Department of Homeland Security

U.S. Citizenship and Immigration Services

Petition for Name Change

4

## (NAME OF COURT)

As part of the naturalization process, you have the opportunity to legally change your name. Please complete lines 1 - 8. (Type or print clearly).

My full and correct name (current name):

1.		TAMERLAN		ANZOROVICH	TSARNAEV	
		(FIRST)		(MIDDLE)	(LAST)	•
2.	Address:	410 Norfo	lk St # # 3	Cambridge, MA	02139	
		(Number	r/Street)	(City/State)	(Zip Code)	
3.	Country o	f Nationality:	Kyrgyzstan	4. Date of Birth: _	10/21/1986	
					(MM/DD/YYYY)	

5. Alien Registration Card (Green Card) Number: (b) (6)

6. I certify that I am not seeking a change of name for any unlawful purpose such as the avoidance of debt or evasion of law enforcement.

7. I petition the court to change my name to:

	MUAZ	ANZOROVICH	TSARNAEV	
	(FIRST)	(MIDDLE)	(LAST)	5
8. Date:	1/23/2013	TamERLAN	Anzorovich	YSARNOEV
		Signature of Pe	titioner, (current name)	

#### **CERTIFICATION OF NAME CHANGE**

I CERTIFY THAT THE ABOVE PETITION WAS GRANTED BY THE COURT ON

(MM/DD/YYYY)

5

(Clerk)

(Deputy Clerk)

#### **IMPORTANT INFORMATION**

Your copy of this petition, along with your Certificate of Naturalization, which you will receive upon taking the oath of allegiance, will verify that you elected to change your name. Your Certificate of Naturalization bears your new name as changed per Order of the Court.

OMB No. 1615-0052; Expires 03/31/2013

# N-400 Application for Naturalization

Print clearly or type your answers	s using CAPITAL letters. Failure t	o print clearly may de	lay your application. Use	black ink.
Part 1. Your Name (Person	applying for naturalization)		Write your USCIS A	A-Number here:
A. Your current legal name. Family Name (Last Name)	()			'IS Use Only
TSARNAEV			Bar Code	Date Stamp
Given Name (First Name)	Full Middle N	ame (If applicable)		
TAMERLAN	ANZOR	ovich		
B. Your name exactly as it appeared by Family Name (Last Name)	ars on your Permanent Resident C	`ard.		Remarks
TSARNAEV	1			Remarks
Given Name (First Name)	Full Middle N	ame (If applicable)	2	
TAMERLAN			92	
C. If you have ever used other n Family Name (Last Name)	ames, provide them below. Given Name (First Name)	Middle Name	0599	
TSARNAEV	TAMERLAN	ANZORVICH	33	
-			8	
			<b>*</b>	
1. Would you like to legally	ne you would like to use. Do not	s 🗌 No	Actio	on Block
TSARNAEV	1			
Given Name (First Name)	Full Middle N	ame		
MUAZ				
Part 2. Information About	Your Eligibility (Check only	one)		
I am at least 18 years old ANI	)	/		
A. 🕅 I have been a lawful p	ermanent resident of the United S	tates for at least five	years.	
have been married to a spouse has been a U.S	ermanent resident of the United S and living with the same U.S. citiz . citizen for the last three years.	ten for the last three y		
$\mathbf{C}$ . I am applying on the b	asis of qualifying military service			
Base Other (Explain)				
				and the second
				Form N-400 (Rev. 03/22/12) Y

Part 3. Information About	You		Write your USCIS A- A (b) (6)	Number here:
1			A (b) (b)	
A. U.S. Social Security Num	ber <b>B.</b> Date of Birth ( <i>mm/dd/yyyy</i> )	C. Date Y	ou Became a Permanent	Resident (mm/dd/yyyy)
(b) (6)	10/21/19/66	09/06/2	006	2/
D. Country of Birth	E.	. Country of Natio		
RUSSIA	K	YRGYZ REPUBL	Offer / AVA	R
F. Are either of your parents U.	S. citizens? (If yes, see instructions)	1 yest	No No	
G. What is your current marital	status? Single, Never Married	Married	Divorced [	Widowed
Marriage Annulled or O	ther (Explain)	/		
	of the English and/or U.S. History and bility or impairment and attaching Form		🗌 Yes 🛛 No	
	modation to the naturalization process the instructions for some examples of acc		🗌 Yes 🛛 No	
If you answered "Yes," chec	k the box below that applies:			
I am deaf or hearing impa	aired and need a sign language interpret	er who uses the fo	llowing language:	
I use a wheelchair.				
I am blind or sight impair	ed.			
I will need another type o	f accommodation. Explain:			
Part 4. Addresses and Telep	hone Numbers			
	1	A. 644		3-1-1-1
A. Home Address - Street Numb	per and Name (Do not write a P.O. Box	in this space.)		Apartment Number
410 NORFOLK STREET				3
City	County St	tate	ZIP Code Cou	ntry
CAMBRIDGE	MIDDLESEX	B	02139 UNI	TED STATES
B. Care of	Mailing Address - Street Number	and Name (If diffe	rent from home address)	Apartment Number
City	State	ZIP Coc	le Country	
C. Daytime Phone Number (If g	(I) Evening Phone Number (I)	(fany) E-M	fail Address (If any)	
(b) (6)	(b) (6)		erlan Tsarnaev@yah	oo.com

	for Criminal Rec	cords bearen			A (b) (6)		
OTE: The categories b	elow are those requ	ired by the FBI. See	instructions for m	ore inf	Cormation.		
. Gender		B. Height		C. 1	Weight	_	
Male Fema	ale	6 Feet 3 Inc	hes	20	5 Pounds		
. Are you Hispanic or I	Latino?	Yes 🛛	No				
. Race (Select one or m	ore)						
White Asia	Contraction of the second s		American Indian	or Alas	skan Native		ve Hawaiian or
. Hair color	Americar	1				Othe	er Pacific Islander
Black Brow	n 🗌 Blonde	Gray	White 🗌 Re	d	Sandy	🗌 Balo	l (No Hair)
. Eye color							
Brown Blue	Green	Hazel	Gray 🗌 Bla	nck	Pink	🗌 Mar	oon 🗌 Other
art 6. Information	About Your Resi	dence and Emplo	vment				
. Where have you lived				w and	then list ever	y place yo	ou lived for the last fiv
years. If you need mo							
Street Number ar	d Name, Apartmen	t Number, City, Stat	e, Zip Code, and	Country	y		(mm/dd/yyyy)
	Currant Home	Address - Same as Pa	urt 1 A			From	To
	Current Home /	Audress - Same as Fa	ut 4.A		09/	06/2006	Present
3. Where have you wor	a construction of the state of the state of the state of the state		and the second second second second second			and the second se	New York and the second s
Begin with your curr	ent or latest employ	er and then list every	and the second second second second second			and the second se	Include military servic five years. If you need
Begin with your curr more space, use a sep	ent or latest employ parate sheet of paper	er and then list every r.	place you have	vorked	or studied fo	and the second se	five years. If you nee
Begin with your curr	ent or latest employ	er and then list every r. hool Address	place you have y	vorked	or studied fo	or the last	New York and the second s
Begin with your curr more space, use a sep Employer or School Name	ent or latest employ parate sheet of paper Employer or Sc	er and then list every r. hool Address	place you have	vorked Dates <i>(n</i>	or studied fo	and the second se	five years. If you need
Begin with your curr more space, use a sep Employer or School Name	ent or latest employ parate sheet of paper Employer or Sc <i>(Street, City, an</i>	er and then list every r. hool Address	place you have been been been been been been been be	vorked Dates <i>(n</i>	or studied fo	or the last	five years. If you need Your Occupation
Begin with your curr more space, use a sep Employer or School Name	ent or latest employ parate sheet of paper Employer or Sc <i>(Street, City, an</i>	er and then list every r. hool Address	Place you have v	vorked Dates <i>(n</i>	or studied fo	To sent"	five years. If you need Your Occupation
Begin with your curr more space, use a sep Employer or School Name	Employer or Sc (Street, City, an	er and then list every r. hool Address	place you have been been been been been been been be	vorked Dates <i>(n</i>	or studied fo	or the last	Your         Occupation         UNEMPLOYED
Begin with your curr more space, use a sep Employer or School Name one	Employer or Sc (Street, City, an N/a BRIGHTON, MA	er and then list every r. hool Address	From           02/01/20	Pates (n	or studied fo um/dd/yyyyy) "Pre 02/0:	Fo sent" 1/2011	Your         Occupation         UNEMPLOYED
Begin with your curr more space, use a sep Employer or School Name one OSTON PIZZA	Employer or Sc (Street, City, an N/a BRIGHTON, MA	er and then list every r. hool Address <i>ad State)</i>	From           02/01/20           02/01/20	Pates (n	or studied fo um/dd/yyyyy) "Pre 02/0:	To sent"	Your         Occupation         UNEMPLOYED         DELIVERY
Begin with your curr more space, use a sep Employer or School Name one OSTON PIZZA	Employer or Sc (Street, City, an N/a BRIGHTON, MA	er and then list every r. hool Address <i>ad State)</i>	From           02/01/20	vorked Pates (n 011 010	or studied fo um/dd/yyyy) "Pre 02/0: 02/0:	Fo sent" 1/2011	Your         Occupation         UNEMPLOYED         DELIVERY
Begin with your curr more space, use a sep Employer or	ent or latest employ parate sheet of paper Employer or Sc <i>(Street, City, an</i> N/a BRIGHTON, MA CALIFORNIA ST	er and then list every r. hool Address <i>ad State)</i>	From           02/01/20           02/01/20           07/01/20	vorked Pates (n 011 010	or studied fo um/dd/yyyy) "Pre 02/0: 02/0:	Fo sent" 1/2011	Your         Occupation         UNEMPLOYED         DELIVERY         DRIVER
Begin with your curr more space, use a sep Employer or School Name one OSTON PIZZA	ent or latest employ parate sheet of paper Employer or Sc <i>(Street, City, an</i> N/a BRIGHTON, MA CALIFORNIA ST	rer and then list every r. hool Address <i>ad State)</i>	From           02/01/20           02/01/20           07/01/20	vorked Pates (n 011 010 009	or studied fo m/dd/yyyy) "Pre 02/0: 02/0: 07/0:	Fo sent" 1/2011	Your         Occupation         UNEMPLOYED         DELIVERY         DRIVER

Write your USCIS A-Number here:

Part 7. Time Outside the United States (Including Trips to Canada, Mexico and the Caribbean Islands)

.....

Write your USCIS A-Number here: A (b) (6)

178

days

trips

A. How many total days did you spend outside of the United States during the past five years?

- B. How many trips of 24 hours or more have you taken outside of the United States during the past five years?
- C. List below all the trips of 24 hours or more that you have taken outside of the United States since becoming a lawful permanent resident. Begin with your most recent trip. If you need more space, use a separate sheet of paper.

Date You Left the United States (mm/dd/yyyy)	Date You Returned to the United States (mm/dd/yyyy)	Six M	rip Last onths or ore?	Countries to Which You Traveled	Total Days Out of the United States
01/22/2012	07/17/2012	TYes	No No	RUSSIA	178
		Yes	No No		
		TYes	No No		
		Yes	No No		
		Yes	No No		
		Yes	No No		/
		Yes	No No		/
		Yes	No No	(+) AF	200
		TYes	No No	all	wit
		Yes	No No	m t	p.
art 8. Information	About Your Marital H	listory			
	ave you been married (incl ried, give the following inf				ed, go to Part 9.

1. Spouse's Family Name (Last Name)	Given Name (First Name)	Full Middle Name (If applicable)
(b) (6)		
2. Date of Birth (mm/dd/yyyk)	3. Date of Marriage (mm/dd/yyyy)	4. Spouse's U.S. Social Security #
b) (6)		
5. Home Address - Street Number and Nam	e	Apartment Num

ity	State	Zip Code

		WE'RE LICCIC A Number have
rt 8. Information About Your Marital H	istory (Continued)	Write your USCIS A-Number here: (b) (6)
Is your spouse a U.S. citizen?	s 🗌 No	
If your spouse is a U.S. citizen, give the follow	ing information:	/
1. When did your spouse become a U.S. citizer	n?	At Birth 🗌 Other
If "Other," give the following information:		1
2. Date your spouse became a U.S. citizen	3. Place your spouse became a l	J.S. citizen (See instructions)
		City and State
If your spouse is not a U.S. citizen, give the fo	ollowing information :	
1. Spouse's Country of Citizenship	2. Spouse's USCIS A- Number	(If applicable)
	A	
3. Spouse's Immigration Status		
Lawful Permanent Resident Oth	ner	
<ol> <li>Prior Spouse's Family Name (Last Name)</li> </ol>		buse. If you have more than one previous estions 1-5 below. Full Middle Name <i>(If applicable)</i>
marriage, use a separate sheet of paper to provid	de the information requested in Que	Full Middle Name <i>(If applicable)</i>
marriage, use a separate sheet of paper to provid 1. Prior Spouse's Family Name ( <i>Last Name</i> )	de the information requested in Que Given Name (First Name)	Full Middle Name <i>(If applicable)</i>
<ol> <li>Prior Spouse's Family Name (Last Name)</li> <li>Prior Spouse's Immigration Status</li> </ol>	de the information requested in Que Given Name (First Name)	Full Middle Name <i>(If applicable)</i>
<ul> <li>marriage, use a separate sheet of paper to provid</li> <li>1. Prior Spouse's Family Name (Last Name)</li> <li>2. Prior Spouse's Immigration Status</li> <li>U.S. Citizen</li> </ul>	<ul> <li>de the information requested in Que Given Name (<i>First Name</i>)</li> <li>3. Date of Marriage (<i>mm/dd/yyyy</i>)</li> </ul>	estions 1-5 below. Full Middle Name <i>(If applicable)</i> 4. Date Marriage Ended <i>(mm/dd/yy)</i>
anarriage, use a separate sheet of paper to provide <ol> <li>Prior Spouse's Family Name (Last Name)</li> <li>Prior Spouse's Immigration Status</li> <li>U.S. Citizen</li> <li>Lawful Permanent Resident</li> <li>Other</li> </ol>	<ul> <li>de the information requested in Que Given Name (<i>First Name</i>)</li> <li>3. Date of Marriage (<i>mm/dd/yyyy</i>)</li> <li>5. How Marriage Ended</li> <li>Divorce Spouse Die</li> </ul>	estions 1-5 below. Full Middle Name ( <i>If applicable</i> ) 4. Date Marriage Ended ( <i>mm/dd/yy</i> ) d  Other
<ul> <li>marriage, use a separate sheet of paper to provid</li> <li>1. Prior Spouse's Family Name (Last Name)</li> <li>2. Prior Spouse's Immigration Status</li> <li>U.S. Citizen <ul> <li>Lawful Permanent Resident</li> <li>Other</li> </ul> </li> <li>How many times has your current spouse been</li> </ul>	de the information requested in Que Given Name ( <i>First Name</i> )  3. Date of Marriage ( <i>mm/dd/yyyy</i> )  5. How Marriage Ended  Divorce Spouse Die married (including annulled marriage)	estions 1-5 below. Full Middle Name ( <i>If applicable</i> ) 4. Date Marriage Ended ( <i>mm/dd/yy</i> ) d Other ges)? 1
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<ul> <li>marriage, use a separate sheet of paper to provid</li> <li>1. Prior Spouse's Family Name (Last Name)</li> <li>2. Prior Spouse's Immigration Status</li> <li>U.S. Citizen</li> <li>Lawful Permanent Resident</li> <li>Other</li> <li>How many times has your current spouse been</li> <li>If your spouse has ever been married before, g</li> <li>If your spouse has more than one previous married</li> </ul>	de the information requested in Que Given Name ( <i>First Name</i> )  3. Date of Marriage ( <i>mm/dd/yyyy</i> )  5. How Marriage Ended  Divorce Spouse Die married (including annulled marriage)	<pre>stions 1-5 below. Full Middle Name (If applicable) 4. Date Marriage Ended (mm/dd/yy) d Other ges)? 1 t your spouse's prior marriage.</pre>
<ul> <li>marriage, use a separate sheet of paper to provid</li> <li>1. Prior Spouse's Family Name (Last Name)</li> <li>2. Prior Spouse's Immigration Status <ul> <li>U.S. Citizen</li> <li>Lawful Permanent Resident</li> <li>Other</li> </ul> </li> <li>How many times has your current spouse been If your spouse has ever been married before, g If your spouse has more than one previous mar Questions 1 - 5 below.</li> </ul>	<ul> <li>de the information requested in Que Given Name (<i>First Name</i>)</li> <li>3. Date of Marriage (<i>mm/dd/yyyy</i>)</li> <li>5. How Marriage Ended</li> <li>Divorce Spouse Die married (including annulled marriagive the following information abou rriage, use a separate sheet(s) of paper</li> </ul>	<pre>stions 1-5 below. Full Middle Name (If applicable) 4. Date Marriage Ended (mm/dd/yy) d Other ges)? 1 t your spouse's prior marriage. ber to provide the information requested in</pre>
<ul> <li>marriage, use a separate sheet of paper to provid</li> <li>1. Prior Spouse's Family Name (Last Name)</li> <li>2. Prior Spouse's Immigration Status <ul> <li>U.S. Citizen</li> <li>Lawful Permanent Resident</li> <li>Other</li> </ul> </li> <li>How many times has your current spouse been If your spouse has ever been married before, g If your spouse has more than one previous mar Questions 1 - 5 below.</li> </ul>	<ul> <li>de the information requested in Que Given Name (<i>First Name</i>)</li> <li>3. Date of Marriage (<i>mm/dd/yyyy</i>)</li> <li>5. How Marriage Ended</li> <li>Divorce Spouse Die married (including annulled marriagive the following information abou rriage, use a separate sheet(s) of paper</li> </ul>	estions 1-5 below. Full Middle Name ( <i>If applicable</i> ) 4. Date Marriage Ended ( <i>mm/dd/yy</i> ) d Other ges)? 1 t your spouse's prior marriage. ber to provide the information requested in Full Middle Name ( <i>If applicable</i> )
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<ul> <li>marriage, use a separate sheet of paper to provid</li> <li>1. Prior Spouse's Family Name (Last Name)</li> <li>2. Prior Spouse's Immigration Status <ul> <li>U.S. Citizen</li> <li>Lawful Permanent Resident</li> <li>Other</li> </ul> </li> <li>How many times has your current spouse been If your spouse has ever been married before, g If your spouse has more than one previous mar Questions 1 - 5 below.</li> <li>1. Prior Spouse's Family Name (Last Name)</li> </ul> <li>2. Prior Spouse's Immigration Status</li>	<ul> <li>de the information requested in Que Given Name (<i>First Name</i>)</li> <li>3. Date of Marriage (<i>mm/dd/yyyy</i>)</li> <li>5. How Marriage Ended</li> <li>Divorce Spouse Die</li> <li>married (including annulled marriagive the following information abou rriage, use a separate sheet(s) of pap</li> <li>Given Name (<i>First Name</i>)</li> <li>3. Date of Marriage (<i>mm/dd/yyyy</i>)</li> </ul>	estions 1-5 below. Full Middle Name ( <i>If applicable</i> ) 4. Date Marriage Ended ( <i>mm/dd/yy</i> ) d Other ges)? 1 t your spouse's prior marriage. ber to provide the information requested in Full Middle Name ( <i>If applicable</i> )
<ul> <li>marriage, use a separate sheet of paper to provid</li> <li>1. Prior Spouse's Family Name (Last Name)</li> <li>2. Prior Spouse's Immigration Status</li> <li>U.S. Citizen</li> <li>Lawful Permanent Resident</li> <li>Other</li> <li>How many times has your current spouse been</li> <li>If your spouse has ever been married before, g</li> <li>If your spouse has more than one previous mar</li> <li>Questions 1 - 5 below.</li> <li>1. Prior Spouse's Family Name (Last Name)</li> <li>2. Prior Spouse's Immigration Status</li> <li>U.S. Citizen</li> </ul>	de the information requested in Que Given Name ( <i>First Name</i> )  3. Date of Marriage ( <i>mm/dd/yyyy</i> )  5. How Marriage Ended  5. How Marriage Ended  Divorce Spouse Die married (including annulled marriage)  Given Name ( <i>First Name</i> )  Given Name ( <i>First Name</i> )	estions 1-5 below. Full Middle Name ( <i>If applicable</i> ) 4. Date Marriage Ended ( <i>mm/dd/yy</i> ) d Other ges)? 1 t your spouse's prior marriage. ber to provide the information requested in Full Middle Name ( <i>If applicable</i> ) 4. Date Marriage Ended ( <i>mm/dd/yy</i> )

