website: www.patakicenter.com tel.: (775)572-8254 e-mail: info@patakicenter.com

FORM 2

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This form is editable; please type directly into the form.

Once completed, e-mail the form to info@patakicenter.com. All other forms, copies, and the fee listed on our website must be sent by mail to the address on our website.

Name (last, fir	st, middle)				
Email address					
Mobile phone	#				
Mailing addr	ess in the US	SA (this is the addre	ss whe	ere you	will receive all correspondence from USCIS)
	This	address must stay th	ne sam	ne for a	minimum of 6 months.
In care of					
House number					
Street name					
Apartment #			City		
State			Zip		
		Physical	addre	ess in tl	ne USA
(fill ou	ıt this sectio	n only if your physic	cal add	dress is	different from your mailing address)
In care of					
House number					
Street name					
Apartment #			City		
State	1913		Zip		
	Phy	sical address in you	r hom	e coun	try (must be filled out)
House number					
Street name					
Apartment #					
City or town					
Province					
Postal code			Со	untry	

Since your last entrance in the USA, have you committed any crime or illegal activities? (Y/N)
If you answered yes (Y) to the question above, please give explanation below.
In a few sentences, please explain why you would like to stay longer in the US (such as visiting friends
and family, travelling, sightseeing, looking at potential schools to attend, etc.). This is required by the USCIS.
X O