownership of other property such as investments and automobiles, and life, health and car insurance. Please include a notarized affidavit from your spouse stating your viable marriage relationship.
- ☐ Proof that your spouse has been a U.S. citizen for more than three years, such as birth certificate, naturalization certificate, certificate of citizenship or U.S. passport.
- ☐ Proof of child support for:
(Evidence of your payments of financial support, such as canceled checks, money order receipts and bank drafts showing your payments record, along with copies of any court or government orders relating to the required payments. Please include a notarized affidavit from the child's custodial parent or guardian attesting to the support you are providing.)
- ☐ Copies of tax returns for year(s) to present including W2s.
(Copies of any correspondence relating to payment arrangements, and copies of any returns for which you claimed to be a non-resident.)
- ☐ Verification of tax compliance from the Internal Revenue Service (IRS)
- ☐ Proof of Selective Service registration. (Selective Service System telephone number: 1-847-688-6888.)
Note: If you failed to register with the Selective Service System before you reached age 26, you must contact the Selective Service System and request a status information or advisory letter regarding your failure to register. Please submit this as well as any other correspondence that you receive from the Selective Service System to the CIS.
- ☐ Copy of Your passport(s) and any travel documents issued by the INS/CIS.-all the pages. Please include a complete list of your trips outside of the U.S.
- ☐ Proof of physical presence in the U.S. and state of CALIFORNIA during the years 2000 -PRESENT
- ☐ Documentation to establish that you did not disrupt the continuity of your residence in the U.S. during all extended absences of 6 months or more, such as: you did not terminate your employment in the U.S., your immediate family remained in the U.S., your family retained full access to your U.S. abode, you did not obtain employment while abroad, you maintained personal and/or real property in the U.S., etc.
- ☐ Letter from Social Security Office: Please take attached letter to the Social Security Administration and have the department personnel complete the form. Mail the sealed envelope to the U.S. Citizenship and Immigration Services
- ☐ 2 Passport style photos
- ☐ Clearance letter from Court (Family support division) regarding child support case.
- ☒ Please fill out the attached sworn statement and get notarized by a public notary.
- ☐ Copy of Alien Registration Card and California Driver License
- ☐ Recent Social Security Statement
- ☐ Fingerprint-See attached
- ☐ Department of Motor Vehicle (DMV) Printout
- ☐ Department of Justice Record: Please call 916-227-2222 for information.

Cc:



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

300 N. Los Angeles Street
Los Angeles, CA 90012

NAWAL A NOUR
844 5 ST B
SANTA MONICA CA 90403

File No: A73822778
Date: 6/22/2006
Officer: S. M. KIM

Examination of your application (N-400) shows that additional information, documents or forms are needed before your application can be acted upon. Please **RETURN THIS NOTICE WITH THE REQUESTED INFORMATION and/or DOCUMENTS** by mail only within 30 days from the date of this notice to the following address:

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- ☐ Complete court disposition(s), arrest report(s), complaint(s) and probation report (if applicable) *for the following:*

ALL ARRESTS, including following

<u>Arrest date</u>	<u>Arresting Agency</u>	<u>Place of Arrest</u>	<u>Charge</u>
--------------------	-------------------------	------------------------	---------------

(All court dispositions MUST be certified by the court issuing the record. If there is no record or the record is no longer available, you must submit documentation from the appropriate agency stating this. If a record has been sealed or expunged, court records showing this must be submitted.)

- ☐ Police clearance(s) from the local law enforcement agency(ies) in each jurisdiction where you have resided a minimum of six months during the years _____ -Present.
- ☐ Birth certificate of : all of your children
- ☐ Marriage certificate of :
- ☐ Divorce decree (interlocutory and final decree) of:
- ☐ Death certificate of _____
- ☐ Your written statement, as well as a letter on official church stationery signed by a church official, explaining how your religious beliefs prevent you from taking the full oath.

**SEE
REVERSE**

PAGE 00001 OF 00001

TOTAL RECORD COUNT 000008

SEARCH CRITERIA: ANUM = 073-822-778

CIDN	A-NUMBER	LAST NAME	FIRST NAME	FORM	DATE SEND	ORI	RSP
A073822778	073-822-778	NOUR	NAWAL	I485	05/08/2000	CAINSLA00	N
A073822778	073-822-778	NOUR	NAWAL	N400	09/01/2005	CAINSLA00	R
A073822778	073-822-778	NOUR	NAWAL	N400	04/15/2006	CAINSLA00	R
CI18301745	073-822-778	NAWAL A	NOUR	I485	03/17/1999	CAINSLA00	R
CI10700833	073-822-778	NOUR	NAWAL	I485	09/09/1998	CAINSLA00	R
CI10700833	073-822-778	NOUR	NAWAL	I485	09/11/1998	CAINSLA00	R
CI10700833	073-822-778	NOUR	NAWAL	I485	09/23/1998	CAINSLA00	R
NI05100528	073-822-778	NOUR	NAWAL	I485	11/26/1997	CAINSLA00	

*** ONE PAGE ***

TO SELECT A RECORD, PLACE THE CURSOR ON THE APPROPRIATE LINE

PF1	PF2	PF6	PF8
PG FWD	PG BWD	PRIOR SCREEN	LOGOFF

SEARCH CRITERIA: ANUM = 073-822-778

CIDN : A073822778

ORI: (SC) CAINSWANZ (LOC) CAINSLA00

A-NUMBER : 073-822-778

FORM#: N400

NAME (L/F/M): NOUR

NAWAL

ABDELAZIZ

DATE OF BIRTH : 11/03/1946

FP REQUEST SENT: 04/15/2006

TCN: A073822778200604150936

PLACE OF BIRTH : EY

TCR: IFCS0002000013685330

***** FBI RESPONSE INFORMATION *****

FBI RESPONSE DESC : R (UNCLASS)

DATE PROCESSED BY FBI: 04/15/2006

CONTROL NO: NO0587R

RESP PROCESSED BY LAN: 04/14/2006

FBI NUMBER:

RESP PROCESSED BY M/F: 04/24/2006

PCN :

REJECT DESCRIPTION :

SUCCESSFUL FD258 DETAIL SCREEN DISPLAY

PF1

PF2

PF6

PF8

PG FWD

PG BWD

PRIOR SCREEN

LOGOFF

SEARCH CRITERIA: ANUM = 073-822-778

CIDN : A073822778

ORI: (SC) CAINSWANZ (LOC) CAINSLA00

A-NUMBER : 073-822-778

FORM#: N400

NAME (L/F/M): NOUR

NAWAL

ABDELAZIZ

DATE OF BIRTH : 11/03/1946

FP REQUEST SENT: 09/01/2005

TCN: A073822778200509011029

PLACE OF BIRTH : EY

TCR: IFCS0001000006010861

***** FBI RESPONSE INFORMATION *****

FBI RESPONSE DESC : R (UNCLASS)

DATE PROCESSED BY FBI: 09/01/2005

CONTROL NO: NO4487R

RESP PROCESSED BY LAN: 09/01/2005

FBI NUMBER:

RESP PROCESSED BY M/F: 09/06/2005

PCN

REJECT DESCRIPTION :

SUCCESSFUL FD258 DETAIL SCREEN DISPLAY

PF1

PF2

PF6

PF8

PG FWD

PG BWD

PRIOR SCREEN

LOGOFF

SEARCH CRITERIA:

CIDN : A073822778

ORI: USINSHQ0Z

A-NUMBER : 073822778

NAME (L/F): NOUR

NAWAL ABDELAZIZ

DATE OF BIRTH : 11/03/1946

NC REQUEST SENT: 07/20/2005

PLACE OF BIRTH : EGYPT

***** FBI RESPONSE INFORMATION *****

FBI RESPONSE DESC : NO RECORD

DATE PROCESSED BY FBI: 07/22/2005

DATE/TIME LOADED AT INS: 07/28/2005 18:13:43

FBI NAME: NOUR,NAWAL ABDELAZIZ

FBI DATE OF BIRTH: 11/03/1946

PF6
PRIOR SCREENPF8
LOGOFF

CIMIDN
COMMAND:

IMMIGRATION AND NATURALIZATION SERVICE
CENTRAL INDEX SYSTEM - ID # SEARCH/DISPLAY

07/29/05
10:26:48

ID # (A/AA/AB/C/DA): A73822778
(DL/FB/FP/I/PP/SS/TD)

A#: 073822778

DOB: 11031946

LAST: NOUR

FIRST: NAWAL

MIDDLE: A

ALIASES:

NATZ DATE:

COURT:

LOCATION:

SEX: F POE: NYC COB: EGYPT DOE: 08072000
FCO: WSC COA: IRO COC: FTC: 07272005 FATHER: ABDELAZIZ
PFCO: NRC SFCO: DFO: 04211997 BIN: MOTHER: HANEM

SSN: 621825223
I-94 ADM #: 03017801506
PASSPORT #:
FBI #:
DRIVER LIC: A5277724
FINGER CD#:

CONSOLIDATED A-NOS
073822778
072309655

--OTHER INFORMATION--
EADS-X CARD-X

OVER-KEY ID# TO DISPLAY NEW PERSON, PRESS ENTER. CLEAR EXIT PF1 NEXT CONS A#
PF2 PRIOR CONS A# PF3 REFRESH PF4 RETURN PF5 HELP PF6 MAIN MENU PF8 HISTORY
PF9 EAD PF11 EOIR

CIMFTD
COMMAND:

IMMIGRATION AND NATURALIZATION SERVICE
CIS - FILE TRANSFER DISPLAY (FIS)

07/19/05
11:57:14

A#: 073822778 NAME: NOUR

,NAWAL

DOB: 11031946

PREVIOUS FCO: WSC
CURRENT FCO: NRC
REQUEST FCO: WSC

FCO CREATING SUB-FILE:
SUB-FILE CREATION IND:

FILE LOCATED IND: R (FILE REQUESTED)

DATE FTR: 07192005 (MMDDYYYY)
DATE FTI: 02172001
DATE FTC: 03052001

ACCESSION NUMBER: 0000
INS BOX NUMBER:

PERSON/ACTION: N400

REQUEST NUMBER:
2ND REQUEST DATE:
3RD REQUEST DATE:

YOU MAY REQUEST A DISPLAY OF ANOTHER A-FILE BY KEYING A DIFFERENT A-NUMBER.

