, START I	HERE - Please Type or I	Print		FOR INS USE ONLY
Part 1.	Information about you			Returned Receipt
Family Name	DADIAY G	iven ame FOOMITIA Middle		
Address - C	· · ·	JOKANILVO MING		
	1. Information about you.  ARUAK Storm IBRAHIM Initial Install			
	Part 1. Information about you.  Finally Name  PARLAK  Shrow Mamber  Shrow Mamber  PRO B O ADA  PROCESSOR  Shrow Mamber  PRO B O ADA  PROCESSOR  PROCESSOR  Shrow Mamber  PRO B O ADA  PROCESSOR  PROCE			
City	Part 1. Information about you.  Firmily ARUAK   Silven   Name   BRAHILIN   Missils    Record   Record   Record   Record   Record    Record   Record   Record   Record   Record   Record    Record   Record   Record   Record   Record    Record   Record   Record   Record   Record    Record   Record   Record   Record   Record    Record   Record   Record   Record   Record   Record    Record   Record   Record   Record   Record   Record    Record   Record   Record   Record   Record   Record    Record   Record   Record   Record   Record   Record    Record   Record   Record   Record   Record   Record    Record   Record   Record   Record   Record   Record   Record    Record   Record   Record   Record   Record   Record   Record    Record   Rec			
Cipio	JANS TOW			
Sidie	H M Ts	Zip Code 49/2	Я	Reloc Sent
Date of Birth	oarl .		/	
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	325-86-1695	A* (II any) 1671803930		
Date of Last	Arrival		ı	Heloc Hec'd
	04.77	90803824100	.	
	13V 20			
Part 2.	Application Type. (che	eck one)	ı	Applicant
				Interviewed
I am applying				
a 🗌			f	Section of Law
		tition about you.    Recompt   Recom		
			. ]	Sec. 245, INA
L		* *		
. в. 📙				Sec. 2 Act of 11/2/66
· K		it visa category which allows derivative status		
۰. ۵. []	•	S citizen whom I married within 00 days of		Country Chargeable
				Clinibility Haday Co
ď. <b>)</b> ≰	I was granted asylum or derivative as	ylum status as the spouse or child of a person	•	
/ \	granted asylum and am eligible for ad	justment.		☐ Dependent of Principal Alien
ө. 🛚			1	
			Ì	Preference
ŀ L				
·				APPROVEDI
		been physically present in the U.S. for at least	Il	INS DISTRICT DIRECTOR
9. 🗆	•	S. since before January 1, 1972		Ca Mayor
h. 🛘			H	JUN 1 1994
:	•		Ш	tocommended my ON NWY
I am already	a permanent resident and am a	applying to have the date I was granted	Ш	CHI 131731
honimmigran	t or parolee, or as of May 2, 1964 to	i originally arrived in the U.S. as a	4	To Be Combined
. v. i. □				
	•	-	f	
				i i
rom I-485 (0	9-09-92)N Conti	nued on back.	- 1	ALLE State License #

Part 3. Processing Inform	auon.						
A. City/Town/Village of birth	1 7/	Current occupation = ///					
Your mother's first name	stop-Turkey	tollow - Cook					
Give your name exactly how it and		Your father's first name	Huseyly				
Give your name exactly how it appears  Ibrahim	on your Arrival /Departure Record	I (Form I-94)					
Place of last entry into the U.S. (City/Star	le)	Ile international and a second					
New York		alien, crewman, tentiforan	steiner? (Visitor: Stadene exchange Worker, Without inspection, etc.)				
Were you inspected by a U.S. Immigration	on Officer? Yes 🔀 No	Visito	200				
Nonimmigrant Visa Number		Consulate where V a w	as issued				
Date Visa was Issued (month/day/year)	ate Visa was Issued Sex: ☑ Male ☐ Female onth/day/year)		ing Wishge Diplyorded Widowed				
Have you ever before applied for permanent re-	sident status in the U.S? X No D	es (give date and place of dit	no and final disposition)				
		-					
B. List your present husband/wife, all of your so	ons and daughters (if you have none, w	vrite "none". If additional spa	ace is needed, use separate paper).				
ramily	Given	Middle	Date of Birth				
Name	Name	Initial	(month/day/year)				
Country of birth	Relationship	A	Applying with you?				
		#	☐ Yes ☐ No				
Family :	Given	Middle	Date of Birth				
Name:	Name .	Initial	(month/day/year)				
Country of birth	Relationship	A #	Applying with you? ☐ Yes ☐ No				
Family	Given	Middle					
Name	Name	Initial	Date of Birth * (month/day/year)				
Country of birth	Relationship	A . #	Applying with you?				
Family	Given	Middle					
Name	Name	Initial	Date of Birth (month/day/year)				
Country of birth	Relationship	Α	Applying with you?				
	. :	#	Yes No				
Family	Given	Middle	Date of Birth				
Name	Name	Initial	(month/day/year)				
Country of birth	Relationship	A #	Applying with you?  ☐ Yes ☐ No				
C. List your present and past membership in o the United States or in any other place since organization, location, dates of membership	your rourdinay. Include any foreign	on military convice in this nact	ation, party, club, society, or similar group in				
	· · · · · · · · · · · · · · · · · · ·						