## Part 9. Information About Your Children

Write your USCIS A-Number here: A (b) (6)

1

- A. How many sons and daughters have you had? For more information on which sons and daughters you should include and how to complete this section, see the Instructions.
- B. Provide the following information about all of your sons and daughters. If you need more space, use a separate sheet of paper.

Full Name of Son or Daughter	Date of Birth (mm/dd/yyyy)	USCIS A- number (if child has one)	Country of Birth	Current Address (Street, City, State and Country)
p) (6)				"WITH ME"
		A		
		А		
		А		
		А		
		А		(5) of the
		А		Mong Manuel
		А	/	Mondy. W.
Add Children				Go to continuation page

#### Part 10. Additional Questions

Answer Questions 1 through 14. If you answer "Yes" to any of these questions, include a written explanation with this form. Your written explanation should (1) explain why your answer was "Yes" and (2) provide any additional information that helps to explain your answer.

#### A. General Questions.

1.	Have you ever claimed to be a U.S. citizen (in writing or any other way)?	Yes	No No
2.	Have you ever registered to vote in any Federal, State, or local election in the United States?	Yes	No No
3.	Have you ever voted in any Federal, State, or local election in the United States?	Yes	No No
4.	Since becoming a lawful permanent resident, have you ever failed to file a required Federal, State, or local tax return?	TYes	No No
5.	Do you owe any Federal, State, or local taxes that are overdue?	Yes	No No
6.	Do you have any title of nobility in any foreign country?	🗌 Yes	No No
7.	Have you ever been declared legally incompetent or been confined to a mental institution within the last five years?	Yes	No No

### B. Affiliations.

- 8. a Have you ever been a member of or associated with any organization, association, fund foundation, party, club, society, or similar group in the United States or in any other place?
  - b. If you answered "Yes," list the name of each group below. If you need more space, attach the names of the other group(s) on a separate sheet of paper.

Name of Group	Name of G	roup
L	6.	
2.	7.	/
3.	8.	() Justier
4.	9,	6 All
5.	10.	no FIV

- b. Any other totalitarian party?
- c. A terrorist organization?
- 10. Have you ever advocated (either directly or indirectly) the overthrow of any government by force or violence?
- 11. Have you ever persecuted (either directly or indirectly) any person because of race, religion, national origin, membership in a particular social group, or political opinion?
- 12. Between March 23, 1933, and May 8, 1945, did you work for or associate in any way *(either directly or indirectly)* with:
  - a. The Nazi government of Germany?
  - **b.** Any government in any area (1) occupied by, (2) allied with, or (3) established with the help of the Nazi government of Germany?
  - c. Any German, Nazi, or S.S. military unit, paramilitary unit, self-defense unit, vigilante unit, citizen unit, police unit, government agency or office, extermination camp, concentration camp, prisoner of war camp, prison, labor camp, or transit camp?

#### C. Continuous Residence.

Since becoming a lawful permanent resident of the United States:

- 13. Have you ever called yourself a "nonresident" on a Federal, State, or local tax return?
- 14. Have you ever failed to file a Federal, State, or local tax return because you considered yourself to be a "nonresident"?

Write your USCIS A-Number here: A (b) (6)

] Yes		No
	/	

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

No

X No

X No

X No

X No

X No

No No

## Part 10. Additional Questions (continued)

Write your USCIS A-Number here: (b) (6)

#### D. Good Moral Character.

For the purposes of this application, you must answer "Yes" to the following questions, if applicable, even if your records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record.

15.	Have you ever committed a crime or offense for which you were not arrested?	Yes No
16.	Have you ever been arrested, cited, or detained by any law enforcement officer (including USCIS or former INS and military officers) for any reason?	Yes 🗌 No
17.	Have you ever been charged with committing any crime or offense?	Yes No
18.	Have you ever been convicted of a crime or offense?	Yes No
19.	Have you ever been placed in an alternative sentencing or a rehabilitative program (for example: diversion, deferred prosecution, withheld adjudication, deferred adjudication)?	🗌 Yes 🛛 No
20.	Have you ever received a suspended sentence, been placed on probation, or been paroled?	Yes No
21.	Have you ever received a suspended sentence, been placed on probation, or been paroled? Have you ever been in jail or prison?	Yes No

If you answered "Yes" to any of Questions 15 through 21, complete the following table. If you need more space, use a separate sheet of paper to give the same information.

Why were you arrested, cited, detained, or charged?	Date arrested, cited, detained, or charged? (mm/dd/yyyy)	Where were you arrested, cited, detained, or charged? (City, State, Country)	Outcome or disposition of the arrest, citation, detention, or charge (No charges filed, charges dismissed, jail, probation, etc.)
A & B C 265 \$ 13A(a)	07/28/2009	CAMBRIDGE, MA,USA	DISMISSED

Answer Questions 22 through 33. If you answer "Yes" to any of these questions, attach (1) your written explanation why your answer was "Yes" and (2) any additional information or documentation that helps explain your answer.

#### 22. Have you ever:

a. Been a habitual drunkard? Yes b. Been a prostitute, or procured anyone for prostitution? Yes X c. Sold or smuggled controlled substances, illegal drugs, or narcotics? Yes d. Been married to more than one person at the same time? Yes 🕺 Nø e. Helped anyone enter or try to enter the United States illegally? Yes No f. Gambled illegally or received income from illegal gambling? Yes No g. Failed to support your dependents or to pay alimony? Yes No 23. Have you ever given false or misleading information to any U.S. Government official while applying for any immigration benefit or to prevent deportation, exclusion, or removal? Yes 24. Have you ever lied to any U.S. Government official to gain entry or admission into the United States? Yes No

Part 10. Additional Questions (Continued)	Write your USCIS A (b) (6)	A-Numl	per here:
E. Removal, Exclusion, and Deportation Proceedings.			1
25. Are removal, exclusion, rescission, or deportation proceedings pending against you?		Yes	No No
26. Have you ever been removed, excluded, or deported from the United States?	I	Yes	No No
27. Have you ever been ordered to be removed, excluded, or deported from the United	States?	Yes	No No
28. Have you ever applied for any kind of relief from removal, exclusion, or deportatio	n? [	Yes	No No
F. Military Service.			1
29. Have you ever served in the U.S. Armed Forces?	1	Yes	No No
30. Have you ever left the United States to avoid being drafted into the U.S. Armed For	rces?	Yes	No No
31. Have you ever applied for any kind of exemption from military service in the U.S.	Armed Forces?	Yes	No No
32. Have you ever deserted from the U.S. Armed Forces?		Yes	No No
G. Selective Service Registration.			
<ul> <li>in any status except as a lawful nonimmigrant?</li> <li>If you answered "NO," go on to question 34.</li> <li>If you answered "YES," provide the information below.</li> <li>If you answered "YES," but you did not register with the Selective Service Syster must register before you apply for naturalization, so that you can complete the inf</li> <li>Date Registered (mm/dd/yyyy) 09/13/2006 Selective Service and you statement explaining why you did not register.</li> </ul>	ormation below: vice Number (b)	(6)	
H. Oath Requirements. (See Part 14 for the text of the oath)			
Answer Questions 34 through 39. If you answer "No" to any of these questions, attach (1 answer was "No" and (2) any additional information or documentation that helps to expla		mation wh	ny the
34. Do you support the Constitution and form of government of the United States?	J	Yes	🗌 No
35. Do you understand the full Oath of Allegiance to the United States?	J	Yes	🗌 No
36. Are you willing to take the full Oath of Allegiance to the United States?	لر	Yes Yes	🗌 No
37. If the law requires it, are you willing to bear arms on behalf of the United States?	1	Yes	No No
38. If the law requires it, are you willing to perform noncombatant services in the U.S.	Armed Forces?	Yes	No No
<b>39.</b> If the law requires it, are you willing to perform work of national importance under direction?	r civilian	Yes Yes	🗌 No
	Fo	rm N-400 (F	Rev. 03/22/12) Y Page 9

Part 11. Your Signature	Write your USCIS A-Number here: A (b) (6)		
I certify, under penalty of perjury under the laws of the United States of America.	, that this application, and the evidence submitted with		

ur Signature	Date (mm/dd/yyyy)
Charles and the second	08/28/2012

#### Part 12. Signature of Person Who Prepared This Application for You (If applicable)

I declare under penalty of perjury that I prepared this application at the request of the above person. The answers provided are based on information of which I have personal knowledge and/or were provided to me by the above named person in response to the *exact* questions contained on this form.

Preparer's Printed Name		Preparer's Signature	2	
(b) (6)				
Date (mm/dd/yyyy)	Preparer's Firm or Org	anization Name (If applicable)		Daytime Phone Number
08/28/2012	CENTRO LATINO INC	c.	(b) (6)	
Preparer's Address - Street Nu	mber and Name	City	State	Zip Code
105 WINDSOR STREET		CAMBRIDGE	MA	02139
	subscribed by me, includ	nder the laws of the United States ling corrections numbered 1 through the best of my knowledge a	ugh <u>1</u> and the e	w that the contents of this vidence submitted by me
Subscribed to and sworn to (a	<u> </u>	(b) (6)		JAN 2 3 2013
		Officers Printed Name or St	amp	Date (mm/dd/yyyy)
Complete Signature of Applica TAMERLAN ANZO	-med.	0f(b) (6)		

## Part 14. Oath of Allegiance

If your application is approved, you will be scheduled for a public oath ceremony at which time you will be required to take the following Oath of Allegiance immediately prior to becoming a naturalized citizen. By signing, you acknowledge your willingness and ability to take this oath:

I hereby declare, on oath, that I absolutely and entirely renounce and abjure all allegiance and fidelity to any foreign prince, potentate, state, or sovereignty, of whom or which I have heretofore been a subject or citizen;

that I will support and defend the Constitution and laws of the United States of America against all enemies, foreign and domestic;

that I will bear true faith and allegiance to the same;

that I will bear arms on behalf of the United States when required by the law;

ZORDVICH

that I will perform noncombatant service in the Armed Forces of the United States when required by the law;

SARMA

that I will perform work of national importance under civilian direction when required by the law; and

that I take this obligation freely, without any mental reservation or purpose of evasion, so help me God.

Printed Name of Applicant

Complete Signature of Applicant

FU

Form N-400 (Rev. 03/22/12) Y Page 10

#### Department of Homeland Security

U.S. Citizenship and Immigration Services

# **Certificate Preparation Sheet**

A #(b) (6)			Daytime Phone #	b) (6)	
NAME (If name	Change, ENTER new	Name):	Check BOX if there i	s a change of name:	X
MUAZ					
(FIRST)					
ANZORO	/ICH				- 10 - 1
(MIDDLE)					
TSARNAE	V				1
(LAST) Date of birth: Height: 6 (Feet)	10/21/1986 (MM/DD/YYYY 3 Marital S (Inches)		(Check Sex) Single, "M" Married, "D" Divore	MALE: FEMALE: ced, or "W" Widow(er): —	<u>х</u> м
Country of Forn	er Nationality: k	Lyrgyzstan (I	Enter Actual Name of Count	ry)	
CAMBRI	OGE				
RESIDENTIAL	CITY)				F
MASSAC	HUSETTS				
RESIDENTIAL	STATE/COUNTRY	)			

# Muaz Anzorovich TSARNAEV

Form N-649 (Rev. 2011)

University

Department of Homeland Security U.S. Citizenship and Immigration Services

**Petition for Name Change** 

## (NAME OF COURT)

As part of the naturalization process, you have the opportunity to legally change your name. Please complete lines 1 - 8. (Type or print clearly).

My full and correct name (current name):

1.	TAME	RLAN	ANZOROVICH	TSARNAEV
	(FIF	RST)	(MIDDLE)	(LAST)
2.	Address: 410	Norfolk St # # 3	Cambridge, MA	02139
	(	(Number/Street)	(City/State)	(Zip Code)
3.	Country of National	ity: Kyrgyzstan	4. Date of Birth	10/21/1986
				(MM/DD/YYYY)

5. Alien Registration Card (Green Card) Number: (b) (6)

6. I certify that I am not seeking a change of name for any unlawful purpose such as the avoidance of debt or evasion of law enforcement.

