



NATALE F. CARABELLO, JR.  
 ATTORNEY AT LAW  
 SUITE 615 ROBINSON BUILDING  
 42 SOUTH 15TH STREET  
 PHILADELPHIA, PENNSYLVANIA 19102

*U. S. Dept. of Justice  
 Immigration & Naturalization Service  
 Attn: Maurice F. Kiley  
 District Director - New York District  
 20 West Broadway  
 New York, N.Y. 10007*

IMMIGRATION SERVICE  
 N.Y.C. DISTRICT OFFICE  
 SEP 21 AM 10:43

7-26-76

DEPORTATION CASE CHECK SHEET

File: A- 17 597 321

ATTORNEY OR REPRESENTATIVE:

ALIEN: Lennon, John.

ADDRESS:

ADDRESS:

ACTIONS TO BE COMPLETED	Completed (Date)	Initials	ACTIONS TO BE COMPLETED	Completed (Date)	Initials
L-94 Stamped L-95			ARRANGING TRANSPORTATION		
M-125 Docket Control Tape			L-288 Notice to Transportation Line		
L-205 Warrant of Deportation			L-380 Record of Billable Expense		
L-229 Warning of Six-month Limit - 242(e)			L-340 Demand for Surrender Under Bond		
L-217 Information-Travel L-217A Document Application			L-166 Notice to Surrender for Deportation		
L-141 Medical Certificate			G-391 Detail of Det. Off.		
L-294 Notice of Dep'n Destination and Penalty for Reentry			L-216 Record of Person & Property Transferred		
L-323 Bond Breach L-391 Cancellation			L-164 Document Envelope		
L-241 T.D. Request Country Designated by Alien			CLOSING ACTIONS		
T.D. Request Country of Nationality			L-157 Notice of Deportation		
Passport Noted - O.I. 242.10(g)			G-189 Statistical Punch Card		
DETAINED CASES			G-174		
L-286 Notice of Detention or Release Conditions			G-143 Lookout Notice Worksheet		
G-589 Property Receipt			Disposition Notice - FBI		
G-590 Property Envelope			Disposition Notice - RCMP		
L-43 Statement of Detained Alien Baggage & Personal Effects			Deportation Expense Billed		
L-284 Notice re Detention and Deportation Expenses			L-94 Stamped and L-95 Forwarded		
L-247 Notice of Detainer			"Closed" Tape Placed on File		
252(b) CASES			File To Rec. Adm. Re L-151 Stamped "Statistics"		
L-99 Notice of Revocation and Penalty			L-154 Closed		
L-259 Notice to Detain and Deport			Disposition Information furnished the following:		

**DOCKET BLEND**  
1/19/77

*Department of States under Sect.*

Alien (is)(is not) detained and is ready for deportation to \_\_\_\_\_ at the expense of \_\_\_\_\_

Alien's condition is: Able  Mental  CINS  Physically Incap.

\_\_\_\_\_  
(Name of SS Co. - Government) \_\_\_\_\_  
Date \_\_\_\_\_  
Deportation Officer \_\_\_\_\_

Remarks:

RECORD OF MEASURES TAKEN TO OBTAIN TRAVEL DOCUMENTS FOR DEPORTATION

1. ALIEN'S NAME		OFFICE		FILE NUMBER
2. COUNTRY DESIGNATED BY ALIEN		DATE APPLIED FOR		DATE
3. COUNTRY OF WHICH A CITIZEN		DATE APPLIED FOR		DATE
4. COUNTRY OF WHICH A NATIONAL OR SUBJECT		DATE APPLIED FOR		DATE
5. COUNTRY OF WHICH LAST A RESIDENT BEFORE ENTERING U.S.		DATE APPLIED FOR		DATE
6. COUNTRY FROM WHICH ALIEN LAST ENTERED U.S.		DATE APPLIED FOR		DATE DENIED
7. COUNTRY OF FOREIGN PORT FROM WHICH EMBARKED FOR U.S. OR FOREIGN CONTIGUOUS TERRITORY		DATE APPLIED FOR		DATE DENIED
8. COUNTRY WHERE BORN		DATE APPLIED FOR		DATE DENIED
9. COUNTRY WHERE PLACE OF BIRTH NOW SITUATED		DATE APPLIED FOR		DATE DENIED
10. COUNTRY WHERE ALIEN RESIDED PRIOR TO ENTERING COUNTRY FROM WHICH HE ENTERED U.S.		DATE APPLIED FOR		DATE DENIED
11. COUNTRY WHICH HAD SOVEREIGNTY OVER BIRTHPLACE AT TIME OF BIRTH		DATE APPLIED FOR		DATE DENIED
12. OTHER COUNTRY APPLIED TO		DATE APPLIED FOR		DATE DENIED
13. OTHER COUNTRY APPLIED TO		DATE APPLIED FOR		DATE DENIED
14. STATE DEPARTMENT ASSISTANCE REQUESTED ON: RESULTS				
15. ASSISTANCE OF SERVICE OFFICER ABROAD REQUESTED				
OFFICE DATE				
16. TO REGIONAL COMMISSIONER REGARDING 243(f) ACTION RESULTS				
17. REASONS FOR NOT APPLYING ELSEWHERE				
18. FINAL DETERMINATION MADE THAT, UNDER EXISTING CONDITIONS, A TRAVEL DOC. TO EFFECT DEPORTATION IS NOT AVAILABLE				
SIGNATURE		TITLE		DATE

UNITED STATES GOVERNMENT

Memorandum

TO : IMMIGRATION JUDGE *Fieldsteel* DATE: *7-6-76*

FROM : WILLIAM H. COOK, ASSISTANT DISTRICT DIRECTOR  
FOR TRAVEL CONTROL

SUBJECT: *John Winston Lennon, A17597321*

SECTION 245 APPLICATION HAS BEEN PROCESSED. STIPULATED DOCUMENTS  
HAVE BEEN OBTAINED AND ARE FORWARDED HEREWITH.

IF VISA NUMBER IS NOT USED PROMPTLY, PLEASE NOTIFY THIS UNIT SO  
THAT NUMBER MAY BE CANCELLED AND RETURNED TO THE VISA CONTROL  
OFFICE.

SUBJECT HAS NO CRIMINAL ARREST RECORD.

*William H. Cook*

PAGE WITHHELD PURSUANT TO  
(b)(5),(b)(6)

6-27-76

UNITED STATES DEPARTMENT OF JUSTICE  
IMMIGRATION AND NATURALIZATION SERVICE

REFER TO THIS FILE NO.

A17597321

Date:

JOHN WINSTON AND KATHLEEN  
1 WEST 72 STREET, 4772  
New York, New York

The application for adjustment of status to  
that of a permanent resident filed by the  
above named has been granted.