## Part 3. Processing Information. (Continued)

Plea	se answer	the following questions. ( If your answer is "Yes" on any one of these questions, explain on a separate piece of paper.		
does	s not necess	early mean that you are not entitled to register for permanent residence or adjust status).	Answe	oring "Yes" Vried Vried
1	. Have yo	ou ever, in or outside the U.S.:	N	Vill
	a.	knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested?	ĺ	
	b.	traffic violations?	V	-
	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.?		
•			☐ Ye	s 🔀 No
2.	Have yo	u received public assistance in the U.S. from any source, including the U.S. government or any state, county, city, or		
	municipa	ality (other than emergency medical treatment), or are you likely to receive public assistance in the future?	•	•
3.	Have you	. •	☐ Yes	No No
٠.	· a.	•	•	
	т. Б.	within the past 10 years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future?		
	c.	engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling?		
٠		knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the U.S. illegally?		
		illicitly trafficked in any controlled substance, or knowingly assisted, abetted or colluded in the illicit trafficking of any controlled substance?		
-	Umm		☐ Yes	s 🔯 No
/ <del>"</del> .	funds for	ever engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or		
		The property strong by the assisted of provided any time of material assessment as		
	terrorist a	iver engaged or conspired to engage, in sabotage, kidnapping, political assassination, hijacking, or any other form of ctivity?		
	•	•	☐ Yes	s 🔯 No
5.		tend to engage in the U.S. in:		
		espionage?	. •	4
		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?		
		any activity to violate or evade any law prohibiting the export from the United States of goods, technology or sensitive information?	☐ Yes	⊠ No
6.		•	☐ Yes	⊠ No
7.	Did you, d	uring the period March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any		
	-	as a summer coordinated of allieut with the Nazi Government of Germany, over order trails		
_		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		
	Decause of		_ Yes	⊠ No-
9.	Have you	ever been deported from the U.S., or removed from the U.S. at revergences even to the U.S. at revergences even to the U.S.	_	7
٠.	or are you	now in exclusion or deportation proceedings?	☐ Yes	1001 No
10.	Are you ur	nder a final order of civil penalty for violating section 274C of the Immigration Act for use of fraudulent documents, or		
		The state of the s	· 	PCI NI.
	documenta	tion, entry into the U.S., or any other immigration benefit?	] Yes	NO NO
1.1,		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 complie	ed with that requirement or obtained a waiver?	] Yes	⊠ No
13.		ow withholding custody of a U.S. Citizen child outside the U.S. from a person granted custody of the child?	-	-
		The control of the child?	] Yes	⊠ No
14.	Do you pla	n to practice polygamy in the U.S.?		·
			] Yes	⊠ No

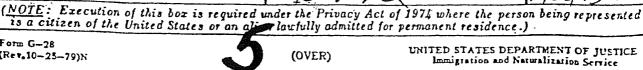
Part 4.	Signature.	(Read th	e information on penalties in t	he instructions bef	ore completing this section. You me	ist file this
I certify unde authorize the seeking.	r penalty of perjury to release of any info	inder the lav	on while in the United States.) vs of the United States of America to my records which the Immigration	nat this application, and and Naturalization Se	the evidence submitted with it, is all true as rvice needs to determine eligibility for the b	nd correct. I penefit I am
Signature Please Not	aruh edi you do not co found eligible to	ompletely or the requ	Print Your Name  IRIAHIM PAKIA  fill out this form, or fail to sub- ested document and this appli	mit required decun	Daytime Phone Number  1. 43 708-864-9665  The instructions, you need.	nay not be
Part 5.			on preparing form if of		ve. (Sign Below)  I on all information of which I have known	
Signature			Print Your Name	Date	Day time Phone Number	owledge.
Firm Name and Addres	•	:				: 
		//	<i>\</i>			· · · · · · · · · · · · · · · · · · ·