7. I petition the court to change my name to:

	MUAZ.	ANZOROVICH	TSARNAEV	
	(FIRST)	(MIDDLE)	(LAST)	
8. Date:	1/23/2013	TAMERLAN	Anzorovich	Isarnaev
		Signature of	Petitioner, (current name)	

#### **CERTIFICATION OF NAME CHANGE**

I CERTIFY THAT THE ABOVE PETITION WAS GRANTED BY THE COURT ON \_\_\_\_

(MM/DD/YYYY)

(Clerk)

(Deputy Clerk)

**IMPORTANT INFORMATION** 

Your copy of this petition, along with your Certificate of Naturalization, which you will receive upon taking the oath of allegiance, will verify that you elected to change your name. Your Certificate of Naturalization bears your new name as changed per Order of the Court.

	Com	ATTEN
	ment of Homeland Security izenship and Immigration Services	N-652, Naturalization Interview Results
0.0. 0.		
On '/	AN 2.3.2013 , you were interviewed	by USCIS officer
Ø	You passed the tests of English and U.S. hist	tory and government.
	You passed the tests of U.S. history and gove	ernment and the English language requirement was waived.
		ility Exception. You are exempted from the requirement or a knowledge of U.S. history and government.
	You will be given another opportunity to be English.	tested on your ability to 🗆 speak/ 🖸 read/ 🗌 write
	You will be given another opportunity to be to	ested on your knowledge of U.S. history and government.
	Please follow the instructions on Form N-14.	
	USCIS will send you a written decision about	at your application.
		your D English ability/ D knowledge of U.S. history d for another interview for this Form N-400. USCIS will cation.
A)	그가 이미지 않는 것이 같아요. 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이	<b>been recommended for approval.</b> At this time, it appears for naturalization. If final approval is granted, you will be Oath Ceremony.
B)	A decision cannot yet be made about y	our application.
	It is very important that you:	
$\square$	Notify USCIS if you change your address.	
$\square$	Come to any scheduled interview.	
	Submit all requested documents.	
	Send any questions about this application in v your full name, Alien Registration Number (A	0
$\square$	Go to any Oath Ceremony that you are sched	luled to attend.
Ø	Notify USCIS as soon as possible in writing if or Oath Ceremony. Include a copy of this pap	
	PROPER ATTIRE SHOULD BE WORN:	
	The naturalization ceremony is a solemn and attire to respect the dignity of this event (plea	

**NOTE:** Please be advised that under section 336 of the Immigration and Nationality Act, you have the right to request a hearing before an immigration officer if your application is denied, or before the U.S. district court if USCIS has not made a determination on your application within 120 days of the date of your examination.

Department of Homeland Security U.S. Citizenship and Immigration Services	Form M-1008HG, USCIS N History and C		
	A-Number: Date: 01/2		
TIC NAT	URALIZATION TEST	3/2013	
	y and Government (Civics)		
	idard Test Form 9		
	OFFICIAL USE ONLY		
The USCIS Officer will read a civics item orally to will write the applicant's answer in the space prov exemption from the English requirements, the USC interpreter in the space provided below.	ided. If an interpreter is used because the appli	cant qualifies	for an
Civics Items		Correct	Incorrect
1. What group of people was take Answer: Africans	n to America and sold as slaves?		
*2. What is the highest court in the Answer: Federal Court	e United States?		X
**3. How many amendments does t Answer: 27	he Constitution have?	X	
**4. Who makes federal laws? Answer: Congress			
*5. What is the name of the Vice P Answer: Joe Biden	resident of the United States now?		
6. Why did the colonists fight the Answer: High Taxes	British?		
7. What territory did the United S Answer: Louisiana	States buy from France in 1803?		
8. What are <u>two</u> Cabinet-level pos	sitions?		
9. Under our Constitution, some powernment. What is one power Answer:	a second s		
**10. Name <u>one</u> right only for United Answer:	States citizens.		
Total correct answers: 006	50/20 55/15		
Result: 🔀 Pass 🗌 Fail	Interpreter 🗌 Yes (Language: Used: 🗙 No		)
		Form M-100	8HG (10/11/10)

Department of Homeland Security	
U.S. Citizenship and Immigration Services	

Form M-1008ER, USCIS Naturalization Test English Reading Test-9

A-Number:	(b) (6)
Date:	01/23/2013

# U.S. NATURALIZATION TEST English - Reading Standard Test Form 9

# FOR OFFICIAL USE ONLY

The USCIS Officer will test the applicant's ability to read by asking the applicant to read from the items listed below.

Reading Sample:	Correct	Incorrect
1. Who can vote?		
2. What country is north of the U.S.?		
3. What was the first state?		

	1		
Result:	Pass	🗌 Fail	
		la.	Form M-1008ER (10/11/10)

Department of Homeland Security U.S. Citizenship and Immigration Services Form M-1008EW, USCIS Naturalization Test **English Writing Test-9** 

> A-Number: (b) (6)

Date:

01/23/2013

# **U.S. NATURALIZATION TEST English - Writing Standard Test Form 9**

# FOR OFFICIAL USE ONLY

The USCIS Officer will test the applicant's ability to write in English by dictating the sentences listed below to the applicant, one at a time. The applicant will write the sentence(s) on the lines and space provided on the following form.

Writing Sample:

1. Citizens can vote.

2. Canada is north of the United States.

3. Delaware was the first state.

Form M-1008EW (10/11/10)

Department of Homeland Security U.S. Citizenship and Immigration Services	Form M-1008WR, USCIS Writt	Naturalization Tes en Responses Test-9
	A-Number:	(b) (6)
	Date:	01/23/2013
	TURALIZATION TEST English - Writing Indard Test Form 9	
FOR	OFFICIAL USE ONLY	

The applicant will write the sentence(s) dictated by the USCIS Officer in the space provided below.

App	Applicant's Written Response:		Incorrect
1	Citizens canvole.		
2			
3			

🔲 Fail	
	🔲 Fail

Form M-1008WR (10/11/10)

Department of Homeland Security U.S. Citizenship and Immigration Service



# THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

F. 160

		Pier	
Request for Applicant to Appear fo	r Naturalization Initial Intervie	w	NOTICE DATE December 17, 2012
CASE TYPE N400 Application For Naturaliza	ition		USCIS A# (b) (6)
APPLICATION NUMBER NBC*003059925	RECEIVED DATE September 05, 2012	PRIORITY DATE September 05, 2012	PAGE 1 of 1
APPLICANT NAME AND MAILING ADDRESS TAMERLAN TSARNAEV # 3 410 NORFOLK ST CAMBRIDGE MA 02139		Please come to: USCIS GOVERNMENT CENT JFK FEDERAL BUILD ROOM E-170 BOSTON MA 02203	ING
Hannahdan Madhalata	a	On (Date): Wednesday, At (Time): 08:00 AM	
		3 NAR A A	

You are hereby notified to appear for an interview on your Application for Naturalization at the date, time, and place indicated above. Waiting room capacity is limited. Please do not arrive any earlier than 30 minutes before your scheduled appointment time. The proceeding will take about two hours. If for any reason you cannot keep this appointment, return this letter immediately to the USCIS office address listed below with your explanation and a request for a new appointment; otherwise, no further action will be taken on your application.

If you are applying for citizenship for yourself, you will be tested on your knowledge of the government and history of the United States. You will also be tested on reading, writing, and speaking English, unless on the day you filed your application, you have been living in the United States for a total of at least 20 years as a lawful permanent resident and are over 50 years old, or you have been living in the United States for a total of 15 years as a lawful permanent resident and are over 55 years old, or unless you have a medically determinable disability (you must have filed form N648 Medical Certification for Disability Exception, with your N400 Application for Naturalization).

You MUST BRING the following with you to the interview:

- This letter.
- Your Alien Registration Card (green card).
- Any evidence of Selective Service Registration.
- Your passport and/or any other documents you used in connection with any entries into the United States.
- Those items noted below which are applicable to you:

If applying for NATURALIZATION AS THE SPOUSE of a United States Citizen;

- Your marriage certificate.
- Proof of death or divorce for each prior marriage of yourseif or spouse.
- Your spouse's birth or naturalization certificate or certificate of citizenship.
- If applying for NATURALIZATION as a member of the United States Armed Forces;
  - Your discharge certificate, or form DD 214.

If copies of a document were submitted as evidence with your N400 application, the originals of those documents should be brought to the interview.

PLEASE keep this appointment, even if you do not have all the items indicated above.

If you have any questions or comments regarding this notice or the status of your case, please contact our office at the below address or customer service number. You will be notified separately about any other cases you may have filed.

USCIS has a free booklet to help you study for the naturalization test. Ask about 'Learn About the United States: Quick Civics Lessons' when you go to have your fingerprints taken at the Application Support Center. USCIS Office Address:

U.S. CITIZENSHIP AND IMMIGRATION SERVICES JFK FEDERAL BUILDING GOVERNMENT CENTER BOSTON MA 02203USCIS Customer Service Number: (800) 375-5283



Please see the back of this notice for important information.

# Notice for Customers with Disabilities

USCIS is committed to providing customers with disabilities the same level of access to its programs and activities that customers without disabilities have (see the USCIS Web site for an explanation and examples of accommodations). If you need an accommodation for your appointment due to a disability that affects your access to a USCIS program or activity OR if a disability prevents you from going to the designated USCIS location for your appointment, please call the National Customer Service Center (NCSC) at 1-800-375-5283 (TDD: 1-800-767-1833) to request an accommodation.

Call the NCSC even if you indicated on your application or petition that you require an accommodation. Also, you must contact the NCSC to request an accommodation each time you have an appointment with USCIS. For example, you must call the NCSC to request an accommodation for your biometrics appointment and again for an accommodation for your interview appointment.

NOTICE: All domestic USCIS offices are accessible to individuals with physical disabilities. You do not need to request an accommodation if your ONLY need is an accommodation that would enable or facilitate you having physical access to a domestic USCIS office.

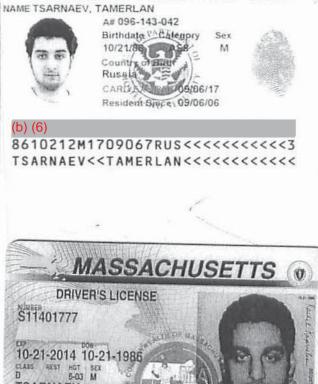
Note: Naturalization applicants should **not** call the NCSC to request an exception from the English and/or civics testing requirement. You **must** submit Form *N*-648, *Medical Certification* for Disability Exceptions to request an exception. See the form instructions for additional information.

(<del>194</del>) (197)

VM St. 100

2013 JAN 23 V 8: 04

Canif. . . . . . .



PERMANENT RESIDENT CARD

10-21-2014 10-2 CLASS REST HOT SEX D 5-00 M TSARNAEV TAMERLAN 410 NOROPK ST CAMBRIDGE, MA 02139-1417



6408 H 91 99-09 18003 Vr. 91 com 70 man walanne // 18923 9861 OF Format and an WOLOH monotomon angorior. toxics. LIONDVIL 1964 1987 KEIPTEISCKAS PECITVEIINKA A251 7957 КЫРГЫЗ РЕСПУБЛИКАСЫ ПАСПОРТ Падвернтуя гер-KG7 reren Anzopobur Saphaet Ani Ynyny 23.10.1986 Here nowers N Radellockers Typ жі AUTEP 4 Паспортту вероки орган 50 - 55 11 2002 1.2012 Minners Kripters 3%

#### Department of Homeland Security U.S. Citizenship and Immigration Services

FOR USCIS USE ONLY

Before you fill out this form, please read the instructions.

Section 1	. Information About You		Application Receipted At (check only one box):
Line 1. a. Line 1. b.	Family Name (Last Name) Given Name (First Name) Middle Initial	TSARNAEVA TAMERLAN	USCIS Field Office USCIS Field Office Fee Waiver Approved Date: Fee Waiver Denied Date:
Line 1. c. Line 2.	Alien Registration Number (A-Number) (numbers only)	A (b) (6)	USCIS Service Center
Line 3.	U.S. Social Security Number (SSN) (9 numbers only)	(b) (6)	Date:
Line 4.	Date of Birth	N-400 AND BIOMETRICS (mm/dd/yyyy)	Date:
Line 5.	Marital Status Never I	farried     Married       Separated     Divorced	Marriage Annulled Widow(er)
Line 6.	Applications and Petitions (Enter the form number(s) of the application(s) and/or petition(s) for which you are requesting a fee waiver.	N-400 AND BIOMETRICS Biometrics services fees, where applie	cable, will be included in the fee waiver request.

# Section 2. Additional Information if Dependent(s) are Included in This Request

Line 7. Complete the Table below if applicable. (If you need more space, attach a separate sheet of paper.)

Name (First, MI, Last)	A-Number (If applicable)	SSN (If applicable)	Date of Birth (mm/dd/yyyy)	Relationship to You
	A-			

 Section 3. Basis for Your Request (Check any that apply. For additional information, see the form instructions.)

 Line 8. a.
 I am or a relevant member of my household is currently receiving a means-tested benefit. (complete Sections 4 and 7)

 Line 8. b.
 My household income is at or below 150% of the Federal Poverty Guidelines. (complete Sections 5 and 7)

 Line 8. c.
 I have a financial hardship. (complete Sections 5, 6 and 7)

## Section 4. Means-Tested Benefit

Line 9.

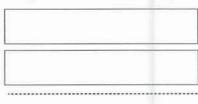
Complete the Table Below (If you need more space, attach a separate sheet of paper.)

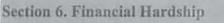
Name of Person Receiving the Benefit	Name of Agency Awarding Benefit	Date Benefit Was Awarded	Is This Benefit Being Received Now?
TAMERLAN TSARNAEV	(b) (6)	APPX.10/2011	X Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No

Section 5. Household Income (Provide evidence of monthly income or other support.)

Line 10.	How many dependents (for tax purposes) live with you?
Line 11.	Average monthly wage income from household members
Line 12.	Other money received each month (child support, spousal support, unemployment, etc.)
	<b>Total</b> (USCIS will compare this amount to Federal Poverty Guidelines)

(round to the nearest dollar)





Describe your particular situation. Be sure to include how this situation has caused you to incur costs (and what the costs were) or loss of income that you have experienced (and what that loss was). (If you need more space, attach a separate sheet of paper.)

Line 13.

If you are currently unemployed, you must complete Lines 14 and 15.

Line 14.

Line 15. Amount of unemployment compensation (monthly) that you are receiving (enter dollars)

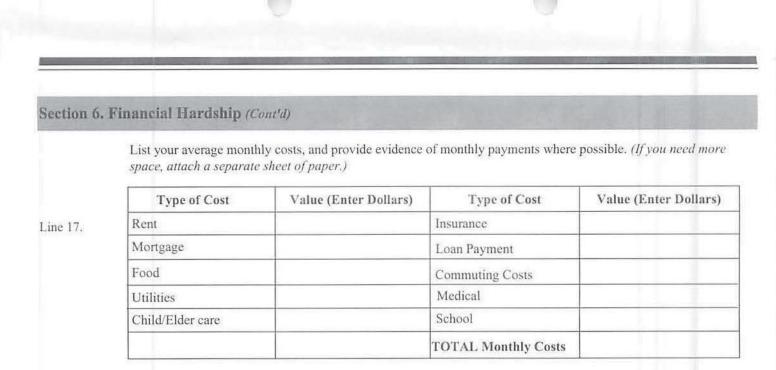
Date that you became unemployed

-----

Line 16.

List your assets and the value of your assets. (If you need more space, attach a separate sheet of paper.)