CLEAR EXIT PF3 REFRESH PF4 FTS MENU PF5 HELP PF6 CIS MAIN MENU

SEARCH CRITERIA: ANUM = 073-822-778

CIDN : A073822778

ORI: (SC) CAINSWANZ (LOC) CAINSLA00

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FBI NUMBER:

RESP PROCESSED BY M/F: 04/24/2006

PCN :

REJECT DESCRIPTION :

SUCCESSFUL FD258 DETAIL SCREEN DISPLAY

PF1

PF2

PF6

PF8

PG FWD

PG BWD

PRIOR SCREEN

LOGOFF

PAGE 00001 OF 00001

TOTAL RECORD COUNT 000008

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*** ONE PAGE ***

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PF1

PF2

PF6

PF8

PG FWD

PG BWD

PRIOR SCREEN

LOGOFF



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

NA 7049

X *NAWAL*

300 N. Los Angeles Street
Los Angeles, CA 90012

NAWAL NOUR
HAND-DELIVERED

File No: A 73 822 778
Date: 5/24/2006
Officer: S. M. KIM

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<u>Arrest date</u>	<u>Arresting Agency</u>	<u>Place of Arrest</u>	<u>Charge</u>
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- ☐ Divorce decree (interlocutory and final decree) of:
- ☐ Death certificate of _____
- ☐ Your written statement, as well as a letter on official church stationery signed by a church official, explaining how your religious beliefs prevent you from taking the full oath.

SEE
REVERSE

Hand - Delivered

A #: 73 822 118

On MAY 2 2008, you were interviewed by USCIS officer S. M. KIM.

- ☒ You passed the tests of English and U.S. history and government.
- ☐ You passed the tests of U.S. history and government and the English language requirement was waived.
- ☐ USCIS has accepted your request for a Disability Exception. You are exempted from the requirement to demonstrate English language ability and/or a knowledge of U.S. history and government.
- ☐ You will be given another opportunity to be tested on your ability to _____ speak/ _____ read/ _____ write _____ English.
- ☐ You will be given another opportunity to be tested on your knowledge of U.S. history and government.
- ☒ Please follow the instructions on Form ~~N-44~~ NR-822
- ☐ USCIS will send you a written decision about your application.
- ☐ You did not pass the second and final test of your _____ English ability/ _____ knowledge of U.S. history and government. You will not be rescheduled for another interview for this Form N-400. USCIS will send you a written decision about your application.

A) _____ Congratulations! Your application has been recommended for approval. At this time it appears that you have established your eligibility for naturalization. If final approval is granted, you will be notified when and where to report for the Oath Ceremony. You cannot vote or register to vote until you are sworn in as a United States citizen.

☐ Please take this letter to the Oath Ceremony:

USCIS Officer, check appropriate box(es):

Officer Initials

_____ Section 312 Waiver _____ Handicap Applicant _____ Exempt English Requirements _____

B) _____ A decision cannot yet be made about your application.

It is very important that you:

☒ Notify USCIS if you change your address:

You may notify us of any change in your mailing address by calling 1-800-375-5283. If you do not receive an appointment notice within 90 days from the date of this letter, or to notify us in writing of any change in your mailing address, please write to:

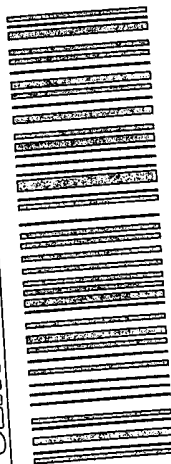
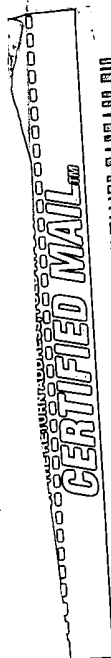
U.S. Citizenship and Immigration Services
P.O. Box 532969
Los Angeles, CA 90053-2969

- ☒ Come to any scheduled interview.
- ☒ Submit all requested documents.
- ☒ Send any questions about this application in writing to the officer named above. Include your full name, Alien Registration Number (A#,) and a copy of this paper.
- ☒ Go to any Oath Ceremony that you are scheduled to attend.
- ☒ Notify USCIS as soon as possible in writing if you cannot come to any scheduled interview or Oath Ceremony. Include a copy of this paper and a copy of the scheduling notice.

NOTE: Please be advised that under section 336 of the Immigration and Nationality Act, you have the right to request a hearing before an immigration officer if your application is denied, or before the U.S. district court if USCIS had not made a determination on your application within 120 days of the date of your examination.

☐ SEE REVERSE

Nawal Nour
844 5th Street Apt B
Santa Monica, CA 90403



7004 1350 0001 7386 4526

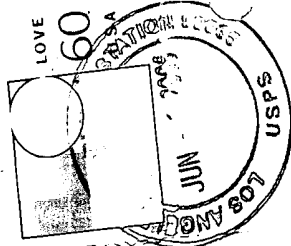


U.S. POSTAGE
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LOS ANGELES, CA
90035-06
JUN 02, 06
AMOUNT

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90053



U.S. Citizenship and Immigration Services
P.O. Box 532939
Los Angeles, CA 90053-2939

RETURN RECEIPT
REQUESTED

UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE

COVER SHEET

RECORD OF PROCEEDING

This is a permanent record to the Immigration and Naturalization Service. Any part of this record which is removed **MUST BE RETURNED** after it has served its purpose.

INSTRUCTIONS

1. Place a separated cover sheet on the top of each Record of Proceeding.
2. Each Record of Proceeding is to be fastened on the inner left side of the file jacket in chronological order.
3. Any person temporarily removing any part of this record must make, date, and sign a notation to this effect which is to be retained in this record below the cover sheet. The signer is responsible for replacing the removed material as soon as it has served its purpose.
4. See AM 2710 for detailed instructions.

Immigration and Naturalization Service
PC Receipt & A-File Accountability and Control System

Receipt or A-File (Inquiry/Request)

Number	A73822778	File Status	TRANSFER INCOMPLETE
Creation Date	09/05/2000	Creation Source	TRANSFER IN
Last Active Date	02/17/2001	Time	0753
Last Transaction	TRANSFER FORWARD	Audit Date	02/12/2001
Location Section	RECORDS	Responsible Party	MAIN FILE SHELF
In Transit To		Phone Number	
Requestor Section		Responsible Party	
Survivor of	PRESS F6		
TRANSFERRED TO	NATIONAL RECORD CNTR	PREV LOCATION:	P20 B28

Number	Section	Responsible Party
A73822778	TRANSFERRED OUT TO	NATIONAL RECORD CNTR

Next Receipt or A-Number

TRANSACTION COMPLETED

10:17:42

APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

FBI

LEAVE BLANK

LAST NAME NAM

FIRST NAME

MIDDLE NAME

NAWAL A, NOUR

MRD

TODDRETY

SIGNATURE OF PERSON FINGERPRINTED

Nawal Nour

ALIASES AKA

NOUR, NOWAL

O
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I

CAINSLA00

USINS

LOS ANGELES, CA

990793855307

RESIDENCE OF PERSON FINGERPRINTED

844 5TH ST APT B

SANTA MONICA, CA 90403

DATE OF BIRTH DOB
Month Day Year
1946 11 03

CITIZENSHIP CTZ

EY

SEX

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HGT

WGT

EYES

HAIR

PLACE OF BIRTH POB

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BRO

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DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

19990223 XLN9T1 5 822801

EMPLOYER AND ADDRESS

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FBI NO. FBI

ARMED FORCES NO. ANU

SOCIAL SECURITY NO. SOC
621825223

MISCELLANEOUS NO. ANU
A073822778

CLASS

REF.

