



U.S. Department of State
NONIMMIGRANT VISA APPLICATION

Approved OMB 1405-0018
Expires 09/30/2007
Estimated Burden 1 hour
See Page 2

PLEASE TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED BELOW EACH ITEM							
1. Passport Number 000345259		2. Place of Issuance: City Tacloban City Country Philippines State/Province LEYTE		DO NOT WRITE IN THIS SPACE B-1/B-2 MAX B-1 MAX B-2 MAX Other _____ MAX Visa Classification _____ Mult or _____ Number of Applications _____ Months _____ Validity _____ Issued/Refused _____ On _____ By _____ Under SEC. 214(b) 221(g) Other _____ INA Reviewed By _____			
3. Issuing Country Philippines		4. Issuance Date (dd-mmm-yyyy) 15-JUL-2005				5. Expiration Date (dd-mmm-yyyy) 13-JUL-2010	
6. Surnames (As in Passport) CUBINA							
7. First and Middle Names (As in Passport) JOVELISA CAWALING							
8. Other Surnames Used (Maiden, Religious, Professional, Aliases) NONE							
9. Other First and Middle Names Used NONE			10. Date of Birth (dd-mmm-yyyy) 24-FEB-1982				
11. Place of Birth City Maasin City Country Philippines State/Province South Leyte		12. Nationality Philippines					
13. Sex ☐ Male ☒ Female	14. National Identification Number (If Applicable) NONE		15. Home Address (Include Apartment Number, Street, City, State or Province, Postal Zone and Country) Purok Manga, Isagani, Maasin City, South Leyte, Philippines 6600				
16. Home Telephone Number 053-381-4345 Fax Number NONE		Business Phone Number NONE Business Fax Number NONE		Mobile/Cell Number 0926-4275-493 Pager Number NONE			
17. Marital Status ☐ Married ☒ Single (Never Married) ☐ Widowed ☐ Divorced ☐ Separated		18. Spouse's Full Name (Even if divorced or separated, include maiden name.)		19. Spouse's DOB (dd-mmm-yyyy)			
20. Name and Address of Present Employer or School Name NONE Address _____							
21. Present Occupation (If retired, write "retired". If student, write "student".) self-employed		22. When Do You Intend To Arrive In The U.S.? (Provide specific date if known) 02-NOV-2006		23. E-Mail Address LISAJOV22@yahoo.com			
24. At What Address Will You Stay in The U.S.? 13700 VALLEY VIEW ROAD, #121 EDEN PRAIRIE, MINNESOTA 55344				DO NOT WRITE IN THIS SPACE 50 mm x 50 mm PHOTO staple or glue photo here			
25. Name and Telephone Numbers of Person in U.S. Who You Will Be Staying With or Visiting for Tourism or Business Name RODNEY LESTER LARSON Home Phone 952-975-3638 Business Phone 952-937-4650 Cell Phone 612-770-5157							
26. How Long Do You Intend To Stay in The U.S.? permanent		27. What is The Purpose of Your Trip? MARRIAGE					
28. Who Will Pay For Your Trip? Rodney Larson		29. Have You Ever Been in The U.S.? ☐ Yes ☒ No When? _____ For how long? _____					

30. Have You Ever Been Issued a U.S. Visa? ☐ Yes ☒ No When? _____ Where? _____ What type of visa? _____	31. Have You Ever Been Refused a U.S. Visa? ☐ Yes ☒ No When? _____ Where? _____ What type of visa? _____
32. Do You Intend To Work in The U.S.? ☐ Yes ☒ No (If YES, give the name and complete address of U.S. employer.)	33. Do You Intend To Study in The U.S.? ☐ Yes ☒ No (If YES, give the name and complete address of the school.)