Type of Asset	Value (enter dollars)
TOTAL Value of Assets	



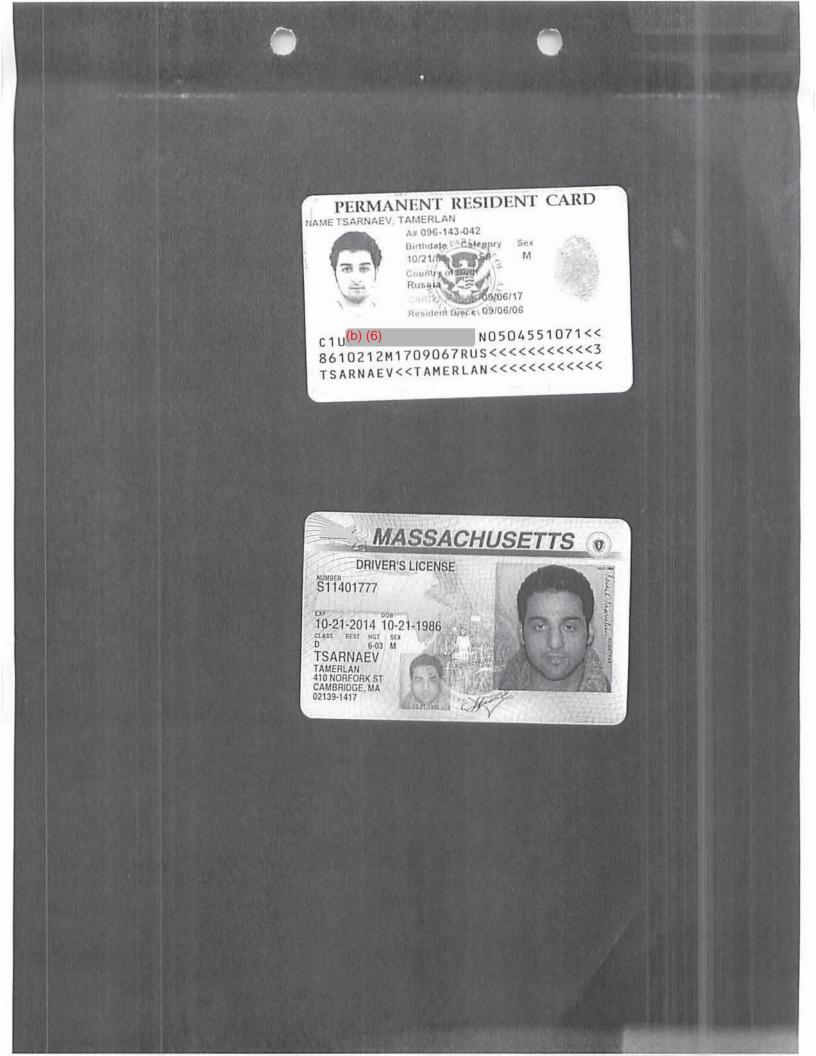
## Section 7. Your Signature and Authorization

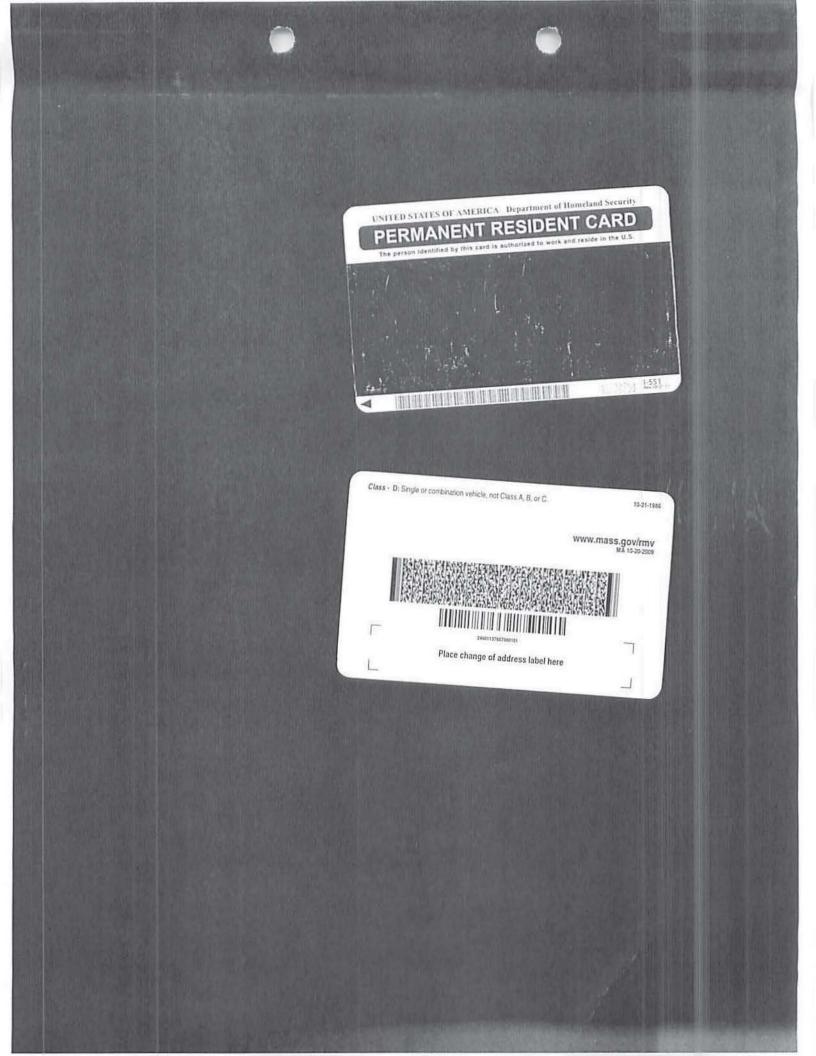
#### Do not sign your Form I-912 until it is complete and you are ready to file.

I take full responsibility for the accuracy of all the information provided, including all supporting documentation. I authorize the release of any information, including the release of my Federal tax returns, that USCIS needs to determine my eligibility.

Each person applying for a fee waiver request must sign Form I-912. This includes individuals identified in Sections 1 and 2 if 14 years of age or older. (If you need more space, attach a separate sheet of paper.)

Line 18.	Your Signature	Date	08/28/2012
	Additional Signature	Date	







August 28, 2012

#### Via Registered Mail

USCIS P.O. BOX 660060 Dallas, TX 75266

#### N-400 Application for Naturalization

<u>Re: Tamerlan Tsarnaev</u> (b) (6)

#### Dear Immigration Officer:

Please accept the following items in support of the naturalization application for the above mentioned client:

- 1. N-400 application for naturalization
- 2. Form I-912 Fee Waiver Request
- 3. Proof of income<sup>(D)</sup><sup>(6)</sup>
- 4. Birth certificate for daughter
- 5. Copy of current Permanent Residence Card
- 6. Two passport size Pictures
- 7. Copy of Mass Driver's License

Thank you for all your help,



Program Director Immigration and Citizenship Services

267 Broadway, Chelsea, MA 02150

105 Windsor Street, Cambridge, MA 02139

www.centrolatino.org

Selective Service System: Verification Receipt

https://www.sss.gov/RegVer/wfVerification.aspx



To obtain written proof of Selective Service registration <u>CLICK HERE</u> and follow the instructions on our "Registration Information" page.

New Search ?

FAQs



Last Updated 12/21/2011

©2011 Selective Service System

8/28/2012 4:24 PM

CRIMI	NAL DOCKET	L DOCKET DOCKET NUMBER NO 0952CR001848		D. OF COUNTS	0. 82	ial Court istrict Co			3.33
DEFENDANT NAME AND ADDRESS		DOB		GENDER		URT NAME & AI mbridge Distric			
amerlan Tsar		10/21/1		Male	1.	0 Mystic Valle			
10 Norfolk Str		and being a	MPLAINT ISSUE	ED	Mee	dford, MA 0215	55		
ambridge, MA	102139	07/29/2	2009 PLAINT ARRES	TDATE	INT	ERPRETER RE	OUIRED		
		07/28/2	Company and a second second	1. DATE					
RST FIVE OFFENS	SE COUNTS	0772072	.005						
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EFENSE ATTORNE	Ŷ		OFFENSE CITY	TOWN	_	POLICE DEP	and a second sec	2/09/289	AL COUN
(pcs			Cambridge			CAMBRID	GE PD	16	
DATE & JUDGE		DOCKET ENTRY		DATE & JUD	GE			MPOSED	4
Jpapa	Attorney appointed (SJC R. 3:10)			11212	ĩ	Counsel Fee ( \$ 50.0	J a	SIL	WAIVED
28AAGDL	Waiver of Counsel for		In		_	\$ Default Warra			
Terms of release set: See Dock		PR CE Bail 200 See Docket for specia	I condition			s			WAIVED
		Held (276 §58A)				Default Warra \$	and the state was a		U WAIVED
Arraigned and advised: Potential of bail revocation Right to bail to review (2 Right to drug exam (111)		ation (276 §58)			Probation Sup \$	ervision Fee (2	76 § 87A)	WAIVED	
		Right to drug exam (11	11E § 10)			Bail Order For	feited		
	Advised of right to jury	Waiver of jury found at	ter colloquy			PTC	1 Reno	1=159	SUFIED
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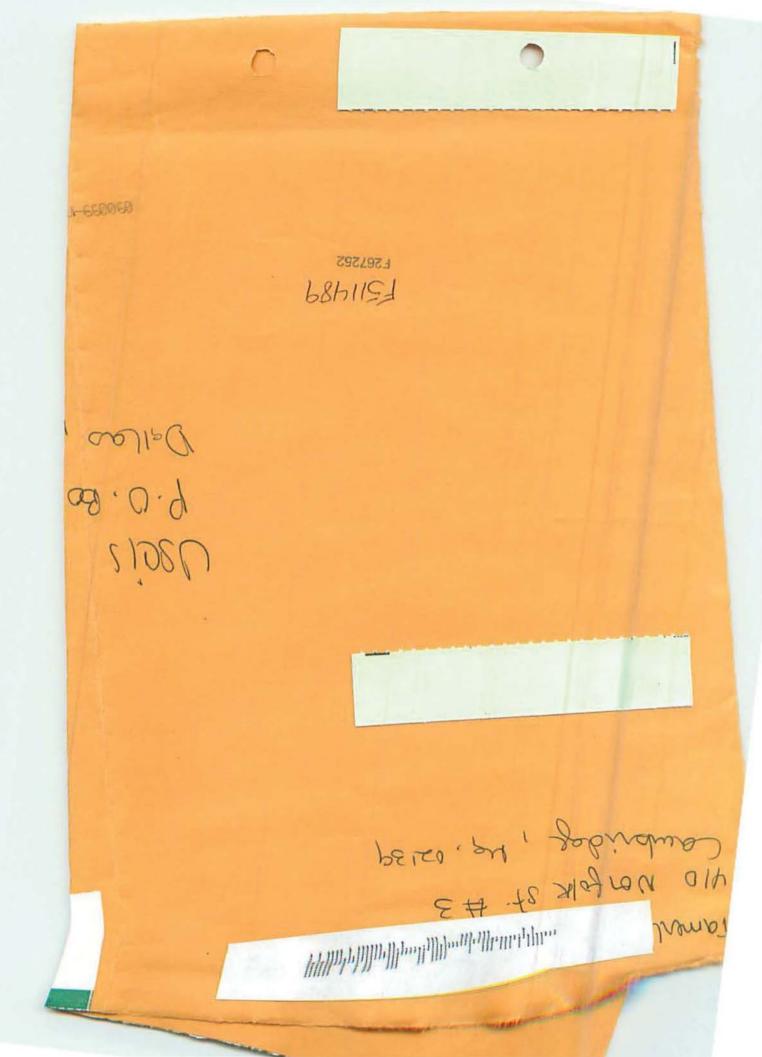
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Department of Homeland Security U.S. Citizenship and Immigration Services

**Cover Sheet** 

# Record of Proceeding

**NOTE:** This is a permanent record of the U. S. Citizenship and Immigration Services. Any part of this record that is removed **must be returned** after it has served its purpose.

### Instructions

- 1. Place a separate cover sheet on the top of each Record of Proceeding.
- Each Record of Proceeding must be fastened on the inner left side of the file jacket in chronological order.
- Any person temporarily removing any part of this record must make, date and sign a notation to this effect that must be retained in this record, below the cover sheet. The signer is responsible for replacing the removed material as soon as it has served its purpose.
- 4. See AM 2710 for detailed instructions

U.S. Department of Justice

Immigration and Naturalization Service

#### OMB No. 1115-0053

# Form I-485, Application to Register Permanent Resident or Adjust Status

START HERE - Please Type or Pr	int		FOR INS U	JSE ONLY
Part 1. Information About You.		and the second second	Returned	Receipt
Family Name TSARNAEV	Given Name TAMERLAN	Initial A		
Address - C/O		Resubmitted	LALØ	
Street Number and Name 410 NORFOLK ST.		Apt. # 3		
CAMBRIDGE				5107
State MASSACHUSETTS Zip Code 02139		Reloc Sent	045-1	
Date of Birth (month/day/year) 10/21/1986	Country of Birth Russic	2		-95-
Social (b) (6) Security #	(b)"(6)		Reloc Rec'd	
Date of Last Arrival $\frac{7}{19}/03$	(b) (6)			/2004
6)	Expires on (month/day/year)			12/02/
Part 2. Application Type. (check	cone)		Applicant Interviewed	Card Card
immigrant military visa petition filed available visa number, if approved.) my spouse or parent applied for adjust in an immigrant visa category that allo I entered as a K-1 fiance(e) of a U.S. ci K-2 child of such a fiance(e). [Attach marriage certificate.]	ment of status or was granted lawful ws derivative status for spouses and c tizen whom I married within 90 days	permanent residence hildren. of entry, or I am the	□ Sec. 13, Act of 9/11 □ Sec. 245, INA □ Sec. 249, INA □ Sec. 2 Act of 11/2/0 □ Sec. 2 Act of 11/2/0 □ Other Country Chargeable	56
I was granted asylum or derivative asylu and am eligible for adjustment. I am a native or citizen of Cuba adm thereafter have been physically present i	itted or paroled into the U.S. after J	1	Eligibility Under Sec Approved Visa Peti Dependent of Princ Special Immigrant Other	tion
I am the husband, wife or minor unm with that person, and was admitted or p have been physically present in the U.S.	arried child of a Cuban described in baroled into the U.S. after January 1,	AND DEPENDENT OF THE PROPERTY	Action Block	as of 9/6/06 omeland Security
I have continuously resided in the U.S. si		te piece of paper.)		5 2007 *
Other basis of eligibility. Explain. (If ad		0		- A-

Continued on back

Form I-485 (Rev. 02/07/00)N Page 1

Part 3. Processing Information. A. City/Town/Village of Birth Tugtun Your Mother's First Name		Current Occupation Student			
Your Mother's First Name	gtun (b)				
Tour Mouler's First Maine	(6)	Your Father's First Name	(b) (6)		
and a superior of the second data and the second	rs on your Arrival /Departure Record (Form 1-	94) 🦊	and the second second		
TAMERLAN TSA		1.15	*		
Place of Last Entry Into the U.S. (City		In what status did you last enter? (Visitor, student, exchange alien, crewman, temporary worker, without inspection, etc.) (b) (6)			
New York, New Y					
Were you inspected by a U.S. Immig	ration Officer? X Yes No		APPETED -		
Nonimmigrant Visa Number (b) (6)		Consulate Where Visa W Ankara,			
Date Visa Was Issued (month/day/year) 7/19/03 Sex: Male Female		Marital Status 🔲 Mar	ried 🔀 Single 🗆 Divorced 🗆 Widowed		
	nanent resident status in the U.S.? XI No - Yes	If you checked "Yes," giv	e date and place of filing and final disposition		
	PF 1				
E List your present husband/wife and all	your sons and daughters. (If you have none, write "	none" If additional space is n	needed use a senarate piece of paper.)		
Family	Given	Middle	Date of Birth		
Name none	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?		
	5 g (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	#	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	Date of Birth		
Name	Name	Initial	(month/day/year)		
	Relationship	A	Applying with You?		
Country of Birth		#	Yes No		
Country of Birth					
Family	Given	Middle			
Country of Birth Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)		
Family			Date of Birth		

List your present and past membership in or affiliation with every political organization, association, fund, foundation, party, club, society or similar group in the United States or in other places since your 16th birthday. Include any foreign military service in this part. If none, write "none." Include the name(s) of the organization(s), location(s), dates of membership from and to, and the nature of the organization (s). If additional space is needed, use a separate piece of paper.

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Form I-485 (Rev. 02/07/00)N Page 2

Part 3. Processing Inf	ormation.					
A. City/Town/Village of Birth Tu	gtun_	Current Occupation Student				
Your Mother's First Name	(b)	Your Father's First Name	(b) (6)			
Give your name exactly how it appear	rs on your Arrival /Departure Record (Form 1-	-94)				
TAMERLAN TSAN	RNAEV					
Place of Last Entry Into the U.S. (City		In what status did you last enter? (Visitor, student, exchange				
New York, New Y	orK		worker, without inspection, etc.)			
Were you inspected by a U.S. Immig	ration Officer? 🔀 Yes 🗌 No	— (b) (6)	APPROVED -			
N(b) (6)		Consulate Where Visa Wa	ns Issued			
Date Visa Was Issued (month/day/year) 7/19/0	o3 Sex: ⊠ Male □ Female	Marital Status	ied X Single Divorced Widowed			
Have you ever before applied for perm	nanent resident status in the U.S.? 🛛 No 🗆 Ye	s If you checked "Yes," give	e date and place of filing and final dispositi			
		1812 0. 148)				
E. List your present husband/wife and all	your sons and daughters. (If you have none, write '	"none." If additional space is no	eeded, use a separate piece of paper.)			
Name none	Given Name	Middle Initial	Date of Birth (month/day/year)			
Country of Birth	Relationship	A #	Applying with You?			
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)			
Country of Birth	Relationship	A #	Applying with You?			
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)			
Country of Birth	Relationship	A #	Applying with You?			
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)			
Country of Birth	Relationship	A #	Applying with You?			
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)			
Country of Birth	Relationship	A .#	Applying with You?			