Sincerely yours,

District Director

ATTORNEY

Don Wilkes  
515 Madison Avenue  
New York, New York

10-18-76

MEMORANDUM OF CREATION OF RECORD OF LAWFUL PERMANENT RESIDENCE

Place	NYC-245/S10
File No.	A17597321

Status as a lawful permanent resident of the United States is accorded:

Name Street Address City, State, Zip	JOHN WINSTON OGD KENNON 1 WEST 72 STREET, APT 72 New York, New York	SEX	DATE OF BIRTH
		M	10-9-40
		PLACE OF BIRTH	RIVERPOOL, ENGLAND
		NATIONALITY	BRITISH
		PRIORITY DATE	3-6-72

COUNTRY TO WHICH CHARGEABLE (If any)	PREFERENCE (If any)
ENGLAND R3-6	THIRD PRT.
REMARKS	
NONPREFERENCE: <input type="checkbox"/> Section 212(a)(14) certification not required because:	
<input type="checkbox"/> Individual section 212(a)(14) certification issued <input type="checkbox"/> Blanket section 212(a)(14) certification issued	

under the following provision of law:

<input type="checkbox"/> Sec 203(h) of the I & N Act	<input type="checkbox"/> Sec 249 of the I & N Act	<input type="checkbox"/> Sec 214(d) I & N Act
<input type="checkbox"/> Sec 244( ) of the I & N Act	<input type="checkbox"/> Sec 1 of the Act of 11/2/66	<input type="checkbox"/> Private Law no. _____ of the _____ Congress _____ session
<input checked="" type="checkbox"/> Sec 245 of the I & N Act	<input type="checkbox"/> Sec 13 of the Act of 9/11/57	<input type="checkbox"/> _____ (Other law Specify)

As of \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) at \_\_\_\_\_ PORT OF ENTRY FOR PERMANENT RESIDENCE

Class of admission, (Insert symbol) \_\_\_\_\_

(Applicable in all cases)	DATE OF ACTION
RECOMMENDED BY: (Immigration Officer) (Date)	7/27/76
SIO HEARING CASE	DD
	DISTRICT NYC

FOR USE BY VISA CONTROL OFFICE		
Date		JUN 18 1976
Foreign State		Great Britain
Preference Category		Third
Number		2231
Month of Issuance	JULY	

(Visa Office, Dept. of State)

Delivered  Form I-151 delivered  Form I-151 mailed  Form G-153 delivered

Office, Visa Office, Department of State, Washington, D.C. 20520 for allocation of Immigrant

Collective Service (with I-59) \_\_\_\_\_  
N

INSTRUCTIONS

**GENERAL:** To request allocation of a visa number for a preference or nonpreference Section 245 or for a Western Hemisphere number under Section 1 of the Act of 1966, mail original and one copy to Visa Control Office. When a visa number becomes final, the copy returned by the Visa Control Office which allocates the visa number be appropriately endorsed, and placed in the file. In such cases the triplicate copy, which is retained in the file, shall be noted to show the date permanent residence status is granted and forwarded together with completed Form I-59 to the State Director of Selective Service in the case of every male alien between the ages 18 and 26 or between the ages of 18 and 35 in the case of a doctor, dentist or other medical specialist. If not required for his personal file, it shall be destroyed. In cases where permanent residence is granted without referral to the Visa Control Office, except where Selective Service is to be notified, only an original Form I-59 shall be prepared and placed in the file. In other cases where outstanding instructions require Form I-59 to be forwarded to the Visa Control Office, it shall be prepared in duplicate and the original placed in the file, except when an additional copy is required to notify Selective Service.

**PREFERENCE:** Under Section 245, the priority date will be the filing date of one of the first six preference petitions.

**NONPREFERENCE:** Under Section 245, the priority date shall be fixed by the following factors, whichever is the earliest: (1) the priority date accorded the applicant by the consular officer as a nonpreference immigrant; (2) the date on which application Form I-485 is properly filed, if the applicant establishes that he is a member of a profession or a person with exceptional ability in the sciences or the arts not included in the Department of Labor's Schedule A (29 CFR 60) provided a certification is issued on that basis, or that he is within Schedule A, or that the provisions of Section 212(a)(14) of the Act do not apply to him; (3) the date on which an application for certification based on a job offer was accepted for processing by any office within the employment service system of the Department of Labor, provided the certification applied for was issued. A nonpreference priority date, once established, is retained by the alien even though at the time a visa number becomes available and he is allotted a nonpreference visa number he meets the provisions of Section 212(a)(14) of the Act by some means other than that by which he originally established entitlement to the nonpreference priority date.

**LABOR CERTIFICATION:** Check and complete the block regarding certifications on the form as appropriate in a nonpreference case.

**REMARKS:** If the visa number requested is based on Section 202(b)(1), (2), (3) or (4) or Section 203(a)(9) of the Act explain as appropriate in "Remarks" block.

**DELAY NOTICE:** When the Service must obtain a visa number from the Department of State before granting permanent residence, the letter portion of this form notifying of the delay is mailed to the applicant with a copy to the attorney of record. In represented cases the attorney is notified of the approval of an application by furnishing him with a copy of the notice which is part of this form.

UNITED STATES DEPARTMENT OF JUSTICE  
Immigration and Naturalization Service

MEMORANDUM OF CREATION OF RECORD OF LAWFUL PERMANENT RESIDENCE

Place NYC-245/SIO
File No. A17597321

Status as a lawful permanent resident of the United States is accorded:

Name JOHN WINSTON OGD LEMMON	SEX M	DATE OF BIRTH 10-9-40
Street Address 1 WEST 72 STREET, Apt 72	PLACE OF BIRTH LIVERPOOL, ENGLAND	
City, State, Zip New York, New York	NATIONALITY BRITISH	
COUNTRY TO WHICH CHARGEABLE (if any) ENGLAND R3-6	PREFERENCE (if any) THIRD PRT.	PRIORITY DATE 3-6-72
REMARKS		

NONPREFERENCE:  Section 212(a)(14) certification not required because:

- Individual section 212(a)(14) certification issued     Blanket section 212(a)(14) certification issued

under the following provision of law:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Sec 203(h) of the I & N Act         | <input type="checkbox"/> Sec 249 of the I & N Act     | <input type="checkbox"/> Sec 214(d) I & N Act                                      |
| <input type="checkbox"/> Sec 244( ) of the I & N Act         | <input type="checkbox"/> Sec 1 of the Act of 11/2/66  | <input type="checkbox"/> Private Law no. _____ of the _____ Congress _____ session |
| <input checked="" type="checkbox"/> Sec 245 of the I & N Act | <input type="checkbox"/> Sec 13 of the Act of 9/11/57 | <input type="checkbox"/> _____ (Other law Specify)                                 |

As of \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) at \_\_\_\_\_ PORT OF ENTRY FOR PERMANENT RESIDENCE

Class of admission, (Insert symbol) \_\_\_\_\_

(Applicable in all cases)

RECOMMENDED BY: (Immigration Officer) SID HARRING PISC	(Date)
---	--------

DATE OF ACTION

DD

DISTRICT

FOR USE BY VISA CONTROL OFFICE

Date \_\_\_\_\_

Foreign State \_\_\_\_\_

Preference Category \_\_\_\_\_

Number \_\_\_\_\_

Month of Issuance \_\_\_\_\_

Signed \_\_\_\_\_  
(Visa Office, Dept. of State)

- Form I-357 delivered     Form I-151 delivered     Form I-151 mailed     Form G-153 delivered
- CC:  Visa Control Office, Visa Office, Department of State, Washington, D.C. 20520 for allocation of Immigrant visa number.

State Director, Selective Service (with I-59)

UNITED STATES DEPARTMENT OF JUSTICE  
IMMIGRATION AND NATURALIZATION SERVICE

FILE NO A17597321

DATE MAY 24, 1976

**MEDICAL EXAMINATION AND IMMIGRATION INTERVIEW**

JOHN WINSTON ONO LENNON  
1 WEST 72 STREET, Apt 72  
New York, New York

LEON WILDES  
515 MADISON AVE.  
New York, New York

**INSTRUCTIONS FOR MEDICAL EXAMINATION**

A medical examination is necessary as part of your application for adjustment of status to permanent resident. If you have reached your fifteenth birthday you must IMMEDIATELY obtain and bring with you when you appear for your medical examination a serology report and 14" x 17" chest X-ray film with a reading by a licensed physician interpreting the X-ray film. The serologic test must be performed by a laboratory approved by a state or local health department. The X-ray film and serologic test for syphilis may not be more than 90 days old. YOUR MEDICAL EXAMINATION CANNOT BE COMPLETED WITHOUT THE (1) SEROLOGIC REPORT, (2) X-RAY AND (3) READING OF THE X-RAY FILM.