REA

CI18301745
A073822778

CAINS0007
1485



1. R. THUMB



2. R. INDEX



3. R. MIDDLE



4. R. RING



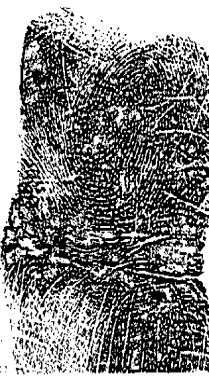
5. R. LITTLE



6. L. THUMB



7. L. INDEX



8. L. MIDDLE



9. L. RING



10. L. LITTLE

ID 50X50G8 TP-600 #000582 12:01:16

LXOLX+ #11-KAA20 19990223-12.12



LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY



L. THUMB

R. THUMB



RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

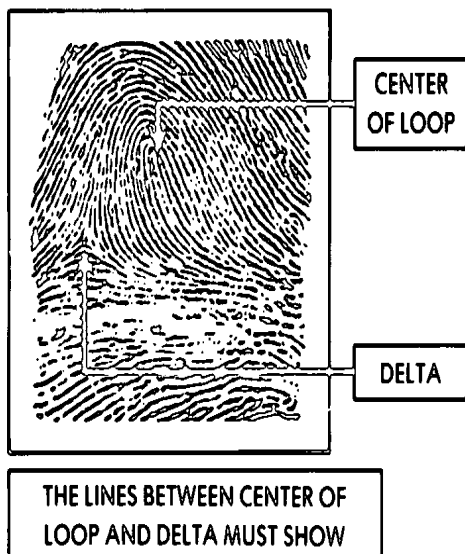
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20537

RFR 2
UNCLASSIFIABLE

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APPLICANT

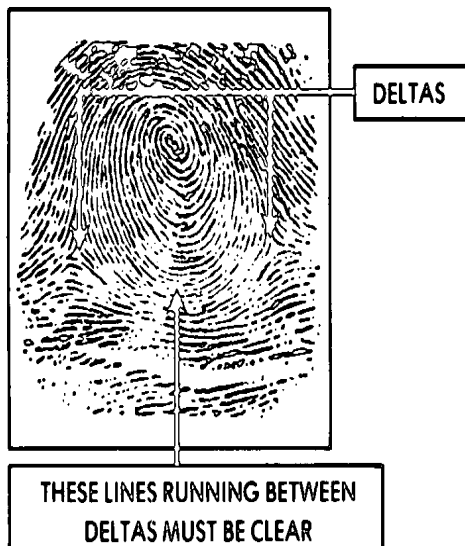
1. LOOP



TO OBTAIN CLASSIFIABLE FINGERPRINTS:

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

2. WHORL



THIS CARD FOR USE BY:

LEAVE THIS SPACE BLANK

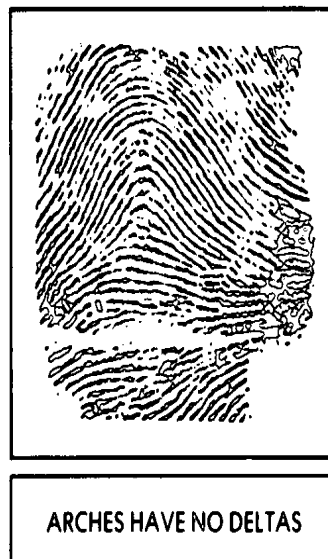
1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.*
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY ORDINANCES,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

INSTRUCTIONS:

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

MISCELLANEOUS NO. - RECORD: OTHER ARMED FORCES NO., PASSPORT NO. (PP), ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS), VETERANS' ADMINISTRATION CLAIM NO. (VA).

3. ARCH



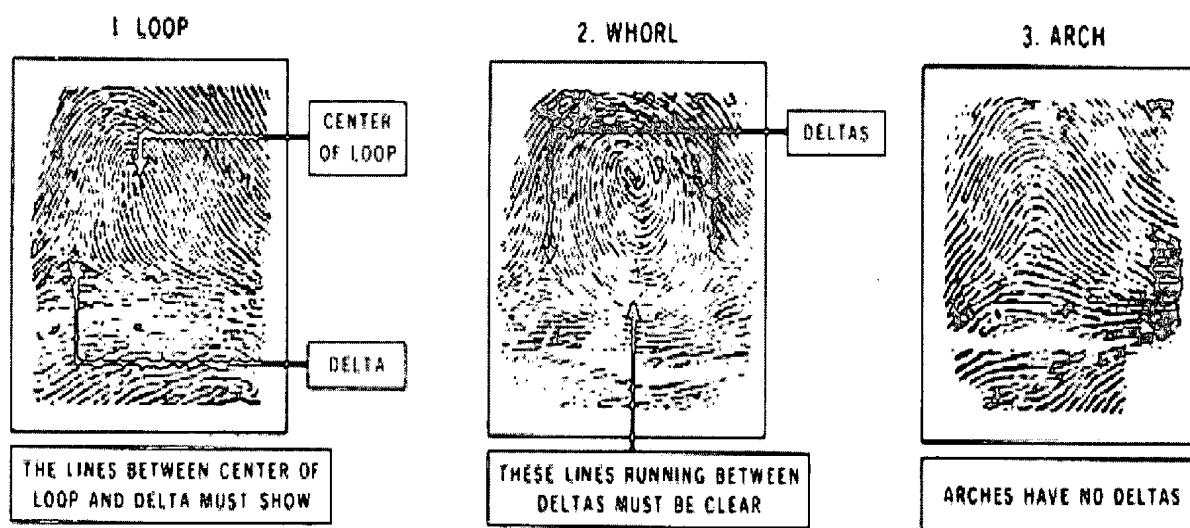
Please Note

Training information relative to the procedures for properly recording fingerprints can be obtained from your nearest FBI Field Office or the Criminal Justice Information Services Division at FBI Headquarters, in Washington, D. C.

Because of the vastness of our fingerprint records, it is imperative that a complete and accurate classification formula be determined for searching and filing in each instance. Accurate classifying depends upon the best possible rolled impressions that can be taken.

Fully rolled, clearly recorded impressions allow for accurate pattern interpretation, ridge counting, and whorl tracing.

It is suggested that each newly recorded fingerprint card be examined to ascertain if it can be fully classified, bearing in mind the following:



While every effort is made to accurately classify, search and when appropriate retain every fingerprint card submitted, in some instances this is not possible. The FBI fully recognizes the occurrences of situations which challenge the ingenuity of the identification officer to secure classifiable impressions.

Your earnest cooperation is solicited in obtaining the best possible impressions in each block on each fingerprint card. By doing so, you are rendering a vital service and making a major contribution to all agencies participating in the fingerprint exchange program.



U.S. Department of Justice

Federal Bureau of Investigation

Clarksburg, WV 26306

The fingerprints appearing on the attached fingerprint card(s) are not adequate for accurate classification and/or identification purposes and cannot be retained in the Criminal Justice Information Services Division's files. The reason(s) for return are set out below and indicated on the back of the fingerprint card(s).

- (1) Fingerprint pattern(s) not discernible.
- (2) Insufficient pattern area(s) recorded for classification/identification purposes. If bent, deformed or paralyzed use a spoon.
- (3) Erroneous or incomplete *fingerprint(s)* on card(s): fingers or hands out of sequence; printed twice; or missing with no reason given.
- (4) Abnormal electronic image(s) recorded.
- (5) Not permanent fingerprint ink.
- (6) Not acceptable card stock.

Due to the volume of fingerprints contained in the FBI fingerprint files, and the use of super breakups and extensions in the classification system, it is *necessary to determine the correct pattern types*, as well as *ridge counts and tracings of all ten fingers*, in order to search these files and, when appropriate, retain the fingerprints for record purposes.

It is requested that the individual(s) be reprinted and fully and clearly recorded fingerprint card(s) be forwarded to the FBI. When submitting reprints, it is not necessary to return the original fingerprint card(s), as only one copy of each individual(s) fingerprints is necessary for retention in the Criminal Justice Information Services Division's files.

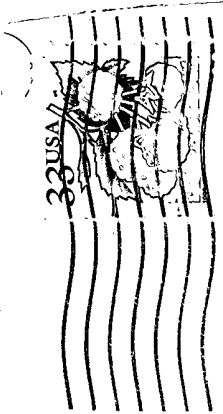
Note: Unclassifiable fingerprint cards submitted in connection with licensing or employment for which you are paying a fee must be returned with your resubmission of prints in order to receive credit for your original payment.

For your information, a name check only was made on the enclosed fingerprints with negative results.

Thank you for your cooperation in this matter.

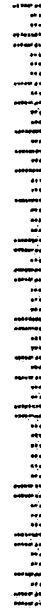
Criminal Justice Information Services Division
FBI

Naval Nour
P.O.Box 450
Santa Monica, CA
90406-0450
A# 73 822 778



Attention : I-485 UNIT
Immigration & Naturalization Service
300 N. Los Angeles St. Room 1001
Los Angeles, CA 90012

95012-3300 32



Receipt or A-File (Inquiry/Request)

Number	A73822778	File Status	TRANSFER INCOMPLETE
Creation Date	11/06/1996	Creation Source	EMPTY JACKET
Last Active Date	08/14/2000	Time	1116
Last Transaction	TRANSFER FORWARD	Audit Date	05/27/2000
Location Section	CONTRACTOR RM B-231	Responsible Party	MELODY WOODS
In Transit To		Phone Number	
Requestor Section		Responsible Party	

TRANSFERRED TO WESTERN SERVICE CTR PREV LOCATION: STAGING AREA RM 8511

Number	Section	Responsible Party
A73822778	TRANSFERRED OUT TO	WESTERN SERVICE CTR

Next Receipt or A-Number

[illegible]

TRANSACTION COMPLETED

02:40:26

~~UAA~~

APC

Status Inquiry

Attention : I-485 UNIT

Immigration & Naturalization Service
300 N. Los Angeles St. Room 1001
Los Angeles, CA 90012

Nawal Nour
P.O.Box 450
Santa Monica, CA
90406-0450
A# 73 822 778

Date : March 21, 2000

To Whom It May Concern:

This is a Status Inquiry. Since my last Interview for the Permanent Resident Status (Green Card) on 08-12-98 I have not received any kind of documents or approval letter from The Immigration And Naturalization Services. I have been to the INS Los Angeles Office many times without getting any results.