C. List your present and past membership in or affiliation with every political organization, association, fund, foundation, party, club, society or similar group in the United States or in other places since your 16th birthday. Include any foreign military service in this part. If none, write "none." Include the name(s) of the organization(s), location(s), dates of membership from and to, and the nature of the organization (s). If additional space is needed, use a separate piece of paper.

none . -

**U.S. Department of Justice** Immigration and Naturalization Service

SARNAEV

Part 1.

Family

Name

Address - C/O

T

**START HERE - Please Type or Print** 

Information About You.

•

## <sup>\*</sup> OMB No. 1115-0053 Form I-485, Application to Register Permanent Resident or Adjust Status w.

Returned

Middle Initial

A

FOR INS USE ONLY

Receipt

Address - C/O			D. J. Swith	1076
Street Number and Name 410 NORFOLK	ST,	Apt. # 3	Resubmitted	LINF
City CAMBRIDGE				5107
State MASSACHUSETTS	Zip Code 02139	1.1.1.1	Reloc Sent	045-
Date of Birth (month/day/year) 10/21/1980	Country of Birth Russ	ia		-95-
Social Security # (b) (6)	- A #(if any)		Reloc Rec'd	
Date of Last Arrival (month/day/year) 7/19/03	1-9- (b) (6)			2004
(6)	Expi (month/day/year)	_		12/82/2
Part 2. Application Type.	(check one)		Applicant Interviewed	
I am applying for an adjustment to per	and an elder to the barriers		/	110
available visa number, if appro- my spouse or parent applied	on filed with this application that will gived.) for adjustment of status or was granted law y that allows derivative status for spouses ar	ful permanent residence	<ul> <li>Sec. 209(b), INA</li> <li>Sec. 13, Act of 9/11/57</li> <li>Sec. 245, INA</li> <li>Sec. 249, INA</li> <li>Sec. 2 Act of 11/2/66</li> <li>Sec. 2 Act of 11/2/66</li> <li>Other</li> </ul>	
	f a U.S. citizen whom I married within 90 da [Attach a copy of the fiance(e) petition		Country Chargeable Eligibility Under Sec. 245	
I was granted asylum or deriva and am eligible for adjustment.	tive asylum status as the spouse or child of	a person granted asylum	Approved Visa Petition Dependent of Principal A Special Immigrant	
the second s	Cuba admitted or paroled into the U.S. after y present in the U.S. for at least one year.	er January 1, 1959, and	□ Other	P al d
	ninor unmarried child of a Cuban described nitted or paroled into the U.S. after January n the U.S. for at least one year.		Action Block at of Home	and Security
I have continuously resided in t	the U.S. since before January 1, 1972.	d	APPRO	VED
Other basis of eligibility. Expl	ain. (If additional space is needed, use a sep	arate piece of paper.)	SEP 0 β 2	207 *
I am already a permanent resident and	d am applying to have the date I w	as granted permanent	000266	*
residence adjusted to the date I origin of May 2,1964, whichever date is later,	ally arrived in the U.S. as a nonimmi		To be Comple Attorney or Represen	
i. I am a native or citizen of Cub	a and meet the description in (e), above.		□ Fill in box if G-28 is attac applicant.	and the second
j. I am the husband, wife or mind	or unmarried child of a Cuban, and meet the	description in (f), above.	VOLAG #	
			ATTY State License #	

Given Name TAMERLAN

Continued on back

Form I-485 (Rev. 02/07/00)N Page 1

# Part 3. Processing Information. (Continued)

Please answer the following questions. (If your answer is "Yes" to any one of these questions, explain on a separate piece of paper.	Answering "Yes" does not necessarily
mean that you are not entitled to adjust your status or register for permanent residence.)	

3

\*

1. Have you ever, in or outside the U. S.:	
a. knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested?	Ves No
b. been arrested, cited, charged, indicted, fined or imprisoned for breaking or violating any law or ordinance, excluding traffic violations?	Ves X No
c. been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action?	Ves No
d. exercised diplomatic immunity to avoid prosecution for a criminal offense in the U.S.?	Ves No
2. Have you received public assistance in the U.S. from any source, including the U.S. government or any state, county, city or municipality (other than emergency medical treatment), or are you likely to receive public assistance in the future?	Yes No
3. Have you ever:	
a. within the past ten years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future?	TYes No
b. engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling?	Ves X No
c. knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the U.S. illegally?	Ves No
<ul> <li>d. illicitly trafficked in any controlled substance, or knowingly assisted, abetted or colluded in the illicit trafficking of any controlled substance?</li> </ul>	Yes No
4. Have you ever engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or funds for, or have you through any means ever assisted or provided any type of material support to, any person or organization that has ever engaged or conspired to engage, in sabotage, kidnapping, political assassination, hijacking or any other form of	
terrorist activity?	Ves No
5. Do you intend to engage in the U.S. in:	
a. espionage?	Yes No
b. 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?	Yes No
c. any activity to violate or evade any law prohibiting the export from the United States of goods, technology or sensitive information?	Ves No
6. Have you ever been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party?	Ves No
7. Did you, during the period from March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany	
or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist or	
otherwise participate in the persecution of any person because of race, religion, national origin or political opinion?	Ves No
8. Have you ever engaged in genocide, or otherwise ordered, incited, assisted or otherwise participated in the killing of any person because of race, religion, nationality, ethnic origin or political opinion?	Ves No
9. Have you ever been deported from the U.S., or removed from the U.S. at government expense, excluded within the past year, or are you now in exclusion or deportation proceedings?	Yes No
10. Are you under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act for use of fradulent documents or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the U.S. or any immigration benefit?	Ves No
1. Have you ever left the U.S. to avoid being drafted into the U.S. Armed Forces?	Ves No
2. Have you ever been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement and not yet complied with that requirement or obtained a waiver?	🗆 Yes 🖉 No
3. Are you now withholding custody of a U.S. citizen child outside the U.S. from a person granted custody of the child?	Ves No
4. Do you plan to practice polygamy in the U.S.?	Ves No

5

# Part 4. Signature. (Read the information on penalties in the instructions before completing this section. You must file this application while in the United States.)

I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it is all true and correct. I authorize the release of any information from my records which the INS needs to determine eligibility for the benefit I am seeking.

Selective Service Registration. The following applies to you if you are a man at least 18 years old, but not yet 26 years old, who is required to register with the Selective Service System: I understand that my filing this adjustment of status application with the Immigration and Naturalization Service authorizes the INS to provide certain registration information to the Selective Service System in accordance with the Military Selective Service Act. Upon INS acceptance of my application, I authorize INS to transmit to the Selective Service System my name, current address, Social Security number, date of birth and the date I filed the application for the purpose of recording my Selective Service registration as of the filing date. If, however, the INS does not accept my application, I further understand that, if so required, I am responsible for registering with the Selective Service by other means, provide I have not yet reached age 26.

TAMERLAN T	TSARNAEV 2/12/0	04 (b)	

Please Note: If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may not be found eligible for the requested benefit and this application may be denied.

## Part 5. Signature of Person Preparing Form, If Other Than Above. (Sign Below)

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

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Print Your Name

Date

Daytime Phone Number

Firm Name and Address

> For sale by the Superintendent of Documents, U.S. Government Printing Office Internet: bookstore.gpo.gov Phone: toll free (866) 512-1800; DC area (202) 512-1800 Fax: (202) 512-2250 Mail: Stop SSOP, Washington, DC 20402-0001

# Part 4. Signature. (Read the information on penalties in the instructions before completing this section. You must file this application while in the United States.)

I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it is all true and correct. I authorize the release of any information from my records which the INS needs to determine eligibility for the benefit I am seeking.

Selective Service Registration. The following applies to you if you are a man at least 18 years old, but not yet 26 years old, who is required to register with the Selective Service System: I understand that my filing this adjustment of status application with the Immigration and Naturalization Service authorizes the INS to provide certain registration information to the Selective Service System in accordance with the Military Selective Service Act. Upon INS acceptance of my application, I authorize INS to transmit to the Selective Service System my name, current address, Social Security number, date of birth and the date I filed the application for the purpose of recording my Selective Service registration as of the filing date. If, however, the INS does not accept my application, I further understand that, if so required, I am responsible for registering with the Selective Service by other means, provided I have not yet reached age 26.

Signature	Print Your Name	Date	Daytime Phone Number
	TAMERLAN TSARNAEV	2/12/04	

Please Note: If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may not be found eligible for the requested benefit and this application may be denied.

## Part 5. Signature of Person Preparing Form, If Other Than Above. (Sign Below)

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

Sign	ature

Print Your Name

Date

Daytime Phone Number

Firm Name and Address

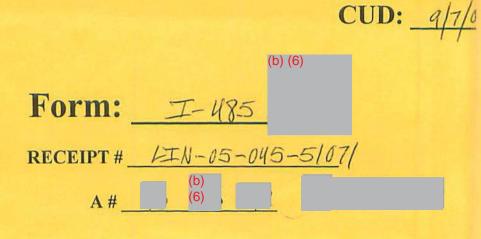
> For sale by the Superintendent of Documents, U.S. Government Printing Office Internet: bookstore.gpo.gov Phone: toll free (866) 512-1800; DC area (202) 512-1800 Fax: (202) 512-2250 Mail: Stop SSOP, Washington, DC 20402-0001

# Part 3. Processing Information. (Continued)

Please answer the following questions. (If your answer is "Yes" to any one of these questions, explain on a separate piece of paper. Answering "Yes" does not necessarily mean that you are not entitled to adjust your status or register for permanent residence.)

1.	Have you ever, in or outside the U.S.:	Yes No
	a. knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested?	L IS A
	b. been arrested, cited, charged, indicted, fined or imprisoned for breaking or violating any law or ordinance, excluding traffic violations?	Yes No
	c. been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action?	Ves No
	d. exercised diplomatic immunity to avoid prosecution for a criminal offense in the U. S.?	Yes No
2.	Have you received public assistance in the U.S. from any source, including the U.S. government or any state, county, city or	
ii.	municipality (other than emergency medical treatment), or are you likely to receive public assistance in the future?	Yes No
3.	Have you ever:	
	a. within the past ten years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future?	Yes No
	b. engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling?	
		Yes X No
	c. knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the U.S. illegally?	Yes No
	d. illicitly trafficked in any controlled substance, or knowingly assisted, abetted or colluded in the illicit trafficking of any controlled substance?	Yes No
	Have you ever engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or	
	funds for, or have you through any means ever assisted or provided any type of material support to, any person or organization that has ever engaged or conspired to engage, in sabotage, kidnapping, political assassination, hijacking or any other form of	
	terrorist activity?	Yes No
5.	Do you intend to engage in the U.S. in:	
	a. espionage?	Yes No
	b. 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?	Yes No
	c. any activity to violate or evade any law prohibiting the export from the United States of goods, technology or sensitive information?	Yes No
6.	Have you ever been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party?	Ves No
7.	Did you, during the period from March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany	
	or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist or	
1	otherwise participate in the persecution of any 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	
	because of race, religion, nationality, ethnic origin or political opinion?	Yes No
	Have you ever been deported from the U.S., or removed from the U.S. at government expense, excluded within the past year, or are you now in exclusion or deportation proceedings?	DYes XNo
	Are you under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act for use of fradulent	
	documents or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the U.S. or any immigration benefit?	Yes No
11.	Have you ever left the U.S. to avoid being drafted into the U.S. Armed Forces?	Yes No
	Have you ever been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement and not yet complied with that requirement or obtained a waiver?	Yes No
		Ver KINO
13.	Are you now withholding custody of a U.S. citizen child outside the U.S. from a person granted custody of the child?	Yes No
14.	Do you plan to practice polygamy in the U.S.?	Ves No

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**Officer** # : XM0130

AUG 2 0 2007 230044

PLEASE RETURN THE REQUESTED INFORMATION AND ALL SUPPORTING DOCUMENTS WITH THIS PAGE ON TOP to:

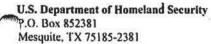
# **USCIS / TSC** PO BOX 852381 **MESQUITE, TX 75185-2381**

• If you have moved, write your current address in the blank area below. Please be sure to write clearly.

**New Address:** 

As required by Section 265 of the Immigration and Nationality Act (8 U.S.C. 1305), you must also submit Form AR-11 within 10 days of your move to: Department of Homeland Security AUG 21 2001 2300121 U.S. Citizenship and Immigration Services Change of Address P.O. Box 7134 London, KY 40742-7134

Forms can be obtained at http://uscis.gov/graphics/formsfee/forms





U.S. Citizenship and Immigration Services

June 7, 2007

Tamerlan A Tsarnaev 410 Norfolk St Apt 3 Cambridge, MA 02139

Applicant: Tamerlan A Tsarnaev Form: I-485 File: (b) (6)

#### **REQUEST FOR EVIDENCE**

This office is unable to complete the processing of your application without further information. Please read and comply with the request below, then submit the evidence to the above address. Include a copy of this letter and place the enclosed gold sheet on top of your documents.

Please submit the results of your examination for tuberculosis skin test. The Form I-693, Medical Examination Report, you submitted to this office does not indicate that an examination for tuberculosis skin test was conducted. According to the U.S. Department of Health & Human Services, *Technical Instructions for Medical Examinations of Aliens in the United States*, dated June 1991, and provided by the Centers for Disease Control and Prevention (CDC), states, in pertinent part:

"All applicants 2 years of age or older are required to have a tuberculin skin test to determine whether the applicant is infected with Mycobacterium tuberculosis. Skin tests must be performed using purified protein derivative (PPD) given by the Mantoux technique. If evidence of tuberculosis infection is found (as indicated by skin test reaction of more than 5mm) a chest radiograph is required."

Please note that some published Form I-693 instructions contain errors regarding exceptions to tuberculosis testing. The information provided in this letter and at the CDC website is correct. Tuberculin skin testing may be waived for applicants 2 years of age and older only under specific conditions. For additional information regarding the tuberculin skin test, please see the CDC's website at: <a href="http://www.cdc.gov/ncidod/dq/updates.htm">http://www.cdc.gov/ncidod/dq/updates.htm</a>

The tuberculin skin test must be performed by a USCIS authorized surgeon. Your local Immigration Office can provide you with a list of authorized medical doctors.

You must submit the requested information within twelve (12) weeks from the date of this letter. Failure to do so may result in the denial of your application.