Please note, also the boxes checked  below with regard to your medical examination.

- Please obtain your serologic report, X-ray film and reading promptly. You may telephone your state or local Health Department for the name of an approved laboratory where you may obtain these. Bring them and copies of this letter with you when you appear for examination by a physician of the U.S. Public Health Service for which an appointment has been made at the place and date indicated below:

ADDRESS

DATE

TIME

- Please communicate immediately with the below listed physician or with one of the physicians on the attached list, if a list is attached, (1) to ascertain what arrangements you should make to obtain a serologic report, X-ray film and reading prior to your medical examination, and (2) to arrange for your medical examination by him, which must be completed before \_\_\_\_\_ All expenses in connection with this examination must be paid by you.

PHYSICIAN'S NAME, ADDRESS, AND TELEPHONE NUMBER.

Please show this letter to any laboratory performing tests. Also present the copies of this letter to the physician performing the medical examination, and furnish him with your signature written in his presence for inclusion with his report.

**INSTRUCTIONS FOR IMMIGRATION INTERVIEW**

~~AN APPOINTMENT HAS ALSO BEEN MADE FOR AN INTERVIEW BEFORE AN IMMIGRATION OFFICER AT~~

ADDRESS

DATE

TIME

- Bring with you at the time of interview the following: to the IIA no later than JUNE 4, 1976
1. The sealed envelope furnished to you by the physician who performed the medical examination.
  2. Your passport and Form I-94.

**NOTE:**

IF YOU DO NOT SPEAK ENGLISH, A PERSON OF YOUR OWN SEX WHO CAN ACT AS INTERPRETER SHOULD ACCOMPANY YOU TO THE MEDICAL EXAMINATION AND IMMIGRATION INTERVIEW

 FAILURE TO KEEP THESE APPOINTMENTS AND TO BRING THE REQUIRED  DOCUMENTS WILL DELAY YOUR CASE.

**BRING PASSPORT AND I-94**

PAGE WITHHELD PURSUANT TO  
(b)(2),(b)(7)(c),(b)(7)(e)

# Memorandum

File: A 17-597-321

Date: 5/19/56

TO : Assistant District Director  
 Investigations  Travel Control (245 SIO Hearing Unit)

FROM :  Immigration Judge  Trial Attorney Dunlop

SUBJECT: John Winston Lemon ; Deportation Proceedings

1.  Locate subject, who failed to appear for hearing on \_\_\_\_\_
2.  \_\_\_\_\_, INS, to testify on \_\_\_\_\_ at \_\_\_\_\_ M.  
Discuss time of preliminary interview with Trial Attorney.
3.  Serve attached subpoenas on or before \_\_\_\_\_
4.  Subject has applied for suspension of deportation. Furnish report of character investigation covering \_\_\_\_\_ years.
5.  Subject has applied for waiver of inadmissibility under section \_\_\_\_\_  
Furnish report of investigation.
6.  Obtain (certified) (authenticated) copy of \_\_\_\_\_  
(Note: Requester should follow OI 105.7 when appropriate.)
7.  Subject has made (original) (~~renewed~~) application under section (245) (~~249~~) of the Act.  
Pre-Process Form I-485. Update processing if required.
8.  Obtain visa number from State Department for use during month of \_\_\_\_\_
9.  (Adjudicate) (revalidate) visa petition submitted in behalf of subject.
10.  Advise status of subject's case pending in your branch.
11.  Expedite Action. Reason: \_\_\_\_\_
12.  Forward file to TA Attention: DUNLOP after your action is completed.  
(Section)
13.  Remarks: Pre-process APPLICATION ~~\_\_\_\_\_~~

UPON COMPLETION RETURN TO TA SECTION FOR FINAL APPROVAL OF IMMIGRATION JUDGE AT HEARING TO BE SCHEDULED EARLY IN JULY 1956. RETURN FILE

Attachments:  Complete "A" file

BY HAND TO DUNLOP

WILLIAM DUNLOP

~~Immigration Judge~~ or Trial Attorney  
Processing Instruction Memo

UNITED STATES DEPARTMENT OF JUSTICE  
Immigration and Naturalization Service

**UNITED STATES DEPARTMENT OF JUSTICE  
IMMIGRATION AND NATURALIZATION SERVICE  
Processing Sheet**

Application or  
Petition Form No. 1-485

File No. A17 597 321

NAME JOHN WINSTON LENNON DATE 5-19-76  
THIRD PREFERENCE PRIORITY DATE 3-6-72 QUOTA GREAT BRITAIN & N. IRELAND  
 TA DUNLAP

DOCUMENTS TO BE SUBMITTED	DUE DATE	RECEIVED	REMARKS
PASSPORT			
I-94			
BIRTH CERTIFICATE <i>of child</i>			
MARRIAGE CERTIFICATE			
EMPLOYMENT RECORD			
BANK STATEMENT			
SELECTIVE SERVICE			
TAX RETURN <i>READY</i>			
SERVICE PROCESSING:		SUBMITTED	RECEIVED
MEDICAL EXAMINATION	✓		
G-325A (1) F.B.I. Identification Div.	✓		
(4) CONSUL	✓		
I-181			
<b>SPECIAL INSTRUCTIONS</b>			

*[Signature]*  
SPECIAL INQUIRY OFFICER

This form may be overprinted or stamped to show instructions, items requested, items received, or other pertinent data which may facilitate processing.  
 Keep this sheet on top of all material in file until initial decision is made

PAGE WITHHELD PURSUANT TO  
(b)(5)

UNITED STATES DEPARTMENT OF JUSTICE  
Immigration and Naturalization Service

1-351-76

**BIOGRAPHIC INFORMATION**

Family name <b>LENNON</b>		(First name) <b>John</b>	(Middle name) <b>Winston Ono</b>	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.) <b>10/9/40</b>	NATIONALITY <b>British</b>	ALIEN REGISTRATION NO. (If any) <b>A17 597 321</b>
ALL OTHER NAMES USED (Including names by previous marriages) <b>none</b>				CITY AND COUNTRY OF BIRTH <b>Liverpool, England</b>		SOCIAL SECURITY NO. (If any) <b>127-53-1584</b>	
FATHER FAMILY NAME <b>LENNON</b>		FIRST NAME <b>Alfred</b>	DATE, CITY AND COUNTRY OF BIRTH (if known) <b>Liverpool, England</b>		CITY AND COUNTRY OF RESIDENCE <b>(deceased)</b>		
MOTHER (Maiden name) FAMILY NAME <b>STANLEY</b>		FIRST NAME <b>Julia</b>	DATE, CITY AND COUNTRY OF BIRTH (if known) <b>Liverpool, England</b>		CITY AND COUNTRY OF RESIDENCE <b>(deceased) (b)(6)</b>		
HUSBAND (if none, so state) OR WIFE	FAMILY NAME (for wife, give maiden name) <b>ONO</b>	FIRST NAME <b>Yoko</b>	DATE, CITY AND COUNTRY OF BIRTH, DATE OF MARRIAGE, PLACE OF MARRIAGE <b>(b)(6)</b>				
FORMER HUSBANDS OR WIVES (if none, so state)		<b>(b)(6)</b>					
FAMILY NAME (for wife, give maiden name) <b>Powell</b>		FIRST NAME <b>Cynthia</b>	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE		

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR
<b>1 W. 72nd Street Apt. #2</b>	<b>N.Y.</b>	<b>New York</b>	<b>USA</b>	<b>May</b>	<b>73</b>	<b>PRESENT TIME</b>	
<b>105 Bank Street</b>	<b>N.Y.</b>	<b>New York</b>	<b>USA</b>	<b>Nov</b>	<b>71</b>	<b>May</b>	<b>73</b>
<b>St. Regis Hotel</b>	<b>N.Y.</b>	<b>New York</b>	<b>USA</b>	<b>Aug</b>	<b>71</b>	<b>NOV</b>	<b>71</b>
<b>Tittenhurst, London Rd.</b>	<b>Ascot</b>	<b>Berkshire</b>	<b>England</b>	<b>Nov</b>	<b>69</b>	<b>Aug</b>	<b>71</b>

APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR

APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST.

FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION (SPECIFY)	FROM		TO	
		MONTH	YEAR	MONTH	YEAR
<b>(self employed artist)</b>	<b>(past five years)</b>				

In response to your request there are attached to Form I-485 the following information requested above. (Include all information requested above.)  
regards which may relate to the subject of your inquiry.

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:

NATURALIZATION     ADJUSTMENT OF STATUS     OTHER (SPECIFY):

SIGNATURE OF APPLICANT: *John Lennon*    DATE: **3/31/76**

Are all copies legible?     Yes

IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE 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) <b>LENNON</b>	(Given name) <b>John</b>	(Middle name) <b>Winston Ono</b>	(Alien registration number) <b>A17 597 321 / S10</b>
--	-----------------------------	-------------------------------------	---

(OTHER AGENCY USE)

REFER TO DATA RE John Winston Lennon

WHICH WAS SENT THE Central

OFFICE OF INS ON 4-24-72  
3-21-72  
3-2-72

SEE PART I

INS USE (Office of Origin)

OFFICE CODE: 0300 NYe

TYPE OF CASE: 245

DATE: 5-24-76

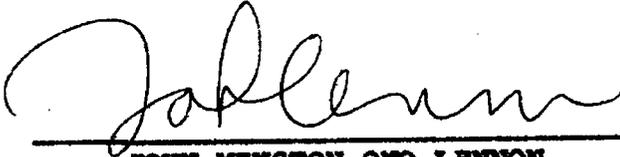
RIDER TO FORM G-325A

RE: JOHN WINSTON ONO LENNON  
Social Security # 127-52-1582

Self-employment was in connection with the following corporations:

Apple Corps, Limited  
Maclen (Music) Limited  
Lennon Productions Limited  
Bag Productions, Limited  
Joko Films, Limited  
Ono Music, Limited  
Subafilms, Limited  
Apple Films, Limited  
Apple Publishing, Limited  
The Beatles, Limited

Lennon Productions, Inc.  
Joko Films, Inc.  
Bag Music Productions, Inc.  
Yoko Ono Projects, Inc.  
Ono Music, Inc.



A handwritten signature in cursive script, reading "John Winston Ono Lennon". The signature is written in dark ink and is positioned above a horizontal line.

JOHN WINSTON ONO LENNON

NYCN 34279

*Submitted 9/27/71*

017

*1st Petition submitted*

*Dick Cavett Show*

*9-3-71*

Best "Reproducible" Copy Available

NAME (LAST) IN CAPS		(FIRST)	(MIDDLE)	INDEX CODE	NO.
<b>SAVING PRODUCTIONS, INC.</b>				<b>P-181</b>	<b>REG-N-34879</b>
Alias					
<b>1700 Broadway, NY - 10019</b>					
P.O.E.	DATE OF ENTRY	TYPE ADM.	MO.-DAY-YR. OF BIRTH	COUNTRY OF BIRTH	
Type of Action:			Name of Sponsor:		
<b>None: LARKIN, John &amp; LARKIN, Yoko Ono - Singers</b>					
Action on VP: (Decision)	(Mo.)	(Day)	(Year)	(Section)	(Forwarded to Consul at)
Street Address (City, State, and Zip Code)					
FCO	Date	FCO	Date	FCO	Date
<b>NYC</b>	<b>8/2/71</b>				
Accession No.			Box No.		
Form G-361 (Rev. 10-1-70) N					
INDEX CARD				Triplicate	



NOTICE

NOTICE

NOTICE

THIS SHEET SHOULD REMAIN ON TOP AT ALL TIMES AND IS NOT TO BE REMOVED

NAME Lawson, Daniel  
SOC. SEC. NO. \_\_\_\_\_

FILE NO. H 17547321  
DATE 7-6-74

WHEN CORRESPONDENCE - OR INFORMATION IS RECEIVED,  
ROUTE FILE IMMEDIATELY TO THE BELOW CONCERNED ACTIVITY

INVESTIGATIONS

DEPORTATION

WANTED ALIEN

AGENCY CHECKS	DATES	
	REQ.	REC'D
<input type="checkbox"/> C.O. RAIB	_____	_____
<input type="checkbox"/> Soc. Security	_____	_____
<input type="checkbox"/> IRS, Baltimore	_____	_____
<input type="checkbox"/> IRS, _____	_____	_____
<input type="checkbox"/> I-53	_____	_____
<input type="checkbox"/> Post Office	_____	_____
<input type="checkbox"/> Applications	_____	_____
<input type="checkbox"/> I-156 _____	_____	_____
(date fwd'd)	_____	_____
<input type="checkbox"/> _____	_____	_____

Report Form G-166  
 Attached  Not Required, see below

LITIGATION PENDING

Advised By Sept 11, 1974  
at \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ Date

Declaratory Judgment

Petition for Review

Writ of Habeas Corpus

Has been sued out in

District Court \_\_\_\_\_

Court of Appeals Dist DC

Stay of Deportation: No \_\_\_\_\_ Yes ✓

Stay of Surrender: No \_\_\_\_\_

Litigation Terminated \_\_\_\_\_ (date)

PROSECUTION PENDING

REMARKS:

# LITIGATION

Approved: \_\_\_\_\_

Call-up Date \_\_\_\_\_

[Signature]  
Signature

GELLER, GOLD, CUDDY & YOUNGQUIST  
ATTORNEYS AT LAW  
575 MADISON AVENUE  
NEW YORK, N.Y. 10022

TELEPHONE: (212) PLAZA 2-2900  
CABLE: GELLERLAW. NEW YORK

ALFRED GELLER  
ROBERT N. GOLD  
MICHAEL J. CUDDY  
ERIC V. YOUNGQUIST

September 1, 1971

BY HAND

District Director  
Immigration & Naturalization Service  
Department of Justice  
20 West Broadway  
New York, New York

Attention: Mr. Pierce

Re: John Lennon and Yoko Ono

Gentlemen:

Daphne Productions, Inc. is the producer of "The Dick Cavett Show," a television talk show which is broadcast Monday through Friday over the network facilities of the American Broadcasting Company.

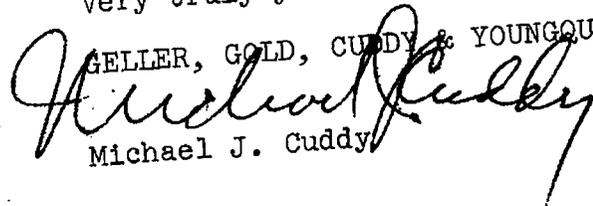
As attorney for Daphne Productions, Inc. I enclose Form I-129B petitioning for the issuance of a non-immigrant H-1 visa to John Lennon and Yoko Ono. They are scheduled to appear on the Show September 8, 1971. I am enclosing a copy of the contract covering this engagement, a \$25 check to cover the fee for processing the Petition, an affidavit of the Producer and Form G-28. Since John Lennon and Yoko Ono entered the United States August 13, 1971, on visitors' visas, also enclosed are Forms I-506 and two \$25 checks for processing them.

Mr. Lennon has had previous H-1 visa clearances. For the moment we have not been able to obtain the previous H-1 number.

