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U.S. Department of Homeland Security
650 Capitol Mall
Sacramento, CA-95814

ALL FBI INFORMATION CONTAINED
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DATE 05-03-2011 BY 65179 DMH / LSG



U.S. Citizenship
and Immigration
Services

FACSIMILE TRANSMITTAL COVER SHEET

TRANSMITTED TO: FBI

ATTENTION: [REDACTED]

FAX NUMBER: [REDACTED]

TELEPHONE NUMBER: [REDACTED]

TRANSMITTED FROM: [REDACTED]

TELEPHONE NUMBER: [REDACTED]

FAX NUMBER: (916) 930-5545

DATE TRANSMITTED: 2/17/2010

NUMBER OF PAGES: 10

RE [REDACTED]

[REDACTED]

Immigration Officer
USCIS-FDNS
Sacramento Field-office
650 Capitol Mall
Sacramento, California 95814



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7c
Per FBI



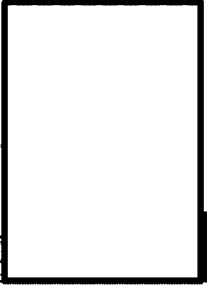
REPUBLIC OF YEMEN

PASSPORT [redacted]

PR [redacted] YEM [redacted]

الجمهورية اليمنية

الاسم الثلاثي
مبارك محمد قاسم



LABORER



*Checked by all
information for
admission at
immigration
12/15/57*

BIRTH CERTIFICATE

NAME OF NEWBORN:
SEX:

[Redacted]

Male

DATE OF BIRTH:
PLACE OF BIRTH:

[Redacted]

People's Democratic Republic of Yemen

FATHER'S NAME:
FATHER'S ADDRESS:
FATHER'S NATIONALITY:
FATHER'S RELIGION:
FATHER'S OCCUPATION:

[Redacted]

Yemeni

Muslim

[Redacted]

MOTHER'S NAME:
MOTHER'S ADDRESS:
MOTHER'S NATIONALITY:
MOTHER'S RELIGION:

[Redacted]

Yemeni

Muslim

CERTIFICATE ISSUED BY:

The People's Democratic Republic of Yemen
The Northern district, The Second province

BIRTH REGISTERED ON:

03-08-1977

CERTIFICATE ISSUED ON:
CERTIFICATE NO:

03-08-1977

[Redacted]

REGISTRAR'S NO:
SPECIAL ANNOTATIONS:

184

None

CERTIFICATE OF TRANSLATION

I, DAVID B. SAOUD, hereby declare that I am fully bilingual in the English and Arabic languages. I attest, under penalty of perjury under the laws of the United States of America and under the laws of the state of California, that this document is a true and accurate translation into English of the essential data from the Arabic original entitled "BIRTH CERTIFICATE". Executed this 20th day of December, 2006 at San Francisco, California. In witness whereof, I affix my seal and signature below.

[Handwritten Signature]

DAVID B. SAOUD
TRANSLATOR
P.O. Box 282877
San Francisco, California 94128-2877
Cell: (650) 892-7604

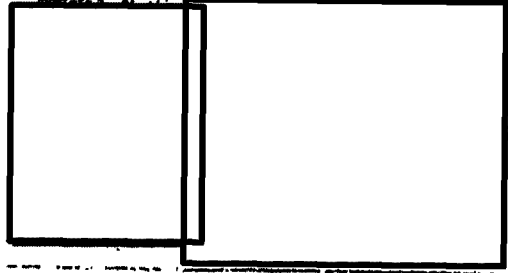


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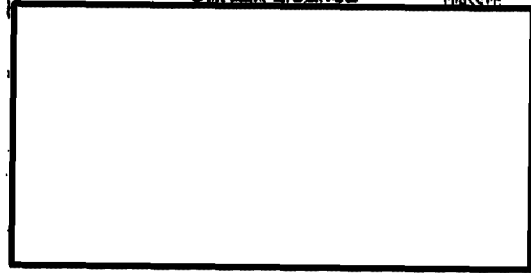
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CALIFORNIA
DRIVER LICENSE

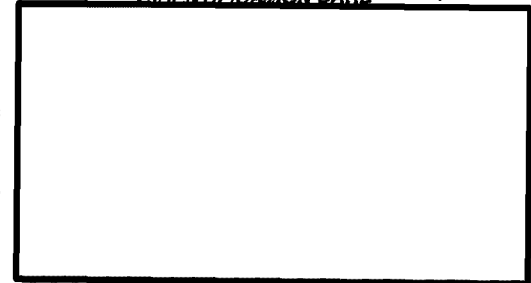
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CALIFORNIA
DRIVER LICENSE



CALIFORNIA
IDENTIFICATION CARD



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U.S. Citizenship and Immigration Services

Conditions on Residence

START HERE - Please type or print in black ink.

