

9 FAM 40.301 Exhibit I

FORM OF-221, TWO-WAY VISA ACTION REQUEST AND RESPONSE

(TL:VISA-159; 12-20-96)

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| TWO-WAY VISA ACTION REQUEST & RESPONSE | | Post/Dept. | Date |
| | | Alien Registration Number | Last Previous Communication |
| TO <input type="checkbox"/> Visa Office (VO) Department of State | | <input type="checkbox"/> Immigration & Naturalization Service at: | |
| ACTION REQUESTED (Check one only) If 212(d)(3)(A) Waiver, SHOW WHETHER: | | | |
| <input type="checkbox"/> Security Advisory Opinion <input type="checkbox"/> 212(d)(3)(A) Waiver <input type="checkbox"/> Name Check Only <input type="checkbox"/> | | <input type="checkbox"/> Security—212(a)(28) <input type="checkbox"/> Other—212(a) _____ <input type="checkbox"/> NOT Recommended by Consular Officer | |
| Basis for Recommendation: <input type="checkbox"/> Humanitarian <input type="checkbox"/> Educational <input type="checkbox"/> Facilitative of International Exchange <input type="checkbox"/> Other _____ | | | |
| 1. NAME OF APPLICANT (Incl. aliases, maiden name, previous married name, etc.) | | 2. Date of Birth | 3. Place of Birth (Incl. city) |
| 4. Present Address | | 5. Sex 6. Marital Status, Date and Place of Marriage, Spouses Name | |
| 7. Occupation | 8. Name and Address of Employer | | |
| 9. Nationality (Incl. former) | 10. Passport Type | 11. Passport No. | 12. Issued By |
| | | | 13. Dated |
| 14. Father's Full Name | | 15. Mother's Full Maiden Name | |
| 16. Residences of 6 Months or More for Past Five Years (Years, cities, countries) | | | |
| 17. Relatives in U.S. (Names, relationships, street addresses, cities, states) or Primary Destination in U.S. | | | |
| 18. Visa Classification Contemplated: | 19. No. of Entries | 20. Valid Until | 21. Planned time of arrival, port of entry and length of stay in U.S. |
| 22. Purpose of entry | 23. Facts occasioning ineligibility, name check, or SAO request | | 24. Date of any prior U.S. visit. |
| | | | 25. In VLOS? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 26. Remarks/Continuation of above items | | | |
| _____ Consular Officer's Signature | | | |
| FROM: Department of State (VO) | | TO: <input type="checkbox"/> Above-named Post <input type="checkbox"/> INS | |
| Washington Agency name checks on the above person(s): | | Date: _____ | |
| <input type="checkbox"/> Reveal no derogatory information <input type="checkbox"/> Reveal the attached information dated: | | <input type="checkbox"/> Reveal no derogatory information since the communication referenced at top right <input type="checkbox"/> Have been initiated. Your office will be notified if there is any derogatory information | |
| Signed: _____ | | | |
| FROM: Immigration and Naturalization Service at: | | TO: Post/Dept. Date: | |
| It is ordered that the application be granted for the above indicated purpose, subject to revocation at any time, valid as set forth below. | | | |
| ENTRY: | | PERIOD OF TEMPORARY STAY: | |
| _____ Signature and Title | | | |
| PART 1—ADDRESSEE'S COPY 221-104 | | SEE INSTRUCTIONS ON REVERSE OF LAST PAGE | |
| | | OPTIONAL FORM 221 (Rev. 7-76) (Formerly FS-493) Dept. of State | |