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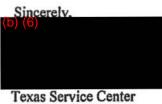
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Officer # XM0130

#### HARVARD VANGUARD MEDICAL ASSOC

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TAMERLAN TSARNAEVA

#### Immunization Summary

70429781 Tsarnaeva, Tamerlan

10/21/1986 M

410 NORFOLK STREET, Cambridge, MA 02139 Home: 617-547-6016 Work: PCP: (b) (6) MD Center: CAMBRIDGE-HARVARD VANGUARD

Allergies: (No Known Allergies) Date Reviewed: 11/10/2004

#### Immunizations

Td Vaccine (Adult)	09/04/03	11/04/04	
Hep B Vaccine (Recombinant)	09/04/03	11/04/04	01/24/06
Polio Vaccine (Inactivated)	09/04/03	11/04/04	01/24/06
MMR Vaccine	09/04/03	11/04/04	
(TB Test)	(09/04/03)		
TdaP	01/24/06		

TSARNAEVA, TAMERLAN 70429781

HARVARD VANGUARD MEDICAL ASSOC	-	Printed on 8/8/2007 Page 1
Office Visit (CAPED)		

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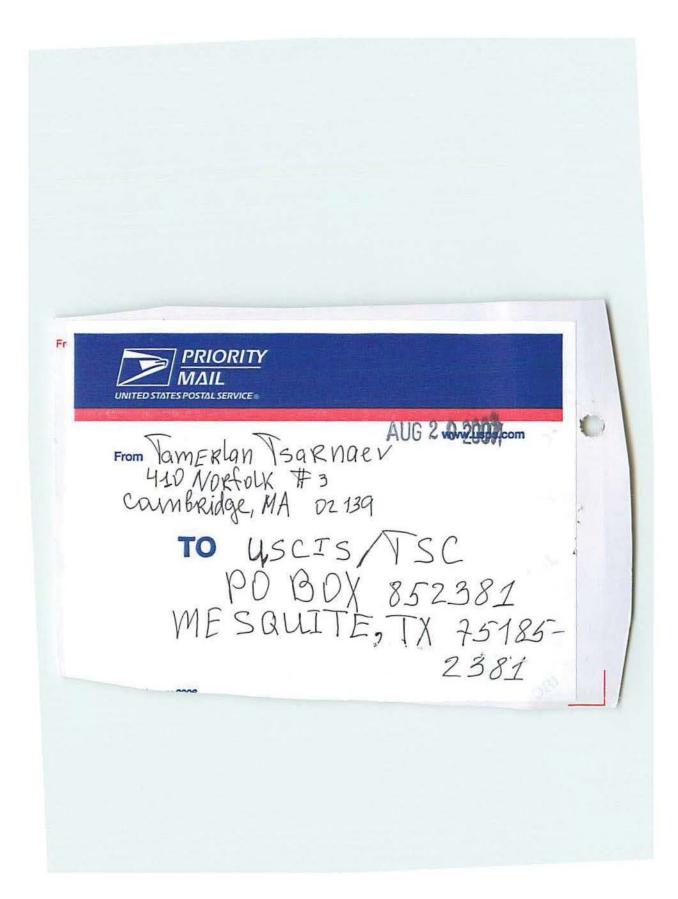
TSARNAEVA, TAMERLAN (70429781) Encounter Date: 9/8/03

HARVARD VA	NGUARD M	EDICAL ASSOC
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Telephone (	(CAPED)
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70429781 Tsarnaeva,1	amerlan	10/21/1986	M
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TSARNAEVA, TAMERLAN (70429781) Encounter Date: 10/12/04





(Family name) (First name)	á (N	/iddle name				NATIONALITY		) (6)	
Tsarnaev Tamerlan	74124	ar-sv ic			1986				
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U.S. Department of Justice Immigration and Naturalization Service

Nebraska Service Center PO BOX 82521 Lincoln, NE 68501-2521 FILE NO. (b) (6) April 9, 2004

Tamerlan A Tsarnaeva 410 Norfolk St Apt 3 Cambridge, MA 02139

Dear Applicant:

Your petition(s)/application(s) and supporting documents are attached. When you have complied with the instructions on this form, you may re-submit your petition(s)/application(s) and all supporting documents with a copy of this notice.

We are unable to accept your application for adjustment of status at this time. (b) (6)

You may file the I-485 Application to Register Permanent Residence or Adjust Status only if you have been granted asylum for more than one year or have resided more than one year in the United States as a refugee.

Information concerning CIS forms and filing instructions is available from the CIS Forms Request Line, 1-800 870-3676 (Toll Free), or on the CIS Internet website at <u>www.uscis.gov</u>.

For security purposes all checks and money orders are endorsed "For Deposit Only" upon receipt. You may present this letter to the financial institution issuing the remittance when requesting a refund.



TEW/llr

Warning A nonimmigrant who accepts unauthorized employment is subject to deportation.

Important - Retain this permit in your possession; you must surrender it when you leave the U.S. Failure to do so may delay your entry into the U.S. in the future. You are authorized to stay in the U.S. only until the date written on this form. To remain past this date, without permission from immigration authorities, is a violation of the law.

Surrender this permit when you leave the U.S.: - By sea or air, to the transportation line: - Across the Canadian border, to a Canadian Official; - Across the Mexican border, to a U.S. Official.

Students planning to reenter the U.S. within 30 days to return to the same school, see "Arrival-Departure" on page 2 of Form 1-20 prior to surrendering this permit.

(b) (6)	d of Changes
Port:	Departure Record
Date:	
Carrier:	
Flight #/Ship Name:	
231 WEST 29TH STREET, N	SCHOONER INDUSTRIES CORPORATION IEW YORK, NY 10001-5209, U.S.A. 00 - FAX (212) 234-020

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Section Case

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### **BIRTH CERTIFICATE**

Citizen TSARNAEV TAMERLAN ANZOROVICH

was born on October 21,1986

in the town of Tugtun, Priozerniy District, Autonomous Republic of Kalmikiya,

**Russian Federation** 

and that was registered in Birth Registration Book on October 27, 1986 under the number 25

PARENTS:

Father: (b) (6)

Nationality: Chechen

Mother: (b) (6)

Nationality: avar

Place of registration: Registry Office of town of Tugtun, Priozerskiy District, Autonomous Republic of Kalmikiya

Date of issue: October 27, 1986

Seal

Signature of the Chief of the Registry Office ZAGS bureau

#### I-IIY No. 367870

I certify that this translation is complete and correct and that I am competent to translate from Russian to (b) (6)



### PASSPORT

#### KYRGYZ REPUBLIC

Country Code: KGZ

2

Passport No. (b) (6)

Surname: TSARNAEV

First Name: TAMERLAN ANZOROVICH

Nationality: CHECHEN

Date of Birth: OCTOBER 21, 1986

Sex: MALE

Place of Birth: KALMYKIA

Date of Issue: NOVEMBER 16, 2002

Expiration date: NOVEMBER 16, 2012

Passport issued by: Interior Ministry, 50-55

Seal of the Interior Ministry of the Kyrgyz Republic, No. 50-55

I certify that this translation is complete and correct and that I am competent to translate from Russian to English. (b) (6)

# Important Document Information

The Immigration and Naturalization Service has changed the policy requiring submission of original documents or certified copies of documents with applications and petitions.

You may now submit ordinary legible photocopies of the original documents required, including Naturalization Certificates and Alien Registration Cards. Please submit copies of both sides of documents. You may be required to present the original documents during any subsequent contacts with the Service.

The following statement must be signed and dated by either the applicant, the petitioner, or the attorney, and submitted with each petition and/or application.

"Copies of documents submitted are exact photocopies of unaltered original documents and I understand that I may be required to submit original documents to an Immigration or Consular official at a later date."

Signature:	,
Typed or Printed Name:	(b) (6)
Date: 03/08/04	

\*U.S. Government Printing Office: 2002 - 778-901/50075

Please turn over

U.S. Department of Justice Immigration and Naturalization Service

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# **I-181 Information Processing Sheet**

Application or Petition Form No. <u>I - 485</u>	File No
NAME: TSARNAEV TAME ADDRESS: 410 NORFOLK St Cambridge MA 02	#3
sex: <u>M</u>	DATE OF BIRTH: 10,21, 86
CITY OF BIRTH: TUGTUN	COUNTRY OF BIRTH: RUSSIA
country of Chechen	COUNTRY OF LAST RESIDENCE: KazaKhstan
MARITAL STATUS: Single	occupation: Student
b) (6)	YEAR ADMITTED TO U.S.: 2003
U.S. CONSULATE POST WHERE YOU RECEIVED YOUR NONIMMIGRANT VISA:	a Turkey
DATE NONIMMIGRANT VISA WAS ISSUED: 7/19/03	NUMBER OF NONIMMIGRANT VISA:(b) (6)
) (6)	
MOTHER'S FIRST NAME: _(b) (6)	(b) (6)
PRIORITY DATE: / /	
COUNTRY TO WHICH CHARGEABLE: N/A	

I-181 SUP BOS 11/94

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Department of Homeland Security

1.S. Citizenship and Immigration Servic	I-797C, Notice of Actio
STUTER OF THE PIDE	VIANUES DE ANOERICA
ECEIPT NUMBER LIN-05-045-51071 UZ-33	CASE TYPE 1485 APPLICATION TO ADJUST TO PERMANENT RESIDENT STATUS
DTICE DATE PAGE JANUARY 12, 2006 1 of 1	TSARNAEV, TAMERLAN 67118
TAMERLAN TSARNAEV 410 NORFOLK ST APT 3 CAMBRIDGE MA 02139	<b>Notice Type:</b> Request for Evidence
	DR INITIAL EVIDENCE
and comply with the following, then submit the re-	
Your response must be received	in this office by APRIL 12, 2006.
<ol> <li>You must submit a completed medical examination be conducted and completed by a designated civil s designated civil surgeons in your area, please call t 1-800-375-5283. You will be asked to provide you write down the list of civil surgeons in your area.</li> </ol>	urgeon. To obtain names and telephone numbers of JSCIS National Customer Service Center at
3 Max and a start of the second start of the second start and the second start and the second start and the second start and	the results of his/her analysis of your vaccine history upplement. A signature by a RN or PA is not
yourself (if you are age 14 or older). Your origina	can be downloaded from the USCIS website at the
<ol> <li>Please return a copy of this form (Request to the address below.</li> </ol>	for Initial Evidence) with the requested information
	UZ0370
	ately about any other cases you have filed.
CITIZENSHIP & IMMIGRATION SERVICE TEXAS SERVICE CENTER P.O. BOX 852381 MESQUITE, TEXAS 75185-2381 Customer Service Telephone: (800) 375-528	З RECEIPT NUMBER
MAR 1 3 2006 MAR 1 3 2006 MAR 1 3 2006 MAR 1 3 2006 7300	1006 D

Please save this notice for your records. Please enclose a copy if you have to write us or a U.S. Consulate about this case, or if you file another application based on this decision.

You will be notified separately about any other applications or petitions you have filed.

#### Additional Information

#### GENERAL.

The filing of an application or petition does not in itself allow a person to enter the United States and does not confer any other right or benefit.

#### INQUIRIES.

You should contact the office listed on the reverse side of this notice if you have questions about the notice, or questions about the status of your application or petition. *We recommend you call*. However, if you write us, please enclose a copy of this notice with your letter.

#### **APPROVAL OF NONIMMIGRATION PETITION.**

Approval of a nonimmigrant petition means that the person for whom it was filed has been found eligible for the requested classification. If this notice indicated we are notifying a U.S. Consulate about the approval for the purpose of visa issuance, and you or the person you filed for have questions about visa issuance, please contact the appropriate U.S. Consulate directly.

#### **APPROVAL OF AN IMMIGRANT PETITION.**

Approval of an immigrant petition does not convey any right or status. The approved petition simply establishes a basis upon which the person you filed for can apply for an immigrant or fiance(e) visa or for adjustment of status.

A person is not guaranteed issuance of a visa or a grant of adjustment simply because this petition is approved. Those processes look at additional criteria.

If this notice indicates we have approved the immigrant petition you filed, and have forwarded it to the Department of State Immigrant Visa Processing Center, that office will contact the person you filed the petition for directly with information about visa issuance.

In addition to the information on the reverse of this notice, the instructions for the petition you filed provide additional information about processing after approval of the petition.

For more information about whether a person who is already in the U.S. can apply for adjustment of status, please see Form 1-485, *Application to Register Permanent Residence or Adjust Status.* 

#### U.S. Department of Homeland Security

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OMB No. 1615-0008 G-325A, Biographic Information

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FAMILY NAME	(1.)	FIRST NA	ME	DATE	CITY AND COUN	TDV	OF BIRTH (I	f know <u>o)</u>	CITY AN		RY OF RESID	DENCE
and it with a	(b) (6)					}.					4	er l
HUSBAND (If none, so state) FAMILY NAME OR (For wife, give maide	n name)	F	IRST	1	BIRTHDATE	CITY	& COUNTRY	OF BIRTH	DATE OF N	ARRIAGE	PLACE OF MA	RRIAGE
WIFE NO		2										
FORMER HUSBANDS OR WIVES (if none, so state) FAMILY NAME (For wife, give maiden name)	FIRST	NAME	BIRTHD	ATE	DATE & PLACE C	IE M			D PLACE OF	TERMINIA		PRIACE
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Show below last occupation abroad if	not sho	wn abov	e. (Includ	le all i	nformation reque	este	d above.)					1
THIS FORM IS SUBMITTED IN CONNECTION WITH	APPLICA	TION FOR	SIGN	ATURE	OF APPLICANT		21		_	DA	TE	
NATURALIZATION STATUS AS PER	ERMANE	NT	U.C.L	TORC	TH	Z	0	_	-	661		
OTHER (SPECIFY):					R	-	1			/		
Submit all four pages of this for	rm.		If your i	native a	alphabet is other that	n ro <i>t</i>	fian letters, v	write your n	ame in your n	ative alpha	bet here	
PENALTIES: SEVERE PENA	LTIES AF	RE PROVIDE	D BY LAW	FOR KI	NOWINGLY AND WIL	LFUL	LY FALSIFY	NG OR COM	CEALING A M	ATERIAL F	ACT.	
<b>APPLICANT:</b>					NAME AND			ISTRA		MBER I	N THE	
COMPLETE THIS BOX (Family name)	BUX		ven name)	HEA	VY BORDER	BE						
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### LLS Department of Justice

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OMB #1115-0134

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	ation Service	Medical Examination of Aliens Seeking Adjustment of Statu				
	vpe or print clearly)	3. File(b) (6)				
	ne date shown I examined:					
1. Name (Last in CAPS)	V /	4. Sex Male	emale			
TAMERLA	Middle Initial)	5. Date of birth (Month/Day/Year) 10/21/80				
2. Address (Street number and n 410 NOR FOL	KSTV	6. Country of birth RUSSIQ (KALM	ik.Repub			
ambridge	2 (State) (ZIP Code) 2 MA 02139	7. Date of examination (Month/Day/Year) 02/14/01	5			
General Physical I No apparent defect, diseas		nce of the conditions listed below. My examina				
Class A Conditions	se, or discibility.	The conditions listed below were found	(cneck all boxes that apply			
Chancroid	Hansen's disease, infectious	Mental defect     Ps	sychopathic personality			
Chronic alcoholism	HIV infection		exual deviation			
	Insanity		philis, infectious			
Granuloma inguinale	Lymphogranuloma venereum		iberculosis, active			
Class B Conditions		Other physical defect, disease or disabi	lity (specify below).			
	ctious D Tuberculosis, not active					
Examination for Tuberculosis		Examination for Tuberculosis - Chest X-R				
Reaction mm	No reaction A Not done	Abnormal D No				
Doctor's name (please print)	Date read	(b) (6)	9/11/93			
Serologic Test for Syphilis	y test performed) P Nonreactive	Serologic Test for HIV Antibody Positive (confirmed by Western biot) Test Type Maril Amil Ab Doctor's name (please print) (b) (6) Date read Deter to PHS Guidelines for recommendations.)				
Test Type PM	2128206					
	Date read					
	unization Determination (DTP, OPV, MMR, Td-					
(b) (6)		<ul> <li>(b) (6)</li> <li>Refer to PHS Guidelines for recommendations.)</li> <li>Applicant is not current for recommender and I have encouraged that appropriate</li> </ul>	d age-specific immunizatio			
(b) (6)	unization Determination (DTP, OPV, MMR, Td-	Applicant is not current for recommended	d age-specific immunizatio			
(b) (6)	unization Determination (DTP, OPV, MMR, Td-	Applicant is not current for recommended	d age-specific immunizatio			
(b) (6)	unization Determination (DTP, OPV, MMR, Td- ommended age-specific immunizations.	Applicant is not current for recommender and I have encouraged that appropriate	d age-specific immunizatio			
(b) (6) Mapplicant is current for reco REMARKS: The alien named above has ap medical clearance is granted o	Unization Determination (DTP, OPV, MMR, Td- ommended age-specific immunizations. Civil Surgeon Referral for Follo oplied for adjustment of status. A medical examinat or for which the alien may seek medical advice. Plea- edical clearance are detailed on the reverse of this	Applicant is not current for recommender and I have encouraged that appropriate     w-up of Medical Condition on conducted by me identified the conditions above se provide follow-up services or refer the alien to an a form.	d age-specific immunizatio immunizations be obtaine which require resolution befor			
(b) (6) Immu Applicant is current for reco REMARKS: The alien named above has ap medical clearance is granted o	Unization Determination (DTP, OPV, MMR, Td- ommended age-specific immunizations. Civil Surgeon Referral for Follo oplied for adjustment of status. A medical examinat or for which the alien may seek medical advice. Plea- edical clearance are detailed on the reverse of this Follow-up Inf	Applicant is not current for recommender and I have encouraged that appropriate w-up of Medical Condition on conducted by me identified the conditions above se provide follow-up services or refer the alien to an a form.	d age-specific immunizatio immunizations be obtaine which require resolution befor			
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(b) (6) Immu Applicant is current for reco REMARKS: The alien named above has ap medical clearance is granted o The actions necessary for me Doctor's name and address (p I certily that I understand the pu Signature My examination sho Doctor'e name, and address (p	Civil Surgeon Referral for Follo opplied for adjustment of status. A medical examinator of which the alien may seek medical advice. Please of adjustment of status. A medical examinator of which the alien may seek medical advice. Please edical clearance are detailed on the reverse of this Follow-up Inf The alien named above has complied with the alien named above h	Applicant is not current for recommender and I have encouraged that appropriate w-up of Medical Condition on conducted by me identified the conditions above se provide follow-up services or refer the alien to an a form. ormation: h the recommended health follow-up. Doctor's signature Date tification: required tests to be completed, and the information Date 03/07/06	d age-specific immunization immunizations be obtained which require resolution befor ppropriate health care provide on this form refars to me.			
(b) (6) Immu Applicant is current for reco REMARKS:	Civil Surgeon Referral for Follo opplied for adjustment of status. A medical examinator for which the alien may seek medical advice. Plea- edical clearance are detailed on the reverse of this Follow-up Inf The alien named above has complied with elease type or print clearly) Civil Surgeon Concerned to the medical examination, I authorize the Civil Surgeon Concerned to have met the medical examination (glease type or print clearly) Civil Surgeon Concerned to have met the medical examination (glease type or print clearly) Civil Surgeon Concerned to have met the medical examination (glease type or print clearly) Civil Surgeon Concerned to have met the medical examination (glease type of print clearly)	Applicant is not current for recommender and I have encouraged that appropriate w-up of Medical Condition on conducted by me identified the conditions above se provide follow-up services or refer the alien to an a form. ormation: h the recommended health follow-up. Doctor's signature Date tification: required tests to be completed, and the information Date 03/07/06 certification: hation and health follow-up requirements for adjustr	d age-specific immunization immunizations be obtained which require resolution befor ppropriate health care provide on this form refars to me. Non-the status. 3/03/06 the			