For USCIS Use Only

Part 1. Information About You

Family Name (Last Name) Given Name (First Name) Full Middle Name

C/O: (In care of)

City State/Province

Country Zip/Postal Code

Mailing Address, if different than above: (Street number and name) Apt. #

C/O: (In care of)


City State/Province

Country Zip/Postal Code

Date of Birth (mm/dd/yyyy) Country of Birth Country of Citizenship

(#A) Social Security # (If any)


Conditional Residence Expires on (mm/dd/yyyy) Daytime Phone # (Area/Country codes)

Returned	Receipt
Date	
Date Resubmitted	
Date	
Date Reloc Sent	
Date	
Date Reloc Rec'd	
Date	
Date	
Date	
Date	

SA 6247 05/22/2009

Petitioner Interviewed on 1/28/09 in [signature]

Remarks
CRG
7/5/07


08/03/2009

27-158-0001 0001 242
S.H. 2/15

Part 2. Basis for Petition (Check one)

- a. My conditional residence is based on my marriage to a U.S. citizen or permanent resident, and we are filing this petition together.
 - b. I am a child who entered as a conditional permanent resident and I am unable to be included in a joint Petition to Remove Conditions on Residence (Form I-751) filed by my parent(s)
- OR
- My conditional residence is based on my marriage to a U.S. citizen or permanent resident, but I am unable to file a joint petition and I request a waiver because: (Check one)
- c. My spouse is deceased.
 - d. I entered into the marriage in good faith but the marriage was terminated through divorce or annulment.
 - e. I am a conditional resident spouse who entered a marriage in good faith, and during the marriage I was battered by or was the subject of extreme cruelty by my U.S. citizen or permanent resident spouse or parent.
 - f. I am a conditional resident child who was battered by or subjected to extreme cruelty by my U.S. citizen or conditional resident parent(s).
 - g. The termination of my status and removal from the United States would result in an extreme hardship.

Action Block

To Be Completed by Attorney or Representative, if any.

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

ATTY State License #
CA Bond #69484280

Form I-751 (Rev. 08/25/08) N

Part 3. Additional Information about You

1. Other Names Used (including maiden name):

None

2. Date of Marriage (mm/dd/yyyy) 3. Place of Marriage 4. If your spouse is deceased, give the date of death (mm/dd/yyyy)

[Redacted]

5. Are you in removal, deportation or rescission proceedings? Yes No

6. Was a fee paid to anyone other than an attorney in connection with this petition? *U.S. Income Court NY* Yes No

7. Have you ever been arrested, detained, charged, indicted, fined or imprisoned for breaking or violating any law or ordinance (excluding traffic regulations), or committed any crime which you were not arrested in the United States or abroad? Yes No

8. If you are married, is this a different marriage than the one through which conditional residence status was obtained? Yes No

9. Have you resided at any other address since you became a permanent resident? (If yes, attach a list of all addresses and dates.) Yes No

10. Is your spouse currently serving with or employed by the U.S. government and serving outside the United States? Yes No

If you answered "Yes" to any of the above, provide a detailed explanation on a separate sheet(s) of paper and refer to "What Initial Evidence Is Required?" to determine what criminal history documentation to include with your petition. Place your name and Alien Registration Number (A#) at the top of each sheet and give the number of the item that refers to your response.

Part 4. Information About the Spouse or Parent Through Whom You Gained Your Conditional Residence

Family Name First Name Middle Name

[Redacted]

Address

[Redacted]

Date of Birth (mm/dd/yyyy) Social Security # (if any) A# (if any)

[Redacted] [Redacted] n/a

Part 5. Information About Your Children-List all your children (Attach other sheet(s) if necessary)

Name (First/Middle/Last)	Date of Birth (mm/dd/yyyy)	A # (if any)	If in	Immigration status	Living with you?
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	<input type="checkbox"/> Yes <input type="checkbox"/> No
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	<input type="checkbox"/> Yes <input type="checkbox"/> No
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part 6. Signature. Read the information on penalties in the instructions before completing this section. If you checked block "a" in Part 2, your spouse must also sign below.