We are enclosing reviews, publications, etc. establishing that Yoko Ono is an alien of distinguished merit.

You are hereby authorized to charge any required long distance telephone calls, telegrams or cables to: Daphne Productions, Inc., 1790 Broadway, New York, New York 10019; 212-765-2820.

Very truly yours,

GELLER, GOLD, CUDDY & YOUNGQUIST  
  
Michael J. Cuddy

MJC:ec  
Encs.

c.c. Daphne Productions, Inc.

NOTICE OF ENTRY OF APPEARANCE AS ATTORNEY OR REPRESENTATIVE

In re: Petition of Daphne Productions, Inc. to Classify Non-Immigrants as aliens of Distinguished Merit on behalf of John Lennon and Yoko Ono

DATE: September 1, 1971

FILE NO.: NYC-N 34279

I hereby enter my appearance as attorney for (or representative of) the person whose name appears immediately below, and my appearance is made at his (her) request.

NAME DAPHNE PRODUCTIONS, INC.			
ADDRESS (Apt. No.)	(Number and Street)	(City)	(State) (Zip Code)
1790 Broadway		New York	New York 10019

Check applicable item(s) below.

1. I am 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 Supreme Court, State of New York and am not under a court or administrative agency order suspending, enjoining, restraining, disbaring, or otherwise restricting me in practicing law.

2. I am an accredited 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 <i>Michael J. Cuddy</i>	Complete Address GELLER, GOLD, CUDDY & YOUNGQUIST 575 Madison Avenue, New York, N.Y. Telephone number PI2-2900
NAME-Type or print Michael J. Cuddy	

UNITED STATES DEPARTMENT OF JUSTICE  
Immigration and Naturalization Service  
20 West Broadway  
New York, New York

Best "Reproducible" Copy  
Available

NOTICE OF APPROVAL OF NONIMMIGRANT VISA PETITION OR  
OF EXTENSION OF STAY OF H OR L ALIEN

NAME AND ADDRESS OF EMPLOYER OR TRAINER

Daphne Productions, Inc.  
1790 Broadway  
New York, New York 10019

Att: Robert N. Gold

NAME OF BENEFICIARY OR BENEFICIARIES	
John LEMMON	
CLASSIFICATION	H-1
FILE NO.	NYC.N 39279
DATE OF APPROVAL	9-3-71

PLEASE NOTE THE ITEMS BELOW WHICH ARE INDICATED BY "X" MARKS CONCERNING THE ABOVE BENEFICIARY(IES).

THE PETITION HAS BEEN APPROVED AND FORWARDED TO THE UNITED STATES CONSULATE AT WHICH THE BENEFICIARY OR BENEFICIARIES WILL APPLY FOR VISA ISSUANCE, ANY INQUIRY CONCERNING VISA ISSUANCE SHOULD BE DIRECTED TO THE CONSULATE AT \_\_\_\_\_  
*THIS SERVICE WILL BE UNABLE TO ANSWER ANY INQUIRY CONCERNING VISA ISSUANCE.*

THE PETITION HAS BEEN APPROVED. IT IS INDICATED THAT THE BENEFICIARY(IES) WILL NOT REQUIRE VISA(S) TO ENTER THE UNITED STATES. NOTICE OF APPROVAL OF THE PETITION HAS BEEN FORWARDED TO THE INTENDED UNITED STATES PORT OF ENTRY. PLEASE NOTIFY THIS OFFICE IMMEDIATELY OF ANY CHANGE IN THE INTENDED PORT OF ENTRY.

THE APPROVED PETITION IS VALID UNTIL September 30, 1971

THE TEMPORARY STAY OF THE BENEFICIARY(IES) IS AUTHORIZED TO \_\_\_\_\_

REMARKS:

**Petition approved for John Lemmon only. You may wish to petition for the second beneficiary's services as an H-2 (Temporary Worker). A new petition and labor certification are required.**

DOCUMENTS WHICH YOU SUBMITTED IN SUPPORT OF YOUR PETITION HAVE SERVED OUR PURPOSE AND ARE RETURNED.

IMPORTANT

1. THE BENEFICIARY(IES) OF YOUR NONIMMIGRANT VISA PETITION MAY NOT REMAIN IN THE U.S. BEYOND THE PERIOD FOR WHICH THE PETITION IS VALID OR ANY EXTENSION OF STAY AUTHORIZED BY THIS SERVICE.
2. YOU ARE REQUIRED TO NOTIFY THIS OFFICE PROMPTLY IF THE EMPLOYMENT OR TRAINING SPECIFIED IN THIS PETITION IS TERMINATED BEFORE THE EXPIRATION OF THE AUTHORIZED STAY IN THE UNITED STATES OF THE BENEFICIARY(IES).
3. PLEASE ADVISE THE BENEFICIARY(IES) THAT THE ACCEPTANCE OF EMPLOYMENT OR TRAINING NOT SPECIFIED IN THIS PETITION WILL BE A VIOLATION OF NONIMMIGRANT STATUS.

INFORMATION REGARDING BENEFICIARY'S DEPARTURE AND RETURN

DO NOT MAKE COPIES OF THIS NOTICE. YOU MAY FURNISH IT TO ONLY ONE INDIVIDUAL BENEFICIARY WHO DESIRES TO DEPART FROM AND RETURN TO THE UNITED STATES TO RESUME THE SAME EMPLOYMENT OR TRAINING DURING THE PERIOD FOR WHICH THE PETITION IS VALID OR FOR WHICH HIS STAY IN THIS COUNTRY HAS BEEN AUTHORIZED. ANY ADDITIONAL BENEFICIARY WHO WILL BE DOING SO MAY BE REFERRED TO THIS OFFICE FOR ISSUANCE OF A SIMILAR FORM. IF A BENEFICIARY HAS AN "H" OR "L" VISA WHICH HAS EXPIRED, HE MAY APPLY TO THE DIRECTOR, VISA OFFICE, DEPARTMENT OF STATE, WASHINGTON, D. C., FOR REVALIDATION OF THAT VISA PRIOR TO DEPARTURE AND MAY SUBMIT THIS NOTICE WITH THAT APPLICATION. ALTERNATIVELY, IF A NEW VISA IS REQUIRED, HE SHOULD PRESENT THIS NOTICE TO AN AMERICAN CONSUL ABROAD. IF HE IS EXEMPT FROM THE VISA REQUIREMENT, HE SHOULD PRESENT THIS NOTICE AT A UNITED STATES PORT OF ENTRY. IF THE BENEFICIARY DESIRES TO RETURN TO THE SAME EMPLOYMENT OR TRAINING AFTER THE EXPIRATION OF THE VALIDITY OF THE PETITION OR AUTHORIZED TEMPORARY STAY SHOWN IN THIS FORM, A NEW PETITION WILL BE REQUIRED. THE BENEFICIARY MAY BE READMITTED TO THIS COUNTRY ONLY IF FOUND ADMISSIBLE UNDER THE IMMIGRATION LAWS WHEN HE RETURNS.

Michael J. Cuddy, Esq.

575 Madison Avenue, New York, N.Y.

CHECK THIS BOX WHEN COPY MAILED TO ATTORNEY OR REPRESENTATIVE. FILE COPY

*Full*

3/9/12

I 140 VPs re:

Mr & Mrs Lennon  
extracted from file -

Now in safe of

Mr Spivack's secretary

==

UNITED STATES  
DEPARTMENT OF JUSTICE  
Immigration and Naturalization  
Service

Form approved  
Budget Bureau No. 43-R0348

Date Filed

Fee Stamp

PETITION  
TO CLASSIFY  
NONIMMIGRANT  
AS TEMPORARY  
WORKER  
OR TRAINEE

File No.