Janifer West Iseie 9/23/93

X Ranlake

NOTICE OF ENTRY OF APPEARANCE AS ATTORNEY OR REPRESENTATIVE In re: PARLAK, IBRAHIM I hereby enter my appearance as attorney for (or representative of), and at the request of, the following named person(s): NAME Petitioner Applicant Beneficiary (City) (State) (ZIP Code) No. Box 221 UNHAK 44.0 9124 Petitioner Beneficiary ADDRESS (Apt. No.) (Number & Street) (City) (ZIP Code) Check Applicable Item(s) below: om 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 Illinois Supreme Court (Name of Court) court or administrative agency order suspending, enjoining, restraining, disbarring, or otherwise restricting me in procticing law. 2. I am an occredited 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.) SIGNATURE COMPLETE ADDRESS TRAVELERS AND IMMIGRANTS AID 4750 N. Sheridan Road - Room 300 Chicago, Illinois 60640 NAME (Type or Print) TELEPHONE NUMBER Lynn Coyle (312) 435-2900 PURSUANT TO THE PRIVACY ACT OF 1974, I HEREBY CONSENT TO THE DISCLOSURE TO THE POLLOWING NAMED ATTORNEY OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY IMMIGRATION AND NATURALIZATION SERVICE THE ABOVE CONSENT TO DISCLOSE IS IN CONNECTION WITH THE FOLLOWING MATTER: NAME OF PERSON CONSENTING IBRAHIM PARLAK

Form G-28 (Rev. 10-25-79)N





OMB No. 1115-0066

(Family name) (First name)					THDATE (MoDay-Yr.) NATIONALITY			FILE NUMBER		
PARLAK TRRAH		FEMALE			Kura		07/803930			
ALL OTHER NAMES USED (Including names by p	revious marriages)		CITY AND C	OUNTRY O	FBIRTH	•	SOC	IAL SECUR	TY NO.	
(II any) \$25-86-19								86-1495		
FAMILY NAME FIRST NAME / DATE, CITY AND COUNTRY OF BIRTH (If known) CITY AND COUNTRY OF RESIDENCE										
FATHER Narlah	W	70	inkey			Gaziantes	0/1/0	inhe	1	
MOTHER (Maiden name) Kosker	Sulfan		4							
HUSBAND (If none, so state) FAMILY NAME OR (For wife, give ma		NAME BI	RTHDATE	CITY & CO	UNTRY OF BIRT	H DATE OF MARI	RIAGE F	PLACE OF N	MARRIAGE	
OR (For wife, give maiden name) WIFE										
FORMER HUSBANDS OR WIVES (if none, so	state) I		. 1		1					
FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	DATE & PL	ÁCE OF M	arriage d/	ATE AND PLACE OF	TERMINAT	TION OF MA	ARIAGE	
·	÷									
APPLICANT'S RESIDENCE LAST FIVE Y	YEARS. LIST PRESE	NT ADDRE	SS FIRST.			FRO	VI	1	ro	
. STREET AND NUMBER	СПУ	,	PROVINCE OR S	TATE	COUNTRY	MONTH	YEAR	монтн	YEAR	
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1166 N. Dearborn An.	206 Chlora		EC.		US	11	91	05	92_	
1368 N. Green teal	chicala	0	TL.	•	W.	05.	91	11	91	
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APPLICANT'S LAST ADDRESS OUTSIDE	E THE UNITED STA	TES OF MO	ORE THAN	ONE YEA	NR.	FRO	N.		10	
STREET AND NUMBER	спу		PROVINCE OR S	STATE	COUNTRY	MONTH	YEAR	монтн	YEAR	
	Hafas	461	<del></del>		Turk	<i>y</i>		<u> </u>		
APPLICANT'S EMPLOYMENT LAST FIVE				IT EMPLO	YMENT FIRS	f rho	H		10 .	
FULL NAME AND ADDRESS OF EMPLOYER MAZ.	4, ONE R	ESTA			CCUPATION (SPECI	FY) MONTH	YEAR	MONTH	YEAR	
Janes Rootaura	V,	//\	ICHL	<u> </u>	ook	ok 26.	92	<del></del>	NT TIME	
Plange one Restour	ant some	NCHIG-1	an cit	1 11	agage	-1/1/34/	92.	06.	93	
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Hat dances, Perto	mayt-1			$ \mid \mathcal{C} \mid$	ool		192	05,	92	
142 carlos	Hatal				asbuy		91	10	91	
Show below last occupation abroad if not shown above. (Include all information requested above.)										
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR: SCHATURE OF APPLICATION										
NATURALIZATION STATUS AS PERMANENT RESIDENT FOUNDATION O7. 26, 93										
CI OTHER (SPECIFY):										
Are all copies legible?  Yes  IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WANTE 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	)	(Ailer	registration number)				
PARLAK	IBRAHI,	M	. '	•		1803930				
1 17601										

CHI 245 07/26/93