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### OMB #1115-0134

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nmigration and Naturalizati	òn Service	Medical Examination of Aliens Seeking Adjustment of Status				
	e or print clearly)	3. File number (A number)				
the second s	date shown I examined:	4. Sex				
Name (Last in CAPS)	/	Male	C Female			
First	(Middle Initial)	5. Date of birth (Month/Day/Year)				
Address (Street number and name	me) (Apt. number)	6. Country of birth	ALMIK REDUB			
(City) BRIDAR	(State) (ZIP Code) VMA 02139	7. Date of examination (Month/Day	/Year) 1/06			
General Physical E	kamination: I examined specifically for evid	ence of the conditions listed below. My	examination revealed;			
No apparent defect, disease,	or distability.	The conditions listed below we	ere found (check all boxes that apply			
Class A Conditions	SAVE .					
Chancroid	Hansen's disease, infectious	Mental defect	Psychopathic personality			
Chronic alcoholism	HIV infection	Mental retardation	Sexual deviation			
Gonorrhea	Insanity	Narcotic drug addiction	Syphilis, infectious			
Granuloma inguinale	Lymphogranuloma venereum	Previous occurrence of one or more attacks of insanity	Tuberculosis, active			
Class B Conditions	the second state of the se	Other physical defect, disease	or disability (specify below)			
Hansen's disease, not infecti	ous D Tuberculosis, not active					
Examination for Tuberculosis -	Tuberculin Skin Test	Examination for Tuberculosis - C	Chest X-Ray Report			
C Reaction mm	No reaction Not done	C Abnormal	Normal O Not done			
Doctor's name (please print)	Date read	Doctor's name (please print) (b) (6)	9/11/92			
Serologic Test for Syphilis		Serologic Test for HIV Antibody				
Reactive Titer (confirmatory )	lest performed) Vonreactive	Positive (confirmed by Western)	n biot) Negative			
Test Type PM	2/18/106	Test Type Kin ANTI	AB 7/2/8			
(b) (6)	Date read	Doctor's name (please print)	Date read			
	nization Determination (DTP, OPV, MMR, To nmended age-specific immunizations.	Applicant is not current for record	ommended age-specific immunization ppropriate immunizations be obtained			
medical clearance is granted or f	Civil Surgeon Referral for Foll lied for adjustment of status. A medical examina or which the alien may seek medical advice. Plea	tion conducted by me identified the condition as a provide follow-up services or refer the all	ons above which require resolution befor lien to an appropriate health care provide			
The actions necessary for medi	cal clearance are detailed on the reverse of thi					
	Follow-up in The alien named above has complied wi		2			
Doctor's name and address (plea		Doctor's signature	Date			
I certify that I understand the purp	Applicant Ce lose of the medical examination, I authorize the		formation on this form refers to me.			
Signature	540	Date 03/07/	06			
V	Civil Surgeon					
	ed the applicant to have met the medical exam	ination and health follow-up requirements	for adjustment of status.			
240D ALL CTONS	ASSOCIATES	(b) ( <del>6</del> )	Date 3/07106			
BRIGH 3NJ MAA (617) 704 1000	n and Naturalization Service is authorized	eform and Control Act of 1986. Public	visions of the Law 99-603.			
1 693 (Rev. 09/01/87/ N33C	PAX OBIGINAL: IN	8 A-FILE				

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### OMB #1115-0134

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Immigration and Naturalization Service	Medical Examination of Aliens Seeking Adjustment of Status
(Please type or print clearly)	3. File number (A number)
I certify that on the date shown I examined:	
1. Name (Last in CAPS)	4. Sex Male D Female
(First) (Middle Initial) (Middle Initial)	5. Date of birth (Month/Day/Year) 10/21/80
2. Address (Street number and name) 410 NOR TOLK ST (Apt. number)	6. COUNTY OF DITH I A (KALMIK. REPUBLIC
ambridge (State) (ZIP Code) 2000 MA 02139	7. Date of examination (Month/Day/Year) 02/14/06
	lence of the conditions listed below. My examination revealed;
No apparent defect, disease, or dist, bility.	The conditions listed below were found (check all boxes that apply).
Class A Conditions Chancroid Hansen's disease, infectious	Mental defect     Psychopathic personality
Chronic alcoholism	Mental retardation     Sexual deviation
Gonorrhea Insanity	Narcotic drug addiction     Syphilis, infectious
Granuloma inguinale Lymphogranuloma venereum	Previous occurrence of one     Tuberculosis, active
	or more attacks of insanity
Class B Conditions  Hansen's disease, not infectious  Tuberculosis, not active	Other physical defect, disease or disability (specify below).
Examination for Tuberculosis - Tuberculin Skin Test	Examination for Tuberculosis - Chest X-Ray Report
Reaction mm	Abnormal     Not done
Doctor's name (please print) Date read	Doctor's name (please print) (b) (6) 9/////92
Serologic Test for Syphilis	Corologio restroi tare canabody
Reactive Titer (confirmatory test performed)	Positive (confirmed by Western biot)     Negative
Test Type RAD 2118176	Test Type Kin ANTIAS 7/10/86
(b) (6) Date read	Doctor's name (please print) Date read (b) (6)
Applicant is current for recommended age-specific immunizations.	Applicant is not current for recommended age-specific immunizations and I have encouraged that appropriate immunizations be obtained.
Civil Surgeon Referral for Foll The alian named above has applied for adjustment of status. A medical examina medical clearance is granted or for which the alian may seek medical advice. Ple	low-up of Medical Condition ation conducted by me identified the conditions above which require resolution before ase provide follow-up services or refer the alien to an appropriate health care provider.
The actions necessary for medical clearance are detailed on the reverse of th Follow-up in	nformation:
The alien named above has complied w	
Doctor's name and address (please type or print clearly)	Doctor's signature Date
Applicant Control of the medical examination, I authorize the	
Signature	Date D3/07/06
Civil Surgeon	
My examination showed the applicant to have met the medical exam ALEXE YENKO MEDICAL ASSOCIATES	(b) (c) Date 3/07/06
319B ALLSTON STREET BRIGHT 3N, Magr 925 25d Naturalization Service is authorize	Plan and Costrol Act of 1985. Bublic Law 99 503
(617) 704 botton and Nationality Act and the Immigration R	reform and Control Act of 1900, Public Law 99-603.

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OMB #1115-0134

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Medical	Examination of	Aliens	Seeking	Adjustment of Status
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(Otenes ture as exist cleachy)						
(Please type or print clearly) I certify that on the date shown I examined:	<b>3.</b> Fil(b) (6)					
1. Name (Last in CAPS)	4. Sex					
TSARNAEV	Male D Female					
(First) (Middle Initial) Tamerlan T.A.	5. Date of birth (Month/Day/Year) 10/21/86					
2. Address (Street number and name) (Apt. number)	6. Country of birth RUSSIQ (KALMIK, REPU					
ambridge (State) (ZIP Code) 24 Mbridge MA 02139	7. Date of examination (Month/Day/Year) 0 2/14/06					
	tence of the conditions listed below. My examination revealed;					
No apparent defect, disease, or distribility.	The conditions listed below were found (check all boxes that application)					
Class A Conditions Chancroid Hansen's disease, infectious	Mental defect     Psychopathic personality					
	Mental retardation     Sexual deviation					
Chronic alcoholism Gonorrhea HIV infection Insanity	Narcotic drug addiction     Syphilis, infectious					
Granuloma inguinale Lymphogranuloma venereum	Previous occurrence of one     Tuberculosis, active					
	or more attacks of insanity					
Class B Conditions	Other physical defect, disease or disability (specify below).					
Hansen's disease, not infectious D Tuberculosis, not active						
Examination for Tuberculosis - Tuberculin Skin Test	Examination for Tuberculosis - Chest X-Ray Report					
Reaction mm	Abnormal Normal Not done					
Doctor's name (please print) Date read	Doctor's name (please print) Date read					
	(b) (6) 7//////3					
Serologic Test for Syphilis	Serologic Test for Hiv Antibody					
Reactive Titer (confirmatory test performed)	Positive (confirmed by Western biot)     Negative					
Test Type RAR 2/28/206	Test Type Kin ANTIAB 2/18/8					
Doctor's name (please print) Date read	Doctor's name (please print) Date read					
(D) (D)	(b) (6)					
mmunization Determination (DTP, OPV, MMR, To						
immunization Determination (DTP, OPV, MMR, TC	d-Refer to Fine concommendations.)					
Applicant is current for recommended age-specific immunizations.						
Applicant is current for recommended age-specific immunizations.	Applicant is not current for recommended age-specific immunization					
a series of the	Applicant is not current for recommended age-specific immunization					
Applicant is current for recommended age-specific immunizations.	Applicant is not current for recommended age-specific immunization					
Applicant is current for recommended age-specific immunizations.	Applicant is not current for recommended age-specific immunization					
Applicant is current for recommended age-specific immunizations.	Applicant is not current for recommended age-specific immunization					
Applicant is current for recommended age-specific immunizations.	Applicant is not current for recommended age-specific immunization					
Applicant is current for recommended age-specific immunizations. REMARKS:	Applicant is not current for recommended age-specific immunization and I have encouraged that appropriate immunizations be obtain					
Applicant is current for recommended age-specific immunizations. REMARKS: Civil Surgeon Referral for Fol	Applicant is not current for recommended age-specific immunization and I have encouraged that appropriate immunizations be obtain					
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### SUPPLEMENTAL FORM TO I-693 Adjustment of Status Applicant's Documentation of Immunization To be completed by civil surgeon only

1. Applicant Identifying Information SARNAE

TAMERLAN (Middle)

Republin Date of Birth

Country Kolnin

Date 02/14/06

(Family) Year) Female Male.

Passport #

(Personal)

2. Immunization Record

Vaccine History Transferred from a Written Record					Vaccine Given	Completed series or Fully immune (Check if YES write date of la test if immune	Waiver(s) to be Requested from INS				
							1.1	В	lanket	1. J.	
							b Not Madiaally Appropriate				
Vaccine	Date Rec'd Mo/Day/Yr	Date Rec'd Mo/Day/Yr	Date Rec'd Mo/Day/Yr	Date Rec'd Mo/Day/Yr	Date given by Civil Surgeon Mo/Da/Yr		Not appropriate age	Contra- indication	Insufficient time interval	Not fall (flu) season	
DT/DTP	wi25/8*					¥.				//////	
Td	09/04/0	3 "/04	64			4					
Polio (OPV/IPV			-						_		
Measles (or MR MMR)	01 9/04/0	3"/04/0	4								
1 1 10	09/	a. 11/01	104							1111111	
Mumps (or MM Rubella (or MR MMR)	09/04/0	3"/04/0	4								
Hib							11				
Hepatitis B							-			-111111	
Varicella						11/4/04	1				
Pneumococcal	14			0							
nfluenza		945						( <b>*</b> )			

Applicant does not meet immunization requirements.

:17)734-133C rAX

BRIGHTON, MA 02135 4. Civil Surgeon's Identifying Information?) 734-130P

Civil Surgeon's Name

Civil Surgeon's Signal

### ALEXFYENKO MEDICAL ASSOCIA 319B ALLSTON STREET BRIGHTON, MA 02135 (617) 734-1300 - L (617) 734-1330 FAX

### ALEXEVENKO MEDICAL ASSOCIATES 319B ALLISTON STREET BRIGHTON, MA 02135 (617) 734-1300 \_\_\_ (617)734-1330 FAX

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ALEXFYENKO MEDICAL ASSOCIATES
319B ALLSTON STREET
BRIGHTON, MA. 02135
(617) 734-1300
(617)734-133C FAX

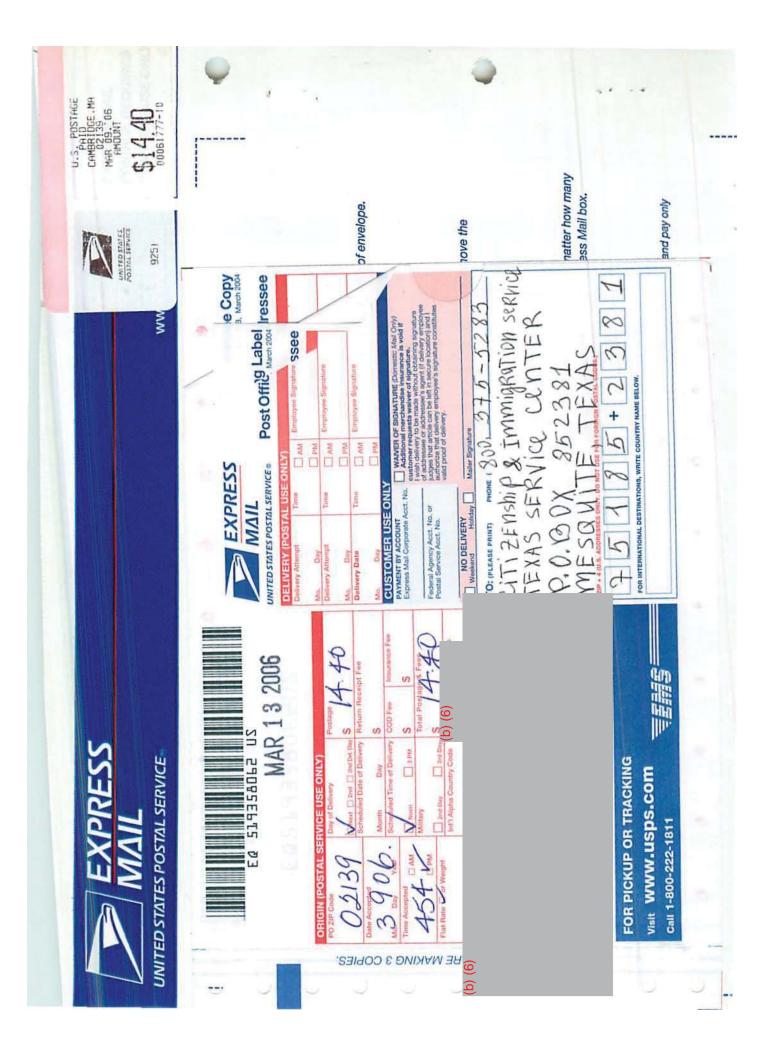
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UNITED STATES DEPARTMENT OF HOMELAND SECURITY

CITIZENSHIP AND IMMIGRATION SERVICES

## **COVER SHEET**

### RECORD OF PROCEEDING

This is a permanent record of the Citizenship and Immigration Services. Any part of this record that is removed MUST BE RETURNED after it has served its purpose.