NYC-N 34279

(To be submitted in duplicate, with supplementary documents described in instructions, to the District Director having administrative jurisdiction over the place in the United States in which it is intended the alien (s) be employed or trained)

(THIS BLOCK NOT TO BE FILLED OUT BY PETITIONER)

The Secretary of State is hereby notified that the alien (s) for whom this petition was filed is (are) entitled to the non-immigrant status checked below:

By E. APPROVED inc.

- H-1       H-3  
 H-2       L-1

The validity of this petition will expire  
on SEPT. 24, 1971  
The admission of the alien (s) may be  
authorized to the above date.

DATE  
OF  
ACTION  
DD

SEP 3 1971

REMARKS:

*1 companion*

DISTRICT

*See marker*

(PETITIONER NOT TO WRITE ABOVE THIS LINE)

NEW YORK, N. Y.

(PLEASE FILL IN WITH TYPEWRITER OR PRINT IN BLOCK LETTERS IN INK)

I hereby petition, pursuant to the provisions of sections 214 (c) of the Immigration and Nationality Act, for the following: (Check one.)

- H-1  Alien (s) of distinguished merit and ability to perform services of an exceptional nature requiring such merit and ability.
- H-2  Alien (s) to perform other temporary service or labor for which a bona fide need exists. (One who is to perform duties which are themselves temporary in nature.)
- H-3  Alien trainee (s). (One who seeks to enter at the invitation of an individual, organization, firm, or other trainer for the purpose of receiving training in any field of endeavor. Incidental production necessary to the training is permitted provided a United States worker is not thereby displaced.)
- L-1  Intra-company transferee. (One who has been employed continuously for one year and who seeks to enter in order to continue to render his services to the same employer or a subsidiary or affiliate thereof in a managerial or executive capacity or in a capacity which involves specialized knowledge)

1. NAME OF PETITIONER <b>Daphne Productions, Inc.</b>		2. DATE BUSINESS ESTABLISHED <b>May 25, 1966</b>	
3. ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE) <b>1790 Broadway, New York, New York 10019</b>			
4. BRIEF DESCRIPTION OF NATURE OF BUSINESS CONDUCTED BY PETITIONER <b>Producer of "The Dick Cavett Show" a network television program.</b>			
5. LOCATION OF AMERICAN CONSULATE AT WHICH ALIEN(S) WILL APPLY FOR VISA(S): <b>Alien currently in U.S.</b>		(City in Foreign Country) (Foreign Country)	
(If petition is to be made for more than one H alien and application for visas will be made at more than one American Consulate, a separate petition must be submitted for each consulate at which H visa applications will be made. Separate petition must be filed for each L-1 alien.)			
6. THE ALIEN(S) WILL PERFORM SERVICES OR LABOR FOR OR RECEIVE TRAINING FROM THE FOLLOWING ESTABLISHMENT: (Name of Establishment) <b>Daphne Productions, Inc.</b> (Street and Number) (City or Town) (State) (Zip Code) <b>1790 Broadway New York New York 10019</b>			
7. PERIOD REQUIRED TO COMPLETE SERVICES OR TRAINING		8. WAGES PER WEEK	9. OVERTIME RATE
From (date) <b>9-8-71</b>	To (date) <b>9-8-71</b>	No. of days or months <b>1 day</b>	<b>\$290</b>
		8A. HOURS PER WEEK <b>N/A</b>	<b>N/A</b>
10. OTHER COMPENSATION (Explain) <b>N/A</b>		10A. VALUED AT <b>\$ N/A</b>	11. BY WHOM PAID? <b>Daphne Productions, Inc.</b>

ALL PETITIONERS COMPLETE ITEMS 12A through 20. If petition is for more than one H alien, give required information for each additional alien in space provided on page 3. If the identity of the H aliens is not known at present, you must furnish information concerning them as soon as that information becomes known to you.

12A. ALIEN'S NAME (Family name in capital letters) (First name) (Middle name)  
LENNON John

12B. OTHER NAMES (Show all other past and present names, including maiden name if married women-) 12C. NUMBER OF ALIENS INCLUDED IN THIS PETITION  
Two

13. ADDRESS TO WHICH ALIEN WILL RETURN (Street and Number) (City) (Province) (Country)  
Pittenhurst Park Ascott Berkshire, England

14. PRESENT ADDRESS 15. PROPOSED PORT OF ENTRY  
St. Regis Hotel 5th Avenue & 55th Street N.Y. JFK

16. DATE OF BIRTH 17. PLACE OF BIRTH 18. PRESENT NATIONALITY OR CITIZENSHIP 19. OCCUPATION  
10/9/40 Britain British Singer

20. TO YOUR KNOWLEDGE, HAS ANY VISA PETITION FILED BY YOU OR ANY OTHER PERSON OR ORGANIZATION FOR THE NAMED ALIEN(S) BEEN DENIED?  YES  NO  
If you answered "yes", complete the following: Date of filing of each denied petition \_\_\_\_\_  
Place of filing of each denied petition (city) \_\_\_\_\_  
TO YOUR KNOWLEDGE, HAS ANY OF THE NAMED ALIEN(S) EVER BEEN IN THE U.S.  YES  NO (If "yes" identify each on Page 3)

21. NONTECHNICAL DESCRIPTION OF SERVICES TO BE PERFORMED BY OR TRAINING TO BE RECEIVED BY ALIEN(S) (THIS BLOCK NEED NOT BE COMPLETED IF PETITION IS FOR H-2 WORKERS)  
See attached affidavit

22. (If you are petitioning for a trainee complete this block) IS SIMILAR TRAINING AVAILABLE IN ALIEN'S COUNTRY?  YES  NO

23. (If you are petitioning for an L-1 alien complete this block.) (Check appropriate boxes.)  
a. The alien has been employed in an  executive;  managerial capacity;  in a capacity which involves specialized knowledge  
by \_\_\_\_\_ since \_\_\_\_\_  
(name and address of employer) (date)  
b. The petitioner is  the same employer  subsidiary  an affiliate of the employer abroad.

FILL IN ITEMS 24 THROUGH 27 INCLUSIVE ONLY IF PETITION IS FOR H-2 ALIEN(S)

24. DESCRIPTIVE JOB TITLE OF WORK TO BE PERFORMED BY ALIEN(S) (Use title which corresponds to that used in job order placed with state Employment Service or Agency by petitioner for same type of labor. Where work in more than one job classification is to be performed by aliens, state number to be employed in each job classification.)

25. IS (ARE) ALIEN(S) SKILLED IN WORK TO BE PERFORMED?  YES  NO  UNKNOWN

26. IS ANY LABOR ORGANIZATION ACTIVE IN THE LABOR FIELD(S) SPECIFIED IN ITEM 23  YES  NO  
(If "Yes", specify organization(s) and labor field(s).)

27. IS THE PETITIONER INVOLVED IN, OR ARE THERE THREATENED, ANY LABOR RELATIONS DIFFICULTIES, INCLUDING STRIKES OR LOCKOUTS? (Specify)

28. I HAVE NOT BEEN ABLE TO FIND IN THE UNITED STATES ANY UNEMPLOYED PERSON(S) CAPABLE OF PERFORMING THE DUTIES OF THE POSITION(S) TO BE FILLED. THE FOLLOWING EFFORTS HAVE BEEN MADE TO FIND SUCH PERSON(S): (Complete only if labor certification not attached.)

ALL PETITIONERS FILL IN ITEMS 29 THROUGH 31B.