I certify, under penalty of perjury of the laws of the United States of America, that this petition and the evidence submitted with it is all true and correct. If conditional residence was based on a marriage, I further certify that the marriage was entered in accordance with the laws of the place where the marriage took place and was not for the purpose of procuring an immigration benefit. I also authorize the release of any information from my records that the U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit sought.

[Redacted Signature Area]

Part 7. Signature of Person Preparing Form, If Other Than Above

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

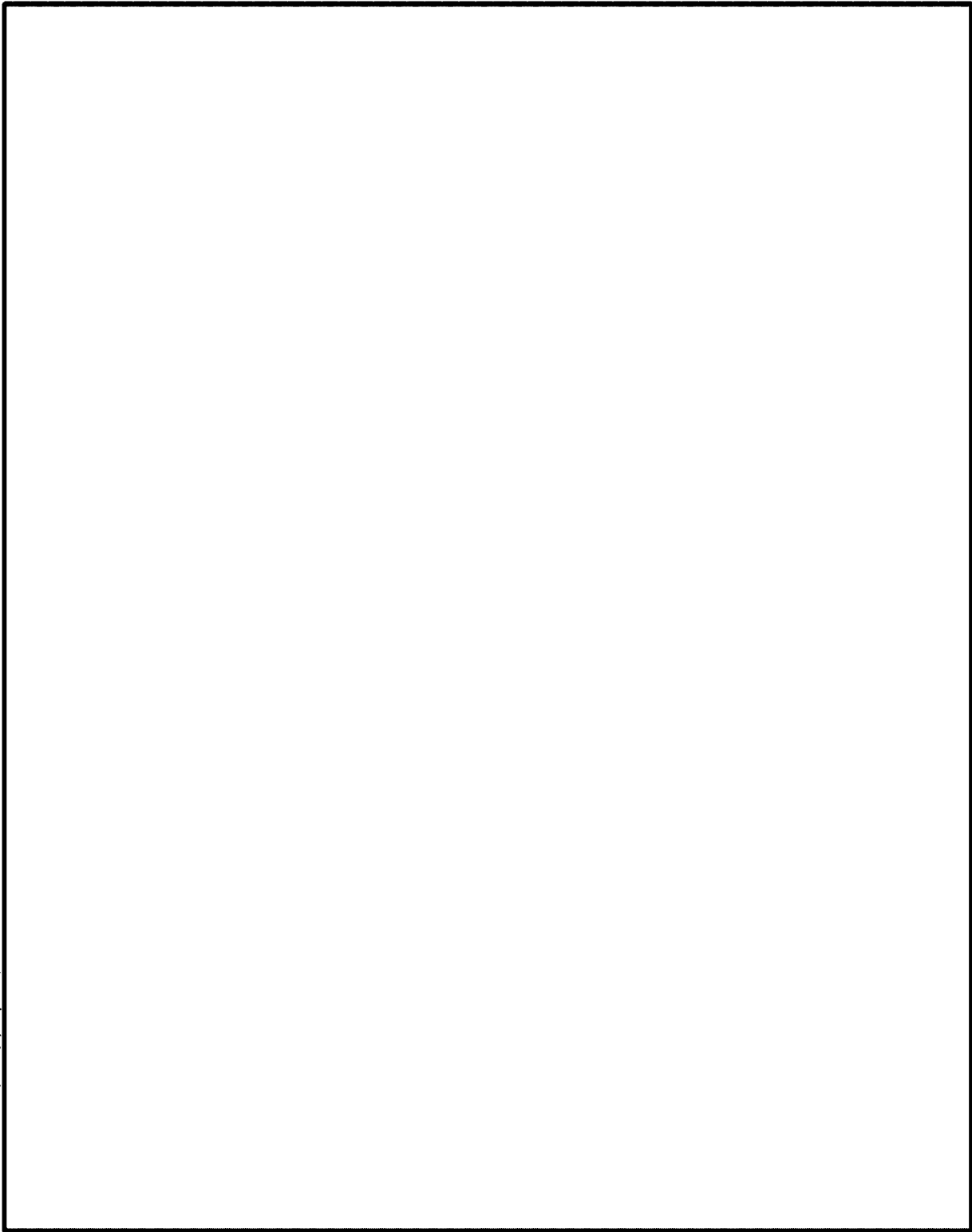
Signature Print Name Date (mm/dd/yyyy)