### INSTRUCTIONS

- Place a separate cover sheet on the top of each Record of Proceeding.
- Each Record of Proceeding is to be fastened on the inner left side of the file jacket in chronological order.
- Any person temporarily removing any part of this record must make, date, and sign a notation to this effect which is to be retained in this record, below the cover sheet. The signer is responsible for replacing the removed material as soon as it has served its purpose.
- 4. See AM 2710 for detailed instructions.

M-175 (Rev. 8-31-04)

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# NRC SRC CSC VSC HBG

TO

VISA

PRIORIT

INTER-FILING

# A-

(b) (6)

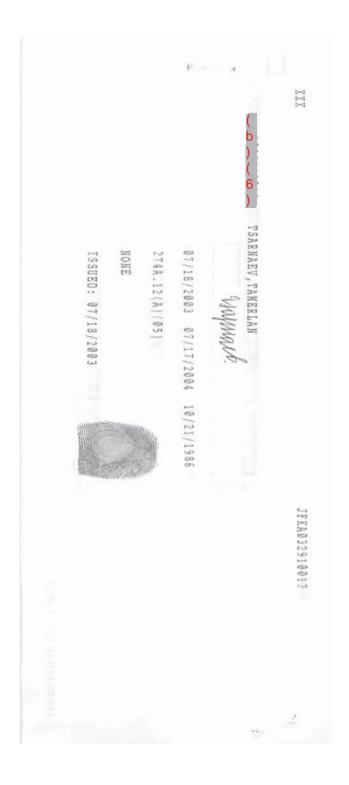
OUN ANG 22 03 -7 15 AM 2 1 7 6 Refer to U.S. Department of State

PFULCANTS MUST ESTABLISH THAT THEY ARE ADMISSIBLE TO THE UNITED STATES, EXCEPT AS OTHERWISE ROVIDED BY LAW, ALIENS WITHIN ANY OF THE FOLLOWING CLASSES ARE NOT ADMISSIBLE TO THE UNITED STAT Allens who have committed or who have been con- vited of a crime involving moral turpitude (does not include minor traffic violations); 2. Allens who have been cancellation of any written have been, matchists, or members of or affiliated with any communist or other totalitatian party, including any subdivision or affiliate thereof; 4. Allens who have are ortany mitten by per- sional utterance, or by means of any written or printed matter, or through affiliation with an organization, (1) opposition to organized government of ficial ble cover- throw of government by force or violence, (iii) the sasualling or (vi) the doctrines of world communism, or the establishment of a total- itarian dictorship in the United States; 5. Allens who have been convicted of violation of any laws or regulation relating to narcotic drug or marijuana; Allens who have been convicted of violation of any laws or regulation relating to narcotic drugs or marijuana; Allens who have been convicted of violation of any laws or regulation relating to narcotic drugs or marijuana; Allens who have been convicted of violation of law; Allens who have been convicted of violation of any laws or regulation relating to narcotic drugs or marijuana; Allens who have been convicted of violation of any laws or the foregoing classes apply to you? (If answer is Yes, explain on reverse)	Name	TSARNAEV TAMERL	AN ÁN:	LORC	OVICH	A (b) (6)
ROVIDED BY LAW, ALIENS WITHIN ANY OF THE FOLLOWING CLASSES ARE NOT ADMISSIBLE TO THE UNITED STAT           1. Allens who have committed or who have been convicted of arime involving moral turpitude (does not include minor traffic violations);         3. Allens who have been engaged in or who intend to engage in any commercialized sexual activity;         3. Allens who have advocated or taught, either by personal tuterance, or by means of any written or printed matter, or through affiliate thereor;         6. Allens who have advocated or taught, either by personal tuterance, or by means of any written or printed matter, or through affiliate thereor;         9. Allens who have advocated or taught, either by personal tuterance, or by means of any written or printed matter, or through affiliate thereor;         9. Allens who have advocated or taught, either by personal tuterance, or by means of any written or printed matter, or through affiliate thereor;         9. Allens who have a dvocate or taught, either by personal tuterance, or by means of any written or printed matter, or through affiliate thereor;         9. Allens who have a dvocate or otaloence, (iii) the assulting or service.         9. Allens who have a physical defect, disease or disability affecting their ability to earn a living;           1. Allens who have been convicted of violation of any the or programity, (v) shotage, or (v) the doctrines or unlawful activities or autivities of a subbility or anal siting any other aliens who have been involved in assisting any other aliens who have been involved in assisting any other aliens to enter the United States in violation of law;         10. Allens who have been involved in assisting any other aliens to enter the United States in violation of law;         10. Allens who have been avectude from the United States to avoid military service in time of war or national emergency. </th <th>_</th> <th></th> <th>i tota in totale</th> <th>1</th> <th></th> <th>A (3) (3)</th>	_		i tota in totale	1		A (3) (3)
vieted of a crime involving moral turpitude (does not include minor traffic violations); Allens who have been agged in or who intend to engage in any commercialized sexual activity; Allens who have been engaged in or who intend to engage in any commercialized sexual activity; Allens who have been engaged in or who intend to or affiliate thereof; Allens who have bave occurs of an uspht, either by personality, sexual deviation, mental defect, narcotic drug addiction, chronic alcoholism or any dangerous contagious disease; Allens who have bave occurs of superior (i) opposition to organized government, ii) the over-throw of government by force or violence, (iii) the over-throw of government by force or violence, (iii) the over-throw of government by force or violence, (iii) the over-throw of government by force or violence, (iii) the over-throw of government by force or violence, (iii) the over-throw of government by force or violence, (iii) the over-throw of government by force or violence, (iii) the over-throw of government by force or violence, (iii) the over-throw of government of a total-litarian dictatorship in the United States; or who at any time have been envolved or asisting any other aliens to nare the United States in violation of any have been involved in assisting any other aliens to enter the United States in violation of law; Allens who have been involved in assisting any other aliens to enter the United States in violation of law; Do any of the foregoing classes apply to you? □ Yes EN No (If answer is Yes, explain on reverse) Aurther, I have never ordered, assisted or otherwise participated in the persecution of any person because of race, religion or politicar printon. Inderstand all the foregoing statements, having asked for and obtained a translation or explanation of every point which was not inderstood or clear to me. Subscribed and swomn to (Affyrged) by the above anged pareal thefore me this appreser (Print) Sub						
<ul> <li>3. Aliens who are or at any time have been, anarchists, or momest of or affiliate with any communist or other totalitarian party, including any subdivision or affiliate thereof;</li> <li>4. Aliens who have advocated or taught, either by personal uterance, or by means of any written or printed matter, or through affiliation with an organization, (i) opposition to organized government, (ii) the overthrow of government by force or violence, (iii) the assaulting or killing of government of ficial character, (iv) the unlawful destruction of property, (v) subdage, or (vi) the doctrines of world communism, or the establishment of a totalitarian dictatorship in the United States;</li> <li>5. Aliens who have been convicted of violation of any laws or regulation relating to narcotic drugs or marijuana;</li> <li>7. Aliens who have been involved in assisting any other aliens to enter the United States in violation of law;</li> <li>9. Aliens who have been involved in assisted or otherwise participated in the prescution of any person because of race, religion or political printon.</li> <li>9. Aliens who are mentally retarded, insame, or have suffered one or more attacks of insamily;</li> <li>10. Aliens who have a physical defect, disease or disability to earn a living:</li> <li>12. Aliens who have a polygamistis or advocate polygamy;</li> <li>13. Aliens who have been convicted of violation of any time there tay from or remained outside the United States in violation of law;</li> <li>14. Aliens who have been involved in assisting any other aliens to enter the United States in violation of law;</li> <li>15. Aliens who have been involved in assisting any other aliens to enter the United States in violation of law;</li> <li>16. Aliens who have been involved in assisting any other aliens to enter the United States in violation of law;</li> <li>17. Aliens who have the ever ordered, assisted or otherwise participated in the prescution of any person because of race, religion or politicaping inton.</li> <li>18. Aliens who h</li></ul>	1. 2.	victed of a crime involving moral turpitude ( include minor traffic violations); Aliens who have been engaged in or who int	(does not end to	8.	from training or se United States on the been relieved or dis	rvice in the Armed Forces of the ne ground of alienage and who have
other totalitarian party, including any subdivision or anfiliate thereof;       10. Aliens who have advocated or taught, either by personal utterance, or by means of any written or printed matter, or through affiliation with an organization, (i) opposition to organized government, (ii) the over-throw of government by force or violence, (iii) the assaulting or killing of government of ficial because of their official character, (iv) the unlawful destruction of property, (v) sabotage, or (vi) the doctrines of world communism, or the establishment of a totalitation intend to engage in projudicial activities or unlawful activities of a subversive nature;       10. Aliens who have been excluded from the United States;         5. Aliens who have been convicted of violation of any law or regulation relating to narcotic drugs or marijuana;       11. Aliens who have been involved in assisting any other aliens to enter the United States in violation of law;         12. Aliens who have been involved in assisting any other aliens to enter the United States in violation of law;       13. Aliens who have departed from or remained outside the United States to avoid millitary service in time of war or national emergency.         13. Aliens who have been involved in assisting any other aliens to enter the United States in violation of law;       14. Aliens who have departed from or remained outside the United States to avoid millitary service in time of marker is Yes, explain on reverse)         Guarder for the orging statements, having asked for and obtained a translation or explanation of every point which was not understood or clear to me.       Marker M	3.	Aliens who are or at any time have been, an	archists,	9.		
snal utterance, or by means of any written or printed matter, or through affiliation writh an organization, (i) opposition to organized government, (ii) the over- throw of government of ficials because of their official character, (iv) the unlawful destruction of property, (v) subotage, or (vi) the doctrines of world communism, or the establishment of a total- itarian dictatorship in the United States;       1. Aliens who have a physical defect, disease or disability affecting their ability to earn a living;         5. Aliens who intend to engage in prejudicial activities or unlawful activities of a subversive nature;       1. Aliens who have been econvicted of violation of any law or regulation relating to narcotic drugs or mari- juana, or who have been illicit traffickers in narcotic drugs or marijuana;       1. Aliens who have departed from the United States at Govern- ment expense;         5. Aliens who have been illicit traffickers in narcotic drugs or marijuana;       1. Aliens who have departed from or remained outside the United States to avoid military service in time of war or national emergency.         6. Aliens who have been illicit traffickers in narcotic drugs or marijuana;       1. Yes (SIN)         7. Aliens who have been illicit traffickers in narcotic drugs or marijuana;       1. Yes (SIN)         8. On (If answer is Yes, explain on reverse)       1. Aliens who are person because of race, religion or politica piprion.         9. Output for the foregoing statements, having asked for and obtained a translation or explanation of every point which was not inderstood or clear to me.       Yes (SIN)         9. Guy Her foregoing statements, having asked for and obtained a translation or explanation of every point which	4	other totalitarian party, including any subdi affiliate thereof;	vision or	10.	Aliens afflicted with deviation, mental of	th psychopathic personality, sexual defect, narcotic drug addiction,
<ul> <li>(i) opposition to organized government, (ii) the overthrow of government by force or violence, (iii) the assuiting or Killing of government of ficials because of their official character, (iv) the unlawful destruction of property, (v) sabotage, or (vi) the doctrines of world communism, or the establishment of a totalitarian dictatorship in the United States;</li> <li>Aliens who intend to engage in prejudicial activities or unlawful activities of a subversive nature;</li> <li>Aliens who have been convicted of violation of any law or regulation relating to narcotic drugs or marijuana;</li> <li>Aliens who have been involved in assisting any other aliens to enter the United States in violation of law;</li> <li>Aliens who have been involved in assisting any other aliens to enter the United States of avoid military service in time of war or national emergency.</li> <li>Aliens who have been involved in assisted or otherwise participated in the persecution of any person because of race, religion or political printom.</li> <li>COMPLETE &amp; TRUE SIGNATURE OF APPLICANT)</li> <li>Signature of Interpreter</li> </ul>	4.					or any dangerous contagrous
throw of government by force or violence, (iii) the assulting or killing of government officials because of their official character, (iv) the unhawful destruction of property, (v) sabotage, or (vi) the doctrines of world communism, or the establishment of a totalitariant dictatorship in the United States;       13. Aliens who are paupers, professional beggars or vagrants;         5. Aliens who have been convicted of violation of any plaw or regulation relating to narcotic drugs or marijuana, or who have been involved in assisting any other aliens to enter the United States in violation of law;       14. Aliens who have been removed from the United States at Government expense;         7. Aliens who have been involved in assisting any other aliens to enter the United States in violation of law;       15. Aliens who have been involved in assisting any other aliens to enter the United States or otherwise participated in the persecution of any person because of race, religion or political printical or clear to me.         No any of the foregoing statements, having asked for and obtained a translation or explanation of every point which was not understood or clear to me.       Mutual States in violation of any person because of race, religion or political printical states in violation of any person because of race, religion or political printical states in violation of any person because of race, religion or political states in violation of any person because of race, religion or political states in violation of any person because of race, religion or political printical states in violation of any person because of race, religion or political printical states in violation of any person because of race, religion or political printical states in violation of any person because of race, religion or political printerpreter         Subscribed and swom		A REAL PROPERTY AND A REAL		11.	and a second	and the second
their official character, (iv) the unlawful destruction of property, (v) sabotage, or (vi) the doctines of world communism, or the establishment of a totalitarian dictatorship in the United States;       Aliens who have been involved States;         5. Aliens who have been convicted of violation of any law or regulation relating to narcotic drugs or marijuana;       14. Aliens who have procured or attempted to procure a visa by fraud or misrepresentation;         16. Aliens who have been involved in assisting any other aliens to enter the United States in violation of law;       15. Aliens who have departed from or remained outside the United States to avoid military service in time of war or national emergency.         20. oany of the foregoing classes apply to you?       □ Yes       ⊠ No         6. Turker, I have never ordered, assisted or otherwise participated in the persecution of any person because of race, religion or political pinton.       14. Aliens who have been excluded from the United States at Government expense;         15. Aliens who have been involved in assisting any other aliens to enter the United States in violation of law;       16. Aliens who have departed from or remained outside the United States to avoid military service in time of war or national emergency.         20. oany of the foregoing classes apply to you?       □ Yes       ⊠ No         (If answer is Yes, explain on reverse)       15. Aliens who have been amed applicant before me this applicant of nerverse point which was not understood or clear to me.         20. OM <u>Subscribed and sworm to (Affiryred) by the above named applicant before me this approvent (Print)       38. Aliens </u>		throw of government by force or violence, (	iii) the	12.		
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Form G-646 (Rev. 4-30-83)N

3	pe or print the fo	llowing info	ormation. (Read	l instructions on	reverse)	A File	<sub>No.:</sub> (b) (6)	
•	Name:	TAMERL	(First) AN		ANZORD			(Last) TSARNAEV
•	Present address:		MLIMCLINLIN ANKARA O	50KAX	# 7/	20101		SARIVAEV
3.	Date of birth: (month 10.21.19		Place of birth (ci TUGTUN PRIOZERNIY	ty or town) DISTRICT	(Province) KALMIKI	(Countr		Present nationality: KYR647STAA
•	Country from which	I fled or was dis	placed :	ZSTAN	On or about (		and the second division of the local divisio	1 7 10 10
•	Reasons (State in de PETITION AND AP	I-730,		S FILED	By (b) (6		E/ASYLE	E RELATIVE
	My present immigra	ition status in	TUR	KEY ountry in which	residing)	is:	VISIT	DR.
	Evidence of my imm	igration status	is:				1	
	(Describe)				1.1.1.1			a condu
7.	Name of spouse:	N/A	8. Pres	ent address of s	oouse ( if differen <del>)</del>	4):	9.	Nationality of spouse: $\mathcal{N}/\mathcal{A}$
	Name of spouse: My spouse 🔲 will	1	8. Pres	as / F	}	4):	9.	1.
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TAMERLAN TSARNAEV DOB:101/21/1986

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Withheld In Full (b)(6)

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#### Withheld In Full (b)(6)

### **BIRTH CERTIFICATE**

Citizen TSARNAEV TAMERLAN ANZOROVICH

was born on October 21,1986

in the town of Tugtun, Priozerniy District, Autonomous Republic of Kalmikiya,

**Russian Federation** 

and that was registered in Birth Registration Book on October 27, 1986 under the number 25

PARENTS:

Father: (b) (6)

Nationality: Chechen

Mother:(b) (6)

Nationality: avar

Place of registration: Registry Office of town of Tugtun, Priozerskiy District, Autonomous Republic of Kalmikiya

Date of issue: October 27, 1986

Seal

Signature of the Chief of the Registry Office ZAGS bureau

I-JIY No. 367870

I certify that this translation is complete and correct and that I am competent to translate (b) (6)

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