Please Advise me of my current status and any documents that need to be completed on my part. Following is my INS information. Please respond as soon as possible.
Thank you

My name: Last name: **NOUR**

First name: **Nawal**

Date Of Birth: 11/03/1946

Alien Registration Number: A73 822 778

Social Security Number: 621-82-5223

Control Date: 2-10-97

Interview Date For Permanent Resident Card (Green Card): 08-12-98

Old Address: 847 5th Street # 202, Santa Monica, CA 90403

New Address:

**P.O.Box 450
Santa Monica, CA
90406-0450**

Telephone Number: 310-473-3531

Effective Date: October 20, 1997

RECEIVED
US IMMIGRATION
& NATZ. SERVICE
LOS RECORDS
MAILROOM
00 APR 10 AM 11:03

Please be advised that I have not received any kind of immigration documents ever since I had the interview for the Green Card. Please Advise me of the status of my case and any action required on my part.

Please send any correspondences and/or any immigration documents to this address.

Thank you for your attention and cooperation.

Nawal Nour
Nawal Nour

PAGE 00001 OF 00001

TOTAL RECORD COUNT 000006

SEARCH CRITERIA: ANUM = 073822778

CIDN	A-NUMBER	LAST NAME	FIRST NAME	FORM	DATE SEND	ORI	RSP
A073822778	073822778	NOUR	NAWAL	I485	05/08/2000	CAINSLA00	N
CI18301745	073822778	NAWAL A	NOUR	I485	03/17/1999	CAINSLA00	R
CI10700833	073822778	NOUR	NAWAL	I485	09/09/1998	CAINSLA00	R
CI10700833	073822778	NOUR	NAWAL	I485	09/11/1998	CAINSLA00	R
CI10700833	073822778	NOUR	NAWAL	I485	09/23/1998	CAINSLA00	R
NI05100528	073822778	NOUR	NAWAL	I485	11/26/1997	CAINSLA00	

*** ONE PAGE ***

TO SELECT A RECORD, PLACE THE CURSOR ON THE APPROPRIATE LINE

PF1	PF2	PF4	PF6	PF8
PG FWD	PG BWD	FBI Q	PRIOR SCREEN	LOGOFF

PAGE 00001 OF 00001

TOTAL RECORD COUNT 000004

SEARCH CRITERIA ANUM = 073822778

CIDN	A-NUMBER	LAST NAME	FIRST NAME	FORM	DATE SEND	ORI	RSP
CI10700833	073822778	NOUR	NAWAL	I485	09/09/1998	CAINSLA00	
CI10700833	073822778	NOUR	NAWAL	I485	09/11/1998	CAINSLA00	R
CI10700833	073822778	NOUR	NAWAL	I485	09/23/1998	CAINSLA00	R
NI05100528	073822778	NOUR	NAWAL	I485	11/26/1997	CAINSLA00	

*** ONE PAGE ***

TO SELECT A RECORD, PLACE THE CURSOR ON THE APPROPRIATE LINE

PF1	PF2	PF4	PF6	PF8
PG FWD	PG BWD	FBI Q	PRIOR SCREEN	LOGOFF

F 0008

SEARCH CRITERIA: ANUM = 073822778
ORI: (SC) CAINS000Z (LOC) CAINSLA00CIDN : CI18301745
A-NUMBER : 073822778 FORM#: I485
NAME (L/F/M): NAWAL A NOURDATE OF BIRTH : 11/03/1946
FP REQUEST SENT: 03/17/1999
PLACE OF BIRTH : EY

***** FBI RESPONSE INFORMATION *****

FBI RESPONSE DESCRIPTION : R (UNCLASSIFIABLE) CONTROL NO: NA7654R
DATE PROCESSED BY FBI : 03/25/1999 FNU :
RESPONSE PROCESSED BY LAN: 04/13/1999 PCN :
RESPONSE PROCESSED BY M/F: 04/13/1999
REJECT DESCRIPTION : 36

SUCCESSFUL FD258 DETAIL SCREEN DISPLAY

PF1 PF2 PF4 PF6 PF8
PG FWD PG BWD FBI Q PRIOR SCREEN LOGOFF

CIDN : CI10700833
A-NUMBER : 073822778 FORM#: I485
NAME (L/F/M): NOUR NAWAL ABDE

SEARCH CRITERIA: ANUM = 073822778
ORI: (SC) CAINS000Z (LOC) CAINSLA00

DATE OF BIRTH : 11/03/1946
FP REQUEST SENT: 09/11/1998
PLACE OF BIRTH : EY

***** FBI RESPONSE INFORMATION *****

FBI RESPONSE DESCRIPTION : R (MASTHEAD) CONTROL NO: NO5433R
DATE PROCESSED BY FBI : FNU :
RESPONSE PROCESSED BY LAN: 09/22/1998 PCN :
RESPONSE PROCESSED BY M/F: 09/23/1998
REJECT DESCRIPTION :

SUCCESSFUL FD258 DETAIL SCREEN DISPLAY

PF1 PF2 PF4 PF6 PF8
PG FWD PG BWD FBI Q PRIOR SCREEN LOGOFF

CIDN : CI10700833

A-NUMBER : 073822778

NAME (L/F/M) : NOUR

FORM#: I485

NAWAL

ABDE

SEARCH CRITERIA: ANUM = 073822778

ORI: (SC) CAINS000Z (LOC) CAINSLA00

DATE OF BIRTH : 11/03/1946

FP REQUEST SENT: 09/09/1998

PLACE OF BIRTH : EY

***** FBI RESPONSE INFORMATION *****

FBI RESPONSE DESCRIPTION : R (MASTHEAD)

DATE PROCESSED BY FBI : 09/29/1998

RESPONSE PROCESSED BY LAN: 04/13/1999

RESPONSE PROCESSED BY M/F: 04/13/1999

REJECT DESCRIPTION :

CONTROL NO: NO5233R

FNU :

PCN :

SUCCESSFUL FD258 DETAIL SCREEN DISPLAY

PF1

PF2

PF4

PF6

PF8

PG FWD

PG BWD

FBI Q PRIOR SCREEN

LOGOFF

U.S. Department of Justice
Immigration and Naturalization Service

Processing Sheet - Forms I-485 & I-485A

File No: 73822778

Date Filed: 1 R O 34

Record of Action Taken on I-485/I-485A

ITEMS CHECKED

	Date Sent	60 days Tolled	Response	Remarks
G-325A Agency Checks				
FD-258 Fingerprints to FBI	9-1-98			

Visa # Available:	Date	Initials	Remarks
Central Index, NIIS, NAILS	AUG 12 1998		
I-693 Medical Examination (record date exam given)	AUG 12 1998		
I-134 Affidavit of Support	AUG 12 1998		
Marriage Certificate			
Birth Certificate	AUG 12 1998		

ELIGIBILITY ISSUES

Peter Kim. 5-20-98 NO SHOW

	Remarks	Initials
Inspected & Admitted (evidence)	A mother-daughter relationship established between the Buf. & her USC daughter. Approvable upon the clearance of FD-358	J. [Signature] 8-26-98
Section 245(c)		
Section 212(e)		
Other Ineligibility		
Waivers, Section 212(g)(h)(i)		
I-505 Waiver of Immunity		
Other Remarks		

Call to Visa Office (Date): _____ Initials: _____
(for quota number)

	Date Completed	Date To ICF	Date to VISA Office	Date To Consul (For 203(a)(8))
I-181	AUG 12 1998			
I-89	AUG 12 1998			

Denials:

I-290B _____
OSC/WA _____

Decision: Grant: _____ Deny: _____ Initials: _____ Date: _____

Keep this sheet on top of all material in file until decision is made, then retain on non-record side of file.

Application or

Petition Form No. I-130 / I-485File No. 73 822 778DATA COLLECTION FOR ALIEN DOCUMENTATION,
IDENTIFICATION & TELECOMMUNICATION SYSTEM (ADIT)

Please print or type information requested below:

COMPLETE NAME Nawal NourCOMPLETE MAILING ADDRESS (Include zip code) 847 5th St. #202Santa Monica, CA 90403MOTHER'S FIRST NAME HamemFATHER'S FIRST NAME Abdel-AzizCITY/TOWN/VILLAGE OF BIRTH Dakahlia (Sharbain)CITY OF RESIDENCE WHEN APPLYING
FOR A VISA OR IMMIGRANT STATUS Santa MonicaCITY OF DESTINATION AT
TIME OF ORIGINAL ADMISSION Los AngelesLOCATION OF CONSULATE WHERE IMMIGRANT VISA
OBTAINED (OR IMMIGRATION OFFICE WHERE ADJUSTED)DATE OF BIRTH 11/3/46PORT OF ENTRY WHEN ADMITTED AS IMMIGRANT OR
OFFICE WHERE ADJUSTED TO LAWFUL PERMANENT RESIDENT

SYMBOL ADMITTED UNDER (CLASSIFICATION)

DATE ADMITTED OR ADJUSTED TO LAWFUL PERMANENT RESIDENT

COUNTRY OF BIRTH Egypt

CARD NUMBER

TRANSACTION NUMBER

Immigration and Naturalization Service

PC Receipt & A-File Accountab

Consolidated Inquiry Window of

Receipt or A-File

Number A73822778 Survivor Number
Creation Date 11/06/96 A73822778
Last Active Date 08/20/98
Last Transaction CONSOLIDATE
Location Section ADJ II-8TH FLOOR
In Transit To
Requestor Section
Survivor of PRESS F6