[Redacted Signature Area]

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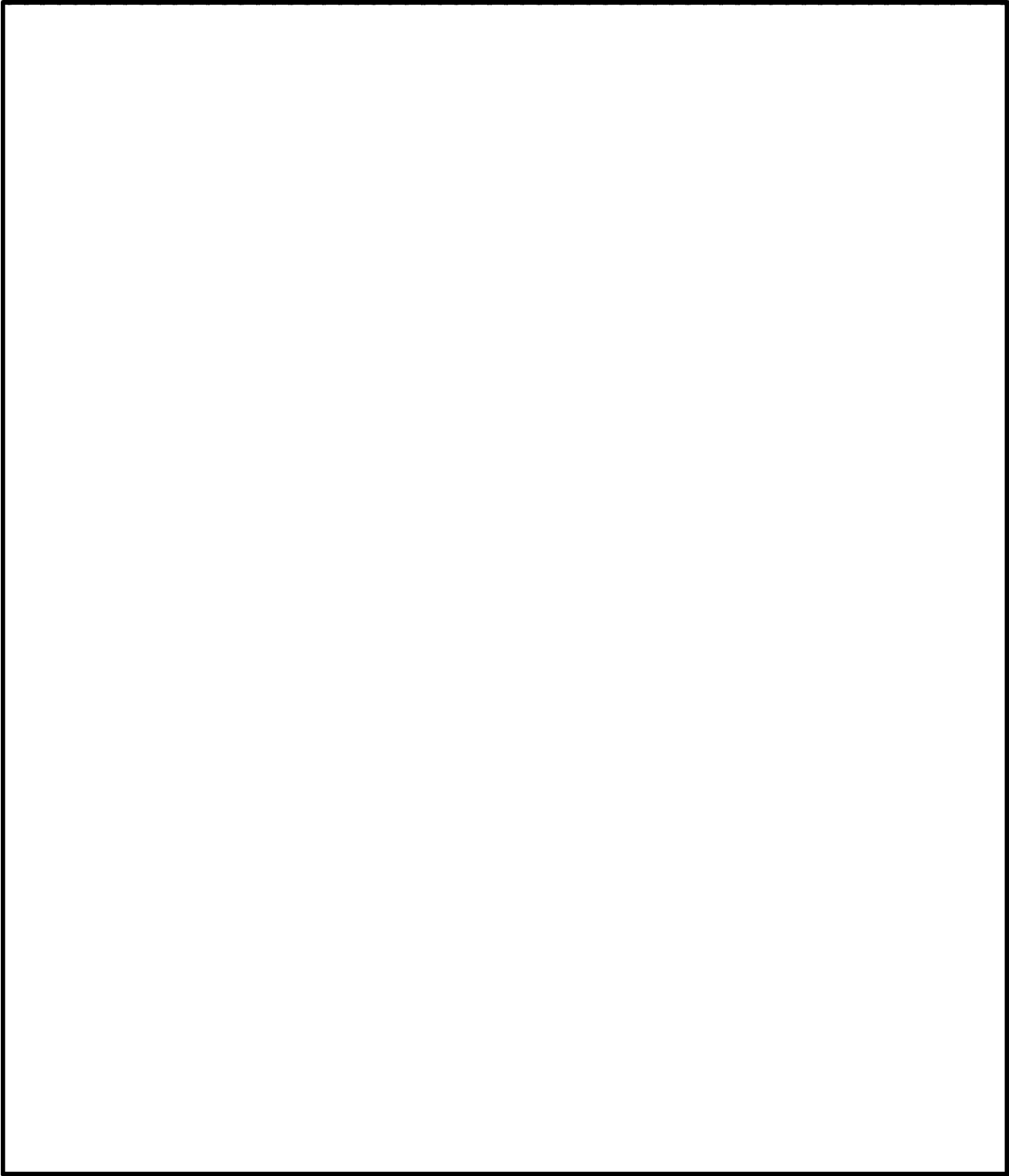
I-151 Interview Notes
Site 2527
1/28/10