34. Names and Relationships of Persons Traveling With You

RODNEY LESTER LARSON, FIANCE

35. Has Your U.S. Visa Ever Been Cancelled or Revoked? ☐ Yes ☒ No	36. Has Anyone Ever Filed an Immigrant Visa Petition on Your Behalf? ☒ Yes ☐ No If Yes, Who? <u>RODNEY LARSON K-1</u>								
37. Are Any of The Following Persons in The U.S., or Do They Have U.S. Legal Permanent Residence or U.S. Citizenship? Mark YES or NO and indicate that person's status in the U.S. (i.e., U.S. legal permanent resident, U.S. citizen, visiting, studying, working, etc.). <table style="width: 100%;"> <tr> <td style="width: 25%;"> ☐ Yes ☐ No Husband/ Wife </td> <td style="width: 25%;"> ☒ Yes ☐ No Fiance/ Fiancee <u>U.S. CITIZEN</u> </td> <td style="width: 25%;"> ☐ Yes ☐ No </td> <td style="width: 25%;"> ☐ Yes ☐ No </td> </tr> <tr> <td> ☐ Yes ☐ No Father/ Mother </td> <td> ☐ Yes ☐ No Son/ Daughter </td> <td colspan="2"> ☐ Yes ☐ No Brother/ Sister </td> </tr> </table>		☐ Yes ☐ No Husband/ Wife	☒ Yes ☐ No Fiance/ Fiancee <u>U.S. CITIZEN</u>	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No Father/ Mother	☐ Yes ☐ No Son/ Daughter	☐ Yes ☐ No Brother/ Sister	
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☐ Yes ☐ No Father/ Mother	☐ Yes ☐ No Son/ Daughter	☐ Yes ☐ No Brother/ Sister							

38. **IMPORTANT: ALL APPLICANTS MUST READ AND CHECK THE APPROPRIATE BOX FOR EACH ITEM.**
A visa may not be issued to persons who are within specific categories defined by law as inadmissible to the United States (except when a waiver is obtained in advance). Is any of the following applicable to you?

- Have you ever been arrested or convicted for any offense or crime, even though subject of a pardon, amnesty or other similar legal action? Have you ever unlawfully distributed or sold a controlled substance (drug), or been a prostitute or procurer for prostitutes? ☐ Yes ☒ No
- Have you ever been refused admission to the U.S., or been the subject of a deportation hearing, or sought to obtain or assist others to obtain a visa, entry into the U.S., or any other U.S. immigration benefit by fraud or willful misrepresentation or other unlawful means? Have you attended a U.S. public elementary school on student (F) status or a public secondary school after November 30, 1996 without reimbursing the school? ☐ Yes ☒ No
- Do you seek to enter the United States to engage in export control violations, subversive or terrorist activities, or any other unlawful purpose? Are you a member or representative of a terrorist organization as currently designated by the U.S. Secretary of State? Have you ever participated in persecutions directed by the Nazi government of Germany; or have you ever participated in genocide? ☐ Yes ☒ No
- Have you ever violated the terms of a U.S. visa, or been unlawfully present in, or deported from, the United States? ☐ Yes ☒ No
- Have you ever withheld custody of a U.S. citizen child outside the United States from a person granted legal custody by a U.S. court, voted in the United States in violation of any law or regulation, or renounced U.S. citizenship for the purpose of avoiding taxation? ☐ Yes ☒ No
- Have you ever been afflicted with a communicable disease of public health significance or a dangerous physical or mental disorder, or ever been a drug abuser or addict? ☐ Yes ☒ No

While a YES answer does not automatically signify ineligibility for a visa, if you answered YES you may be required to personally appear before a consular officer.

39. Was this Application Prepared by Another Person on Your Behalf? (If answer is YES, then have that person complete item 40.) ☒ Yes ☒ No

40. Application Prepared By

Name <u>RODNEY LESTER LARSON</u>	Relationship to Applicant <u>FIANCE</u>
Address <u>18700 VALLEY VIEW ROAD, #121, EDEN PRairie, MINNESOTA 55341</u>	
Signature of Person Preparing Form <u>Rodney Lester Larson</u>	Date (dd-mm-yyyy) <u>23-JUL-2006</u>

41. I certify that I have read and understood all the questions set forth in this application and the answers I have furnished on this form are true and correct to the best of my knowledge and belief. I understand that any false or misleading statement may result in the permanent refusal of a visa or denial of entry into the United States. I understand that possession of a visa does not automatically entitle the bearer to enter the United States of America upon arrival at a port of entry if he or she is found inadmissible.

Applicant's Signature _____ Date (dd-mm-yyyy) _____

Privacy Act and Paperwork Reduction Act Statements

INA Section 222(f) provides that visa issuance and refusal records shall be considered confidential and shall be used only for the formulation, amendment, administration, or enforcement of the immigration, nationality, and other laws of the United States. Certified copies of visa records may be made available to a court which certifies that the information contained in such records is needed in a case pending before the court.