Number Section
A73822778 ADJ II-8TH FLOOR

Next Receipt or A-Number

CIMIDN
COMMAND:

IMMIGRATION AND NATURALIZATION SERVICE
CENTRAL INDEX SYSTEM - ID # SEARCH/DISPLAY

08/26/98
18:16:09

ID # (A/AA/C/DA/DL): A73822778
(FB/FP/I/PP/SS/TD)

A#: 073822778

DOB: 110346

LAST: NOUR

NATZ DATE:

FIRST: NAWAL

COURT:

MIDDLE: ABOELAZIZ

LOCATION:

ALIASES:

SEX: F POE: NYC COB: EGYPT DOE: 050395
FCO: LOS COA: B2 COC:
PFCO: SFCO: DFO: 042197 BIN:

FATHER: ABDELAZIZ
MOTHER: HANEM

SSN: 621825223
I-94 ADM #: 03017801506
PASSPORT #:
FBI #:
DRIVER LIC: A5277724
FINGER CD#:

CONSOLIDATED A-NOS
073822778
072309655

--OTHER INFORMATION--
EADS-X

OVER-KEY ID NUMBER TO DISPLAY NEW PERSON. PRESS ENTER.
CLEAR EXIT PF3 REFRESH PF4 RETURN PF5 HELP PF6 MAIN MENU PF8 VIEW HISTORY
PF10 REQUIRES A SPECIAL SECURITY CLASS. PF9 EAD PF10 NAILS

CIMDSAS	PAGE	0001	IMMIGRATION AND NATURALIZATION SERVICE	08/26/98
COMMAND:			CENTRAL INDEX SYSTEM - MULTIPLE FINDS FROM	18:16:56
			SOUNDS LIKE NAME WITH DATE OF BIRTH SEARCH	
TOTAL RECORDS READ = 0000002				LDENN ACV
SRCH DATA: FN: NAWAL		DOB: 110346		AAAAA PAI
LN: NOUR				PCDCI PRO
NAME		A-NUMBER	DOB	COB POE FCO SSSSL LDL
NOUR	,NAWAL	073822778	110346	EGYPT NYC LOS X
NOUR	,NAWAL	072309655	110346	EGYPT NYC LOS

*** END OF SEARCH DISPLAY ***

TO VIEW PERSON DATA PLACE CURSOR ON LINE - PRESS ENTER.

CLEAR EXIT PF1 PAGE AHEAD PF2 PAGE BACK PF4 RETURN PF5 HELP PF6 MAIN MENU

SOUNDEX CODE: N6 N4 . EXACT DOB: 461103

CIMSIN -
COMMAND:

IMMIGRATION AND NATURALIZATION SERVICE
CENTRAL INDEX SYSTEM - DETAILED SEARCH DISPLAY

08/12/98
14:26:34

A#: 072309655 NAME: NOUR ,NAWAL DOB: 110346

LAST: NOUR
FIRST: NAWAL NATZ DATE:
MIDDLE: ABDEL AZIZ COURT:
ALIASES: NOUR ,NAWAL AZIZ LOCATION:

SEX: F POE: NYC COB: EGYPT DOE: 050395
FCO: LOS COA: B2 COC: FATHER:
PFCO: SFCO: DFO: 110796 BIN: MOTHER:

SSN: CONSOLIDATED A-NOS --OTHER INFORMATION--
I-94 ADM #:
PASSPORT #:
FBI #:
DRIVER LIC: A5277724
FINGER CD#:

CLEAR EXIT PF4 RETURN PF5 HELP PF6 CIS MAIN MENU
PF7 NEXT SEARCH PF8 VIEW HISTORY PF9 VIEW EAD PF10 NAILS
PF10 REQUIRES A SPECIAL SECURITY CLASS.

CIMDSAS PAGE 0001	IMMIGRATION AND NATURALIZATION SERVICE	08/12/98
COMMAND:	CENTRAL INDEX SYSTEM - MULTIPLE FINDS FROM	14:25:49
	SOUNDS LIKE NAME WITH DATE OF BIRTH SEARCH	
TOTAL RECORDS READ = 0000002		LDENN ACV
SRCH DATA: FN: NAWAL	DOB: 110346	AAAAA PAI
LN: NOUR		PCDCI PRO
NAME	A-NUMBER DOB COB POE FCO	SSSSL LDL
NOUR ,NAWAL	072309655 110346 EGYPT NYC	LOS
NOUR ,NOWAL	073822778 110346 EGYPT	LOS X

*** END OF SEARCH DISPLAY ***

TO VIEW PERSON DATA PLACE CURSOR ON LINE - PRESS ENTER.

CLEAR EXIT PF1 PAGE AHEAD PF2 PAGE BACK PF4 RETURN PF5 HELP PF6 MAIN MENU

SOUNDEX CODE: N6 N4 . EXACT DOB: 461103

CIDN : NI05100528
A-NUMBER : 073822778 FORM#: I485
NAME (L/F/M): NOUR NAWAL ABDELAZIZ

SEARCH CRITERIA: NAME = NOUR
ORI: (SC) NBINS000Z (LOC) CAINSLA00

DATE OF BIRTH : 11/03/1946
FP REQUEST SENT: 11/26/1997
PLACE OF BIRTH : EY

***** FBI RESPONSE INFORMATION *****

FBI RESPONSE DESCRIPTION :	CONTROL NO:
DATE PROCESSED BY FBI :	FNU :
RESPONSE PROCESSED BY LAN:	PCN :
RESPONSE PROCESSED BY M/F:	
REJECT DESCRIPTION :	

SUCCESSFUL FD258 DETAIL SCREEN DISPLAY

PF1	PF2	PF4	PF6	PF8
PG FWD	PG BWD	FBI Q	PRIOR SCREEN	LOGOFF

CIMSIN .
COMMAND:

IMMIGRATION AND NATURALIZATION SERVICE
CENTRAL INDEX SYSTEM - DETAILED SEARCH DISPLAY

08/13/98
12:34:37

A#: 072309655 NAME: NOUR

,NAWAL

DOB: 110346

LAST: NOUR
FIRST: NAWAL
MIDDLE: ABDEL AZIZ
ALIASES: NOUR

,NAWAL AZIZ

NATZ DATE:
COURT:
LOCATION:

SEX: F POE: NYC COB: EGYPT DOE: 050395
FCO: LOS COA: B2 COC:
PFCO: SFCO: DFO: 110796 BIN:

FATHER:
MOTHER:

SSN: CONSOLIDATED A-NOS --OTHER INFORMATION--
I-94 ADM #:
PASSPORT #:
FBI #:
DRIVER LIC: A5277724
FINGER CD#:

CLEAR EXIT PF4 RETURN PF5 HELP PF6 CIS MAIN MENU
PF7 NEXT SEARCH PF8 VIEW HISTORY PF9 VIEW EAD PF10 NAILS
PF10 REQUIRES A SPECIAL SECURITY CLASS.

CIMSIN.
COMMAND:

IMMIGRATION AND NATURALIZATION SERVICE
CENTRAL INDEX SYSTEM - DETAILED SEARCH DISPLAY

08/13/98
12:35:02

A#: 073822778 NAME: NOUR

,NOWAL

DOB: 110346

LAST: NOUR
FIRST: NOWAL
MIDDLE:
ALIASES:

NATZ DATE:
COURT:
LOCATION:

SEX: POE: COB: EGYPT DOE: 000000
FCO: LOS COA: B2 COC:
PFCO: SFCO: DFO: 042197 BIN:

FATHER:
MOTHER:

SSN: CONSOLIDATED A-NOS --OTHER INFORMATION--
I-94 ADM #: EADS-X
PASSPORT #:
FBI #:
DRIVER LIC:
FINGER CD#:

CLEAR EXIT PF4 RETURN PF5 HELP PF6 CIS MAIN MENU
PF7 NEXT SEARCH PF8 VIEW HISTORY PF9 VIEW EAD PF10 NAILS
PF10 REQUIRES A SPECIAL SECURITY CLASS.

DRB DMK
2507

**Nebraska Service Center
Second Unclassifiable FD258 Notice
Lincoln, NE**

A Number: A73822778

December 29, 1997

FCO: LOS

Name: NAWAL NOUR

Date of Birth: 11/03/1946

The attached FD258 to the FBI was returned as Unclassifiable 12/11/1997. This is the second card processed as unclassifiable by the FBI. The first card was received on 05/19/1997.

Route this case to the designated INS official to schedule an interview. Please file connect immediately to the LEFT side of the file under the N-400 application. Inquire and transcribe FD-258 Control Number from FBI Query/FTRK on the N-400 Processing Worksheet. Initial and date the line and write 'Rejected' in the remarks section. (page 9 of the NQP)

U.S. DEPARTMENT OF JUSTICE

Federal Bureau of Investigation
Criminal Justice Information Services Division
Identification and Investigative Services Section

1000 Custer Hollow Road
Clarksburg, WV 26306

Date

DEC 04 1997

Contributor:

The enclosed fingerprints and/or correspondence are being returned to you because of reason(s) indicated below:

- ☐ (Contributor/ORI) (OCA) (Service) number omitted or incorrect.
- ☐ Name (not shown at top of card) (name and signature differ).
- ☐ Date of birth (not given) (not clear) (incomplete). If unknown, give approximate age.
- ☐ Essential information omitted or incomplete: ☐ sex ☐ descriptive data
- ☐ Charge and/or date of arrest not given.
- ☐ Please list all charges in narrative, or literal form (i.e., murder, rape, robbery, etc.)
- ☐ Inked finger impressions not on card.
- ☐ Advise reason for submission of fingerprints; if criminal furnish charge; or if applicant furnish position for which applying.
- ☐ FBI number omitted. Rolled impressions of all fingers, and plain impressions, is necessary to process.
- ☐ Impressions not black on standard white fingerprint card stock.
- ☐ Apparently mailed to us by mistake.
- ☐ Our records fail to reveal a statute from your state requiring fingerprinting for the position indicated.
- ☐ There is no indication the enclosed cards and/or correspondence have been processed through your state identification bureau or central agency prior to submission to the FBI.
- ☐ Enclosed card or correspondence may have been submitted by your office. Please list contributor and return to FBI. If not submitted by your office, please advise.
- ☐ We do not include information unsupported by fingerprints in our files.
- ☐ Fingerprint card with nonserious offense.
- ☒ Fingerprint illegible - submit another fingerprint card.
- ☒ A new processing fee will be charged. Please submit a set of fingerprints without attachments.
- ☐ Failure to follow 3rd submission rules.
- ☐ REJ/50 - Transaction received for processing matches NFF record from your state.
- ☐ REJ/51 - SID on file different than SID on print.
- ☐ REJ/52 - SID previously established for another FNU.
- ☐ REJ/53 - SID missing for NFF participant.
- ☐ Live scan equipment not properly programmed.
- ☐ Non-standard fingerprint card or form. Please re-submit.
- ☐ The CJIS Division no longer accepts known deceased prints for processing, effective 8/2/93.
- ☐ The FBI has only approved two inkless methods for obtaining fingerprints. It is suggested that you contact the appropriate vendor listed below who sold you your equipment for clarification of processing procedures.

Identicator Corporation
4051 Glencoe Ave.
Marina Del Rey, CA. 90292
(310) 305-8181

Dactek International, Inc.
8142 Orion Avenue
Van Nuys, CA. 91406
(818) 787-1901

☐ Other

After making appropriate changes and/or additions, please resubmit. Your cooperation is appreciated.

Enclosure(s)

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

FBI

LEAVE BLANK

APPLICANT

LAST NAME NAM

FIRST NAME

MIDDLE NAME

NOURNAWAL ABDOLAZIZ

SIGNATURE OF PERSON FINGERPRINTED

Nawal NourALIASES AKAO
R
I

CAINSLA00

USINS
LOS ANGELES, CADATE OF BIRTH DOBMonth Day Year
11 3 46

RESIDENCE OF PERSON FINGERPRINTED

SANTA MONICA
847 5th ST. #202 CA 90403CITIZENSHIP CITEGYPT

SEX

RACE

HGT

WGT

EYES

HAIR

PLACE OF BIRTH POBFW5'6"200BROWNBLACKEGYPT

DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

6/26/97 Mariam SaydYOUR NO. OCAA073822778FBI NO. FBIARMED FORCES NO. ANUSOCIAL SECURITY NO. SOC621-82-5223MISCELLANEOUS NO. ANUCA DL # 527724

LEAVE BLANK

CLASS

REF.

Received 01/07/98

NI05100528

A073822778

NBINS0007
1485

Greencard

700



1. R. THUMB



2. R. INDEX



3. R. MIDDLE



4. R. RING



5. R. LITTLE



6. L. THUMB



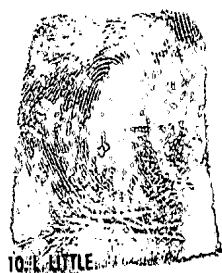
7. L. INDEX



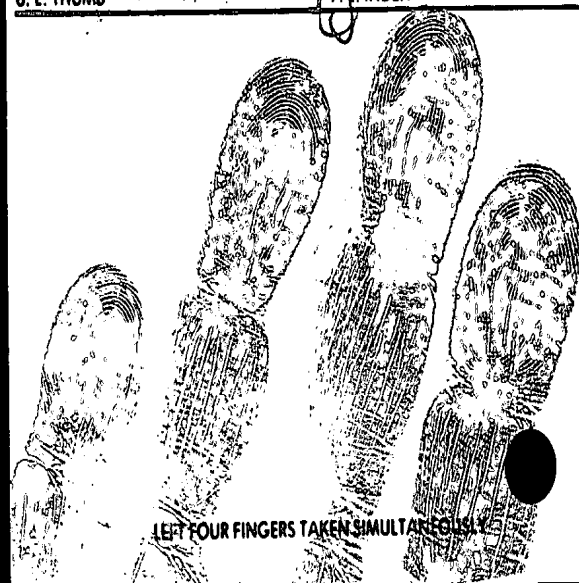
8. L. MIDDLE



9. L. RING



10. L. LITTLE



LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY



L. THUMB

R. THUMB



RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

UNCLASSIFIED
436212-4-97

436212-4-9.7

TO OBTAIN CLASSIFIABLE FINGERPRINTS:



**THESE LINES RUNNING BETWEEN
DELTAS MUST BE CLEAR**

SEP 12 97 8 00 AM

~~JUL 03 '97 - 6 30 AM~~ W J

LEAVE THIS SPACE BLANK

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

1. PRINTS MUST FIRST BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
2. PRIVACY ACT OF 1974 (P.L. 93-579) REQUIRES THAT FEDERAL, STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH SOLICITATION, AND USES WHICH WILL BE MADE OF IT.
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4. FBI NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.

MISCELLANEOUS NO. - RECORD: OTHER ARMED FORCES NO., PASSPORT NO. (PP), ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS), VETERANS' ADMINISTRATION CLAIM NO. (VA).

MISCELLANEOUS NO. - RECORD: OTHER ARMED FORCES NO.
PASSPORT NO. (PP), ALIEN REGISTRATION NO. (AR), PORT SE-
CURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS), VETERANS'
ADMINISTRATION CLAIM NO. (VA).

DFS Certification#; LOS DFS 0055
Exp. Date: 4/16/2000
Employee ID#: EMP01
INTERNATIONAL PASSPORT VISAS
205 S. BEVERLY DR. SUITE 210
BEVERLY HILLS, CA, 90212
Meredith

DACTEK Treated Card

U.S. Patent No. 4000000379178

Other Patents Pending

APPLICANT

100PRETN 0 5769

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

FBI LEAVE BLANK

970534472201

SIGNATURE OF PERSON FINGERPRINTED

x Nawal Nour

ALIASES AKA

• none

OR I

CAINSLA00
USINS
LOS ANGELES, CA

DATE OF BIRTH DOB
Month 11 Day 3 Year 46

RESIDENCE OF PERSON FINGERPRINTED

847 5th ST. #202 Santa Monica CA 90403

CITIZENSHIP CTZ

Egypt

SEX	RACE	HGT	WGT	EYES	HAIR	PLACE OF BIRTH	POB
F	Wh	5'6"	200	Brown	BLK	SHARQAIN	EGYPT

DATE 1/29/97 SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

6399 WILSON BLVD. SUITE 102
LOS ANGELES, CA 90048

YOUR NO. OCA

1073822778

FBI NO. FBI

ARMED FORCES NO. MNU

SOCIAL SECURITY NO. SOC

621-82-5223

MISCELLANEOUS NO. MNU

LEAVE BLANK

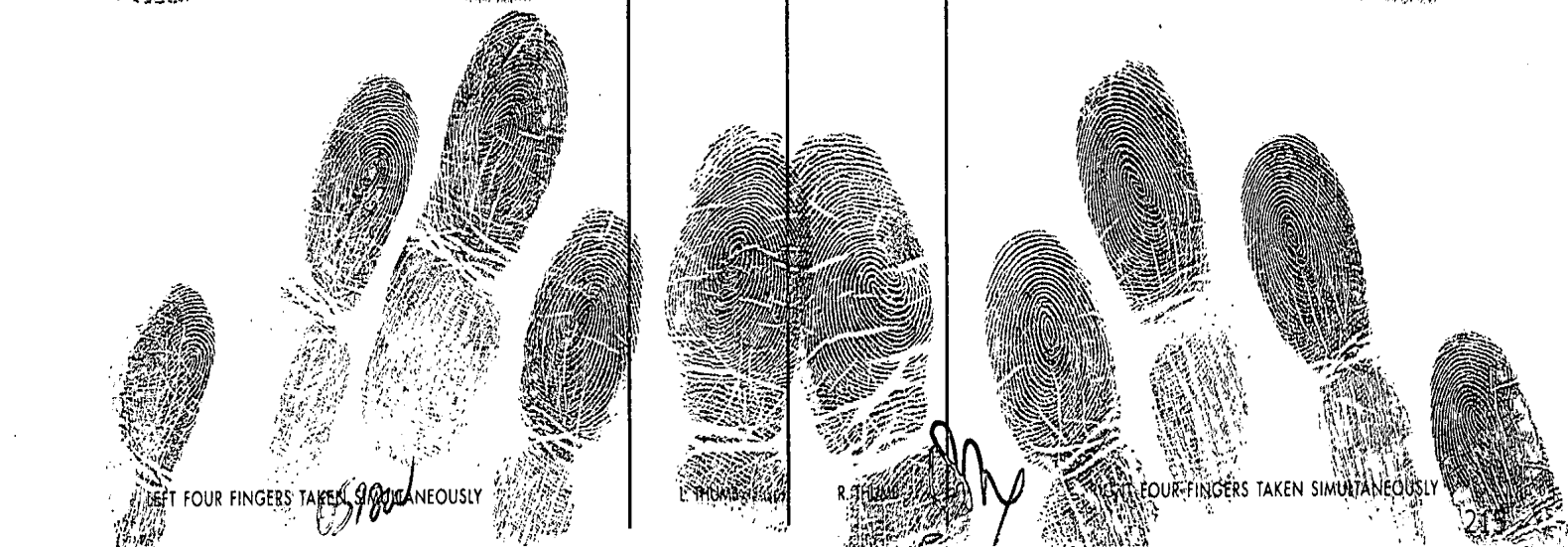
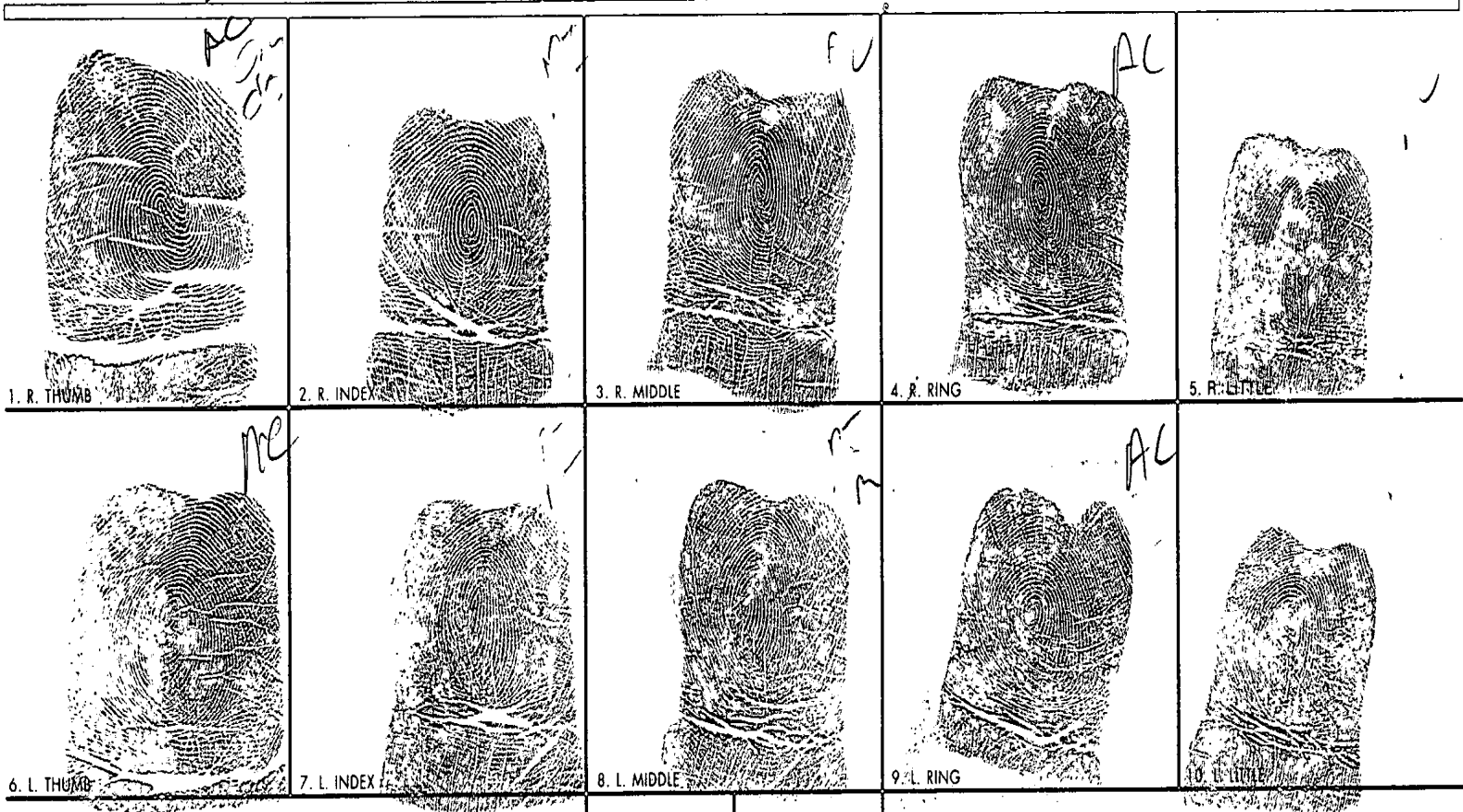
CLASS

REF.

REASON FINGERPRINTED

IMMIGRATION

245 FEB 07 1997

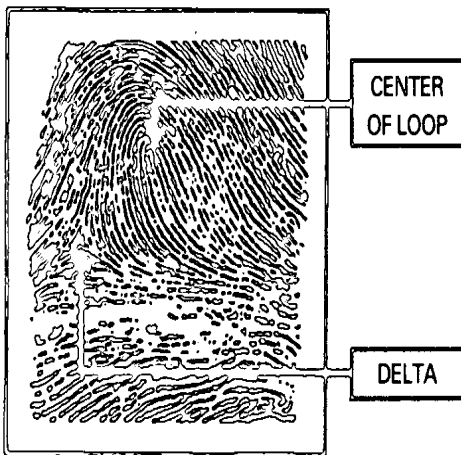


FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20537

UNCLASSIFIED
43191-12-1-97
2ND SUBMISSION
AC/UC
EU

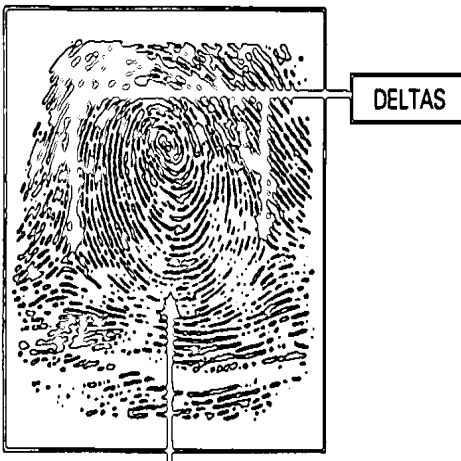
APPLICANT

1. LOOP



THE LINES BETWEEN CENTER OF
LOOP AND DELTA MUST SHOW

2. WHORL



THESE LINES RUNNING BETWEEN
DELTAS MUST BE CLEAR

3. ARCH



DEC 1 1997 6:20 AM S H

TO OBTAIN CLASSIFIABLE FINGERPRINTS:

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

THIS CARD FOR USE BY:

LEAVE THIS SPACE BLANK

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.*
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.*
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DEC 1 1997 6:20 AM L K

5/20/03 03:07:06 AM WJ
mk

UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE

COVER SHEET

RECORD OF PROCEEDING

This is a permanent record of the Immigration and Naturalization Service. Any part of this record which is removed **MUST BE RETURNED** after it has served its purpose.

INSTRUCTIONS

1. Place a separate cover sheet on the top of each Record of Proceeding.
2. Each Record of Proceeding is to be fastened on the inner left side of the file jacket in chronological order.
3. Any person temporarily removing any part of this record must make, date, and sign a notation to this effect which is to be retained in this record below the cover sheet. The signer is responsible for replacing the removed material as soon as it has served its purpose.
4. See AM 2710 for detailed instructions.

DEC 17 1996
73
slings

CLAIMS LAN 2.9.3 73 Thursday December 12, 1996 1:45 pm
Form: I539 Receipt: WAC-97-023-52633 ALEFOSIO

Part 1. Information about you.

Name: NOUR , NAWAL

C/O:

Street: 847 5TH ST #202

City: SANTA MONICA

State: CA ZIP: 90403

Province:

Postal Code:

Country:

DOB: 11/03/46

COB: EGYPT

SSN: 621-82-5223

A#:

Date of Arrival:

I-94#:

Current Status:

Expires on:

05/03/95

630-79143503

B2

11/02/96

Part 2. Application Type.

1. I am applying for:

A An extension of temporary stay

The new status I am requesting is: B2

2. People included in this application.

A Single applicant

Total number of people in this application: 1

G-28 attached? Y

Fee Info: A

Signature? Y

Concurrent With? N

CLAIMS LAN 2.9.3 73 Thursday December 12, 1996 1:46 pm
Form: I539 Receipt: WAC-97-023-52633 ALEFOSIO

Part 1. Information about you.

Name: NOUR , NAWAL

C/O:

Street: 847 5TH ST #202

Status Information

Application/petition status as of Nov 21, 1996:
APPROVAL NOTICE SENT

Receipt file location as of Nov 21, 1996 at 9:52 pm:
RECORDS - MAIN FILE SHELF

2. People included in this application.

A Single applicant

Total number of people in this application: 1

G-28 attached? Y

Fee Info: A

Signature? Y

Concurrent With? N

CLAIMS LAN 2.9.3 73 Thursday December 12, 1996 1:46 pm
Form: I539 Receipt: WAC-97-023-52633 ALEFOSIO

Part 1. Information about you.

Name: NOUR , NAWAL

C/O:

Street: 847 5TH ST #202

Date	Action - Individual
11/21/96	APPROVAL NOTICE SENT - BATCH PRINTED
11/21/96	APPROVED/NOTICE ORDERED - LITZ
11/01/96	RECEIPT NOTICE SENT - BATCH PRINTED
11/01/96	RECEIVED - LA-GISH

2. People included in this application.

A Single applicant

—Total number of people in this application: 1

G-28 attached? Y

Fee Info: A

Signature? Y

Concurrent With? N

Family Name (Capital Letters) NOUR ,NAWAL ABDEL AZIZ		Given Name		Middle Name	
Country of Citizenship EGYPT	Passport Number and Country of Issue 17317 EGYPT			File Number A72309655	
U.S. Address (Residence)(Number)(Street) (City) (State) (Zip Code) 847 5TH ST. APT #202 SANTA MONICA CA 90403 -					
Date, Place, Time, Manner of Last Entry 05/03/95 NYC		B2		Passenger Boarded CAIRO	
No., Street, City, Province (State) and Country of Permanent Residence UNKNOWN ST. ADDRESS CAIRO NONE EGYPT					
Birthdate 11/03/46 (150)	Date of Action 10-25-96		Location Code LOS		
City, Province (State), and Country of Birth UNKNOWN , UNKNOWN , EGYPT	AR 11	Form: (Type & No.) 11		<input type="checkbox"/> Lifted <input type="checkbox"/> Not Lifted	
Visa Issued At - NIV No. CAIRO, EGYPT UNKNOWN	Social Security Account Name NONE				
Date Visa Issued 04/20/95	Social Security No.			Send C.O. Rec. Check To:	

(b)(7)(c)

PAGE 001 12/11/96 14:23:08 INSP PRINT REQUESTED BY TERMINAL INSD

TO: INSD FROM: CLETS

12/11/96 14:22:52

IN

DATE:12-11-96*TIME:14-22

LINOUR NAWEL

NO RECORD FOR CRITERIA GIVEN

ANI END

PAGE 003

01/10/1996-ODOMETER: 95,056 MILES ACTUAL MILEAGE

END

(b)(6)

(b)(6)

(b)(6)

(b)(6)

PAGE 001 12/11/96 14:20:56 INSP PRINT REQUESTED BY TERMINAL INSD
TO: INSD FROM: CLETS 12/11/96 14:20:08
IA
QV.CAINSLAS0.LIC/2RFW112.LIS/C
NO HITS
NEAR MISS ON 2RFW112
2RFF112 CA STOLEN VEH FORD FCN/2329632603089 CV

PAGE 002
TO: INSD FROM: CLETS 12/11/96 14:20:12
IV (b)(6)
DATE: 12/11/96 TIME: 14:20
REG VALID FROM: 10/08/96 TO 10/08/97
LIC#:2RFW112 YRMD:89 MAKE:MERZ BTM :4D VIN :WDBEA26D9KB027275
R/D :NOUR NAWEL, OR [REDACTED] 847 5TH ST APT 202
CITY:SANTA MONICA C.C.:19 ZIP#:90403
SOLD:00/00/89 RCID:10/17/96 OCID:02/15/96 LOCD:3
TYPE:11 POWR:G VEH :12 BODY:0 CLAS:DD *-YR:96
REC STATUS:
02/07/96 SMOG DUE 10/08/97

CLEARANCE INFORMATION RECORDS:

OFFICE	WORK DATE	TECH/ID	SEQ #	VALUE	FICHE DATE	TTC
140	09/19/90	02	0418	00590.00	00/00/00	POT
143	09/30/91	82	0607	00572.00	00/00/00	POT
140	09/25/92	22	0444	00500.00	00/00/00	POT
143	10/03/93	83	0835	00435.00	00/00/00	POT
141	10/10/94	19	5024	00368.00	00/00/00	POT
183	09/21/95	09	0039	00005.00	00/00/00	H00
616	02/05/96	14	0032	00312.00	00/00/00	F00
146	10/08/96	39	0325	00310.00	10/09/96	POT

Referred to Immigration and Customs Enforcement

Referred to Immigration and Customs Enforcement



FRI OCT 25 1996 12.34

LICENSE ID - A5277724

ISSUE DATE 08-18-1995

ISSUING OFFICE - 616

DRIVERS LICENSE

Nawal Nour

NAWAL ABDEL AZIZ NOUR

CALIFORNIA DEPARTMENT OF MOTOR VEHICLES

FOR DMV OR LAW ENFORCEMENT USE ONLY



Video Print Sheet



48



Video Print Sheet



UNITED STATES DEPARTMENT OF HOMELAND SECURITY

CITIZENSHIP AND IMMIGRATION SERVICES

COVER SHEET

RECORD OF PROCEEDING

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NIXMISC

NON-IMMIGRANT INFORMATION SYSTEM

DATE: 10/24/96

DETAIL VIEW - MISCELLANEOUS

TIME: 20:12:37

LN: NOUR

FN: NAWAL

DOB: 11/03/1946 COC: EGYPT

ADMISSION NUMBER : 63079143503

CLASSIFICATION DATE : MAY 03, 1995

EXTENDED ADMITTED TO DATE :

ITINERARY :

ITINERARY (CON'T) :

BOND FLAG :

NOTATIONS :

CONTROL OFFICE :

SCREEN HELP:

PF4=RETURN PF5=HELP PF6=MAIN MENU PF10=INQUIRY

CIMSAS PAGE 0001 IMMIGRATION AND NATURALIZATION SERVICE 10/25/96
COMMAND: CENTRAL INDEX SYSTEM - MULTIPLE FINDS FROM 12:13:06
S O U N D S - L I K E SEARCH
TOTAL RECORDS READ = 0000041 LDENN ACV
SRCH DATA: LN: NOUR DOB: 110346 AAAAA PAI
FN: NAWAL PCDCI PRO
NAME A-NUMBER DOB COB POE FCO SSSSL LDL

*** END OF SEARCH DISPLAY ***

TO VIEW PERSON DATA PLACE CURSOR ON LINE - PRESS ENTER.

CLEAR EXIT PF1 PAGE AHEAD PF4 RETURN PF5 HELP

PF6 MAIN MENU PF9 ALTERNATE SEARCH

SOUNDEX CODES ARE N6 N4 ,

PAGE 003

TO: INSD FROM: NCIC

10/25/96 08:49:30

IJ

NL01

CAINSLAS0

NO IDENTIFIABLE RECORD IN THE INTERSTATE IDENTIFICATION INDEX (III)
FOR NAM/N0UR,NAWAL.SEX/M.RAC/W.D0B/110346.PUR/C.

NOTICE -- A LARGE NUMBER OF RECORDS FOR PERSONS BORN PRIOR TO
1956 ARE NOT AUTOMATED AT THE FBI. IF A SEARCH OF THE NONAUTOMATED
FILES IS DESIRED, A FINGERPRINT CARD SHOULD BE SUBMITTED
END

PAGE 001 10/25/96 08:42:48 INSP PRINT REQUESTED BY TERMINAL INSD
TO: INSD FROM: CLETS 10/25/96 08:42:23
IN
DATE:10-25-96*TIME:08:42*

MATCHED ON:*L/N*F/N* BD

DMV RECORD FOR LAW ENFORCEMENT USE ONLY

DL/NO:A5277724*B/D:11-03-46*NAME:NOUR NAWAL ABDEL AZIZ*
RES/ADDR: AS OF 07-14-95:1518 14TH ST 1 SANTA MONICA 90402*
OTH/ADDR AS OF 06-06-90:12020 JEANETT PL GRANADA HILLS *
AKA:NOUR NAWAL AZIZ*

IDENTIFYING INFORMATION:

SEX:FEMALE*HAIR:BLACK*EYES:BRN*HT:5-06*WT:180*

LIC/ISS:08-18-95*EXPIRES:11/03/98*CLASS:C NON-COMMERCIAL*

LATEST APP:

DL TYPE:RENEWAL*ISS/DATE: 08-18-95*OFFICE: SMO*BATES:MAG*

PAGE 002

RESTR:MUST WEAR CORRECTIVE LENSES WHEN DRIVING,

LICENSE STATUS:
VALID*

DEPARTMENTAL ACTIONS:
NONE

CONVICTIONS:
NONE

FAILURES TO APPEAR:
NONE

ACCIDENTS:
NONE

END

PAGE 001 10/25/96 08:44:31 INSP PRINT REQUESTED BY TERMINAL INSD
TO: INSD FROM: CLETS 10/25/96 08:44:11
IV

DATE: 10/25/96 TIME: 08:44 (b)(6)
REG VALID FROM: 10/08/96 TO 10/08/97
LIC#:2RFW112 YRMD:89 MAKE:MERZ BTM :4D VIN :WDBEA26D9KB027275
R/O :NDUR NAWEL, OR [REDACTED] 847 5TH ST APT 202
CITY:SANTA MONICA C.C.:19 ZIP#:90403
SOLD:00/00/89 RCID:10/17/96 OCID:02/15/96 LOCD:3
TYPE:11 POWR:6 VEH :12 BODY:0 CLAS:DD *-YR:96
REC STATUS:
02/07/96 SMOG DUE 10/08/97

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143	10/03/93	83	0835	00435.00	00/00/00	POT
141	10/10/94	19	5024	00368.00	00/00/00	POT
183	09/21/95	09	0039	00005.00	00/00/00	H00
618	02/05/96	14	0032	00312.00	00/00/00	F00

PAGE 002

146	10/08/96	39	0325	00310.00	10/09/96	POT
-----	----------	----	------	----------	----------	-----

01/10/1996-ODOMETER: 95,056 MILES ACTUAL MILEAGE

END