29. LIST DOCUMENTS SUBMITTED IN SUPPORT OF THIS PETITION Copy of contract between Daphne & John Lennon, Form G-28, I-506, I-04 and Producer's affidavit

30. THE DOCUMENTS SUBMITTED HERewith ARE HEREBY MADE A PART OF THIS PETITION.  
I am willing (unwilling) to post any bond required as a condition to the approval of this petition.  
I agree that as soon as known I shall furnish the District Director to whom this petition is being submitted with the names of those alien(s) not named herein.  
If the petition is for temporary worker(s), I certify that I have a bona fide need of such worker(s).  
If the petition is for trainee(s), I certify he is coming to the United States to participate in a bona fide training program.  
I certify that the statements and representations made in this petition are true and correct to the best of my knowledge and belief.

31A. SIGNATURE OF PETITIONER DAPHNE PRODUCTIONS INC. BY Robert N Gold Secretary

31B. TITLE (Must be petitioner or authorized agent of petitioner)  
32. I declare that this document was prepared by me at the request of the petitioner and is based on all information of which I have any knowledge.  
Robert N Gold SIGNATURE OF PERSON PREPARING FORM, IF OTHER THAN PETITIONER  
575 Madison Avenue New York, N.Y. 9-1-71  
(Signature) (Address) (Date)



## INSTRUCTIONS

### General:

This petition must be executed in duplicate and submitted with supplemental documents in duplicate, or with one original document and one copy thereof, to the District Director having administrative jurisdiction over the place in the United States where the alien(s) for whom the petition is filed will perform services or labor; or in the case of a trainee, with the trainee. (The alien spouse and minor children of the beneficiary of an approved petition are automatically entitled to the same nonimmigrant classification he has been accorded if accompanying him or following to join him. No petitions for them are required.)

This petition form shall be used when filing an application for a group extension of stay. When so used, an additional sheet shall be attached noted to show the country of issuance and the date of expiration of each beneficiary's passport.

### Fee:

A fee of twenty-five dollars (\$25), payable in United States currency, must accompany this petition. The fee is required for filing the petition and is not returnable regardless of action taken thereon. If you mail this petition, attach money order or check. **DO NOT SEND CASH.** Remittance should be made payable to "Immigration and Naturalization Service, Department of Justice", except that if residing in the Virgin Islands, remittance should be made payable to "Commissioner of Finance of the Virgin Islands" and if residing in Guam, remittance should be made payable to "Treasurer, Guam."

### Where to file petition:

The petition must be filed with the office of the Immigration and Naturalization Service having jurisdiction over the area in which the services will be performed or the training received. Where the services will be performed or the training will be received in more than one area, the petition must be filed in an office of this Service having jurisdiction over at least one of those areas.

More than one H beneficiary may be included in one petition where the beneficiaries will all be performing services in a single operation or receiving the same type of training, and if visas are required, will all be applying for their visas at the same American Consulate, and will all be performing the services or receiving the training within the same immigration district. Separate petitions must be filed where the beneficiaries will be performing services in different operations or will not be receiving the same type of training, or, if visas are required, will be applying for visas at different American Consulates, or will perform the services or receive the training in different immigration districts.

A separate petition must be filed for each L-1 alien.

### Supporting documents:

All supporting documents must be submitted in the original. If you desire to have the original returned to you, and if copies are by law permitted to be made, you may submit photostatic or typewritten copies. Photostatic copies unaccompanied by the original may be accepted if the copy bears a certification by an immigration or consular officer that the copy was compared with the original and found to be identical. A foreign document must be accompanied by a translation, certified by the translator as to the accuracy of the translation and as to his competency to translate. (Do not make a copy of a certificate of naturalization or citizenship.)

### H-1. Petition for alien(s) of distinguished merit and ability to perform services of an exceptional nature.

If petition is for an alien or aliens of distinguished merit and ability the following supplemental documents must be attached:

A full, complete, and detailed description of the high education, technical training, specialized experience or exceptional ability of the alien(s) in the manner in which such qualifications are acquired.

Allegations of high education or technical training shall be supported by original, certified, or photostatic copies of diplomas, school certificates, or equivalent documents or affidavits, attesting to such education or technical training executed by the person in charge of the records of the educational or other institution, firm, or establishment wherein such education or training was acquired, improved, or perfected.

Allegations of specialized experience or exceptional ability shall be supported by affidavits attesting to and describing the degree and extent of the experience or ability, executed by the appropriate officer of the firm, organization, establishment, or other institution wherein the alien(s) acquired or perfected such experience or ability.

If the petition is for a physician or nurse, there must be attached a statement from the petitioner certifying that to the best of the petitioner's information and belief the alien beneficiary is fully qualified under the laws governing the place of intended employment to perform the desired services, and that under those laws the petitioner is authorized to employ the beneficiary to perform such services.

Copies of written contracts or summaries of verbal contracts between petitioner and beneficiaries must be attached.

### H-2. Petition for alien(s) to perform other temporary service or labor.

If petition is for an alien or aliens to perform temporary services or labor, the following supplemental documents must be attached:

One copy of a certification from the Department of Labor indicating that qualified applicants in the United States are not available for referral to the employer and that employment of the alien(s) will not adversely affect wages and working conditions of workers in the United States similarly employed, or a notice from the Department of Labor that such certification cannot be made; also, a statement containing a full and complete and detailed description of the situations or conditions which make it necessary to bring the alien or aliens to the United States, whether the necessity is temporary, seasonal or permanent and, if temporary or seasonal, whether it is expected to recur.

To apply for the certification, the petitioner must place a job order with the local office of the state Employment Service serving the area of proposed employment. In order that the Department of Labor may make a determination as to the availability of qualified applicants in the United States, the order must accurately report the occupational requirements of the job. If local and inter-area recruitment of qualified workers in the United States proves unsuccessful, copies of the certification are furnished to the petitioner through the local Employment Service office where the job order was filed.

If more than one certification is issued by the Department of Labor, separate petitions must be filed for the aliens covered by each certification.

### H-3. Petition for alien trainee(s).

If petition is for one or more alien trainees the following supplemental document must be attached:

A statement describing the kind of training to be given the alien, the position or duties for which the training will prepare him, and the reason why such training cannot be obtained outside the United States.

If you answered "yes" to item 22, explain why it is necessary for alien to take training in the U.S.

### L-1. Petition for intra-company transferee.

If petition is for an "L-1" alien attach a statement describing the capacity in which he was employed abroad and the capacity in which he is to be employed in the U.S. If the alien's services involve specialized knowledge describe briefly the nature of the specialized knowledge which makes his services here necessary.

### Penalties:

Severe penalties are provided by law for knowingly and willfully falsifying or concealing a material fact or using any false document in the submission of this petition.



INSTRUCTIONS

This petition must be executed in duplicate and submitted with supplemental documents in duplicate, or with one original document and one copy thereof, to the District Director having administrative jurisdiction over the place in the United States where the alien(s) for whom the petition is filed will perform services or labor; or in the case of a trainee, will be a trainee. (The alien spouse and minor children of the beneficiary of an approved petition are automatically entitled to the same nonimmigrant classification he has been accorded if accompanied by him, or following to join him. No petitions for them are required.)

The petition form shall be used when filing an application for a group extension of stay. When so used, an additional sheet shall be attached noted to show the country of issuance and the date of expiration of each beneficiary's passport.

A fee of twenty-five dollars (\$25), payable in United States currency, must accompany this petition. The fee is required for filing the petition and is not returnable regardless of action taken thereon. If you mail this petition, attach money order or check. DO NOT SEND CASH. Remittance should be made payable to "Immigration and Naturalization Service, Department of Justice", except that if residing in the Virgin Islands, remittance should be made payable to "Commissioner of Finance of the Virgin Islands" and if residing in Guam, remittance should be made payable to "Treasurer, Guam."