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E-751 Interview

SAC 2522

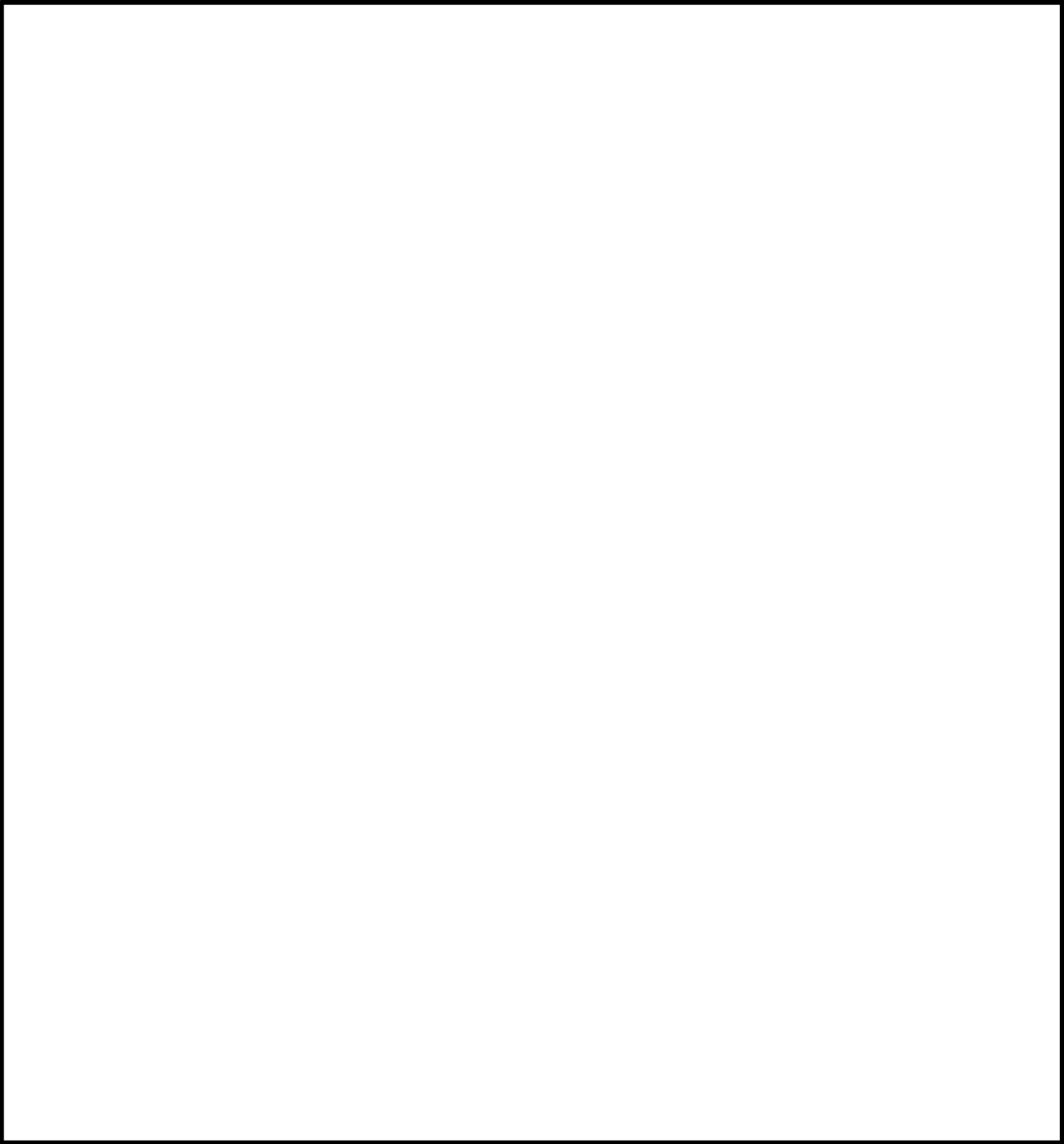
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J-751 Interview
SAC 4533
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