Public reporting burden for this collection of information is estimated to average 1 hour per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. You do not have to provide the information unless this collection displays a currently valid OMB number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: U.S. Department of State, A/RPS/DIR, Washington, DC 20520.



U.S. Department of State
SUPPLEMENTAL NONIMMIGRANT VISA APPLICATION

Approved OMB 1405-0134
Expires 09/30/2008
Estimated Burden 1 Hour*

PLEASE TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED BELOW EACH ITEM
PLEASE ATTACH AN ADDITIONAL SHEET IF YOU NEED MORE SPACE TO CONTINUE YOUR ANSWERS

1. Last Name(s) (List all Spellings) CUBINA		2. First Name(s) (List all Spellings) JOVELISA CAWALING		3. Full Name (In Native Alphabet)													
4. Clan or Tribe Name (If Applicable)			5. Spouse's Full Name (If Married)														
6. Father's Full Name FELIPE (TURA) CUBINA			7. Mother's Full Name LEONIDA (ALBERCA) CAWALING														
8. Full Name and Address of Contact Person or Organization in the United States (Include Telephone Number) RODNEY LESTER LARSON HOME: 952-975-3638 13700 VALLEY VIEW ROAD, #121 WORK: 952-937-4650 EDEN PRAIRIE, MINNESOTA 55344 CELL: 612-770-5157																	
9. List All Countries You have Entered in the Last Ten Years (Give the Year of Each Visit) NONE		10. List All Countries That Have Ever Issued You a Passport PHILIPPINES		11. Have you ever lost a passport or had one stolen? ☐ Yes ☒ No													
12. Not Including Current Employer, List Your Last Two Employers <table border="1"><thead><tr><th>Name</th><th>Address</th><th>Telephone Number</th><th>Job Title</th><th>Supervisor's Name</th><th>Dates of Employment</th></tr></thead><tbody><tr><td colspan="6">SELF-EMPLOYED</td></tr></tbody></table>						Name	Address	Telephone Number	Job Title	Supervisor's Name	Dates of Employment	SELF-EMPLOYED					
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SELF-EMPLOYED																	
13. List all Professional, Social and Charitable Organizations to Which You Belong (Belonged) or Contribute (Contributed) or with Which You Work (Have Worked).			14. Do you have any specialized skills or training, including firearms, explosives, nuclear, biological, or chemical experience? ☐ Yes ☒ No If YES, please explain														
15. Have you ever performed military service? ☐ Yes ☒ No If yes, give name of country, branch of service, rank/position, military specialty, and dates of service.																	
16. Have you ever been in an armed conflict, either as a participant or victim? ☐ Yes ☒ No If YES, please explain.																	
17. List all educational institutions you attend or have attended. Include vocational institutions but not elementary schools. <table border="1"><thead><tr><th>Name of Institution</th><th>Address/Telephone Number</th><th>Course of Study</th><th>Dates of Attendance</th></tr></thead><tbody><tr><td>HIGH SCHOOL</td><td></td><td>HIGH SCHOOL</td><td>1993-97</td></tr><tr><td>COLLEGE OF MAASIN</td><td>MAASIN CITY, SOUTH LEYTE</td><td>HIGH SCHOOL</td><td>1993-1996</td></tr></tbody></table>						Name of Institution	Address/Telephone Number	Course of Study	Dates of Attendance	HIGH SCHOOL		HIGH SCHOOL	1993-97	COLLEGE OF MAASIN	MAASIN CITY, SOUTH LEYTE	HIGH SCHOOL	1993-1996
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COLLEGE OF MAASIN	MAASIN CITY, SOUTH LEYTE	HIGH SCHOOL	1993-1996														
18. Have you made specific travel arrangements? ☒ Yes ☐ No If YES, please provide a complete itinerary for your travel, including arrival/departure dates, flight information, specific location you will visit, and a point of contact at each location. 02 NOV-2006 8:05 AM NORTHWEST 20 TO TOKYO, ARRIVE 1:30 PM 3:20 PM NORTHWEST 20 TO MINNEAPOLIS, MN, ARRIVE 12:30 PM RODNEY LARSON 13700 VALLEY VIEW ROAD, #121, EDEN PRAIRIE, MN 55344																	
Paperwork Reduction Act Statement *Public reporting burden for this collection of information is estimated to average 1 hour per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. You do not have to provide the information unless this collection displays a currently valid OMB number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: U.S. Department of State, A/RPS/DIR, Washington, DC 20520.																	