Where to file the petition:

The petition must be filed with the office of the Immigration and Naturalization Service having jurisdiction over the area in which the services will be performed or the training received. Where the services will be performed or the training will be received in more than one area, the petition must be filed in an office of the Service having jurisdiction over at least one of those areas.

More than one H beneficiary may be included in one petition where the beneficiaries will all be performing services in a single operation or receiving the same type of training, and it may be required, will all be applying for their visas at the same American Consulate, and will all be performing services in different operations or will not be receiving the same type of training, or, if visas are required, will be applying for visas at different American Consulates, or will perform the services or receive the training in different immigration districts.

A separate petition must be filed for each L-1 alien.

Supporting documents:

All supporting documents must be submitted in the original. If you desire to have the original returned to you, and if copies are by law permitted to be made, you may submit photostatic or typewritten copies. Photostatic copies unaccompanied by the original may be accepted if the copy bears a certification by a Immigration or Consular Officer that the copy was compared with the original and found to be identical. A foreign document must be accompanied by a certificate of authentication or citizenship.)

H-1. Petition for alien(s) of distinguished merit and ability to perform services of an exceptional nature.

If petition is for an alien or aliens of distinguished merit and ability the following supplemental documents must be attached:

A full, complete, and detailed description of the high education, technical training, specialized experience or exceptional ability of the alien(s) and Aliquotions of high education or technical training shall be supported by original, certified, or photostatic copies of diplomas, school certificates, or equivalent documents or affidavits, attesting to such education or technical training executed by the person in charge of the records of the educational or other institution, firm, or establishment where such education or training was acquired, improved, or perfected.

Aliquotions of specialized experience or exceptional ability shall be supported by affidavits attesting to and describing the degree and extent of the experience or ability, executed by the appropriate officer of the firm, organization, establishment, or other institution wherein the alien(s) acquired or perfected such experience or ability.

If the petition is for a physician or nurse, there must be attached a statement from the petitioner certifying that to the best of the petitioner's information and belief the alien beneficiary is fully qualified under the laws governing the place of intended employment to perform the desired services, and that under those laws the petitioner is authorized to employ the beneficiary to perform such services.

Copies of written contracts or summaries of verbal contracts between petitioner and beneficiaries must be attached.

H-2. Petition for alien(s) to perform other temporary service of labor.

If petition is for an alien or aliens to perform temporary services of labor, the following supplemental documents must be attached:

The copy of a certification from the Department of Labor indicating that qualified applicants in the United States are not available for referral to the employer and that employment of the alien(s) will not adversely affect wages and working conditions of workers in the United States (initially temporary, seasonal or permanent and, if temporary or seasonal, the petitioner must place a job order with the local office of the State Employment Service serving the area of proposed employment, in order that the Department of Labor may make a determination as to the availability of qualified workers in the United States, the order must accurately report the occupational requirements of the job. If local and inter-area recruitment of qualified workers in the United States proves unsuccessful, copies of the certification are furnished to the petitioner through the local Employment Service office where the job order was filed.

If more than one certification is issued by the Department of Labor, separate petitions must be filed for the aliens covered by each certification.

H-3. Petition for alien trainee(s).

If petition is for one or more alien trainees the following supplemental document must be attached:

A statement describing the kind of training to be given the alien, the position or duties for which the training will prepare him, and the reason why such training cannot be obtained outside the United States.

If you answered "yes" to item 22, explain why it is necessary for alien to take training in the U.S.

L-1. Petition for intra-company transferee.

If petition is for an "L-1" alien attach a statement describing the capacity in which he was employed abroad and the capacity in which he is to be employed in the U.S. If the alien's services involve specialized knowledge describe briefly the nature of the specialized knowledge which makes his services here necessary.

Penalties: Severe penalties are provided by law for knowingly and willfully falsifying or concealing a material fact or using any false document in the submission of this petition.

**PETITION  
TO CLASSIFY  
NONIMMIGRANT  
AS TEMPORARY  
WORKER  
OR TRAINEE**

Date Filed

Fee Stamp

File No. **NYC-N 34279**

(To be submitted in duplicate, with supplementary documents described in instructions, to the District Director having administrative jurisdiction over the place in the United States in which it is intended the alien (s) be employed or trained)

(THIS BLOCK NOT TO BE FILLED OUT BY PETITIONER)

The Secretary of State is hereby notified that the alien (s) for whom this petition was filed is (are) entitled to the non-immigrant status checked below: **APPROVED ms.**

<input checked="" type="checkbox"/> H-1	<input type="checkbox"/> H-3	The validity of this petition will expire on <u>SEPT 24, 1971</u>	DATE OF ACTION DD <b>SEP 3 1971</b>
<input type="checkbox"/> H-2	<input type="checkbox"/> L-1		
REMARKS: <i>Beneficiary</i>		The admission of the alien (s) may be authorized to the above date.	DISTR <i>See marks</i> NEW YORK, N. Y.

(PETITIONER NOT TO WRITE ABOVE THIS LINE)  
(PLEASE FILL IN WITH TYPEWRITER OR PRINT IN BLOCK LETTERS IN INK)

I hereby petition, pursuant to the provisions of sections 214 (c) of the Immigration and Nationality Act, for the following: (Check one.)

- H-1  Alien (s) of distinguished merit and ability to perform services of an exceptional nature requiring such merit and ability.
- H-2  Alien (s) to perform other temporary service or labor for which a bona fide need exists. (One who is to perform duties which are themselves temporary in nature.)
- H-3  Alien trainee (s). (One who seeks to enter at the invitation of an individual, organization, firm, or other trainer for the purpose of receiving training in any field of endeavor. Incidental production necessary to the training is permitted provided a United States worker is not thereby displaced.)
- L-1  Intra-company transferee. (One who has been employed continuously for one year and who seeks to enter in order to continue to render his services to the same employer or a subsidiary or affiliate thereof in a managerial or executive capacity or in a capacity which involves specialized knowledge)

*D-151*

1. NAME OF PETITIONER <u>Daphne Productions, Inc.</u>	Received	Tr. In	Ret d. - Tr	Out	Consulate	2. DATE BUSINESS ESTABLISHED <u>May 25, 1966</u>
3. ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE) <u>1790 Broadway, New York, New York 10019</u>						<u>IN</u>
4. BRIEF DESCRIPTION OF NATURE OF BUSINESS CONDUCTED BY PETITIONER <u>Producer of "The Dick Cavett Show" a network television program.</u>						
5. LOCATION OF AMERICAN CONSULATE AT WHICH ALIEN(S) WILL APPLY FOR VISA(S): <u>Alien currently in U.S.</u>					(City in Foreign Country)	(Foreign Country)
(If petition is to be made for more than one H alien and application for visas will be made at more than one American Consulate, a separate petition must be submitted for each consulate at which H visa applications will be made. Separate petition must be filed for each L-1 alien.)						
6. THE ALIEN(S) WILL PERFORM SERVICES OR LABOR FOR OR RECEIVE TRAINING FROM THE FOLLOWING ESTABLISHMENT: (Name of Establishment) <u>Daphne Productions, Inc.</u> (Street and Number) <u>1790 Broadway</u> (City or Town) <u>New York</u> (State) <u>New York</u> (Zip Code) <u>10019</u>						
7. PERIOD REQUIRED TO COMPLETE SERVICES OR TRAINING From (date) <u>9-8-71</u> To (date) <u>9-8-71</u> No. of days or months <u>1 day</u>			8. WAGES PER WEEK <u>\$290</u>	8A. HOURS PER WEEK <u>N/A</u>	9. OVERTIME RATE <u>N/A</u>	
10. OTHER COMPENSATION (Explain) <u>N/A</u>			10A. VALUED AT <u>\$ N/A</u>	11. BY WHOM PAID? <u>Daphne Productions, Inc.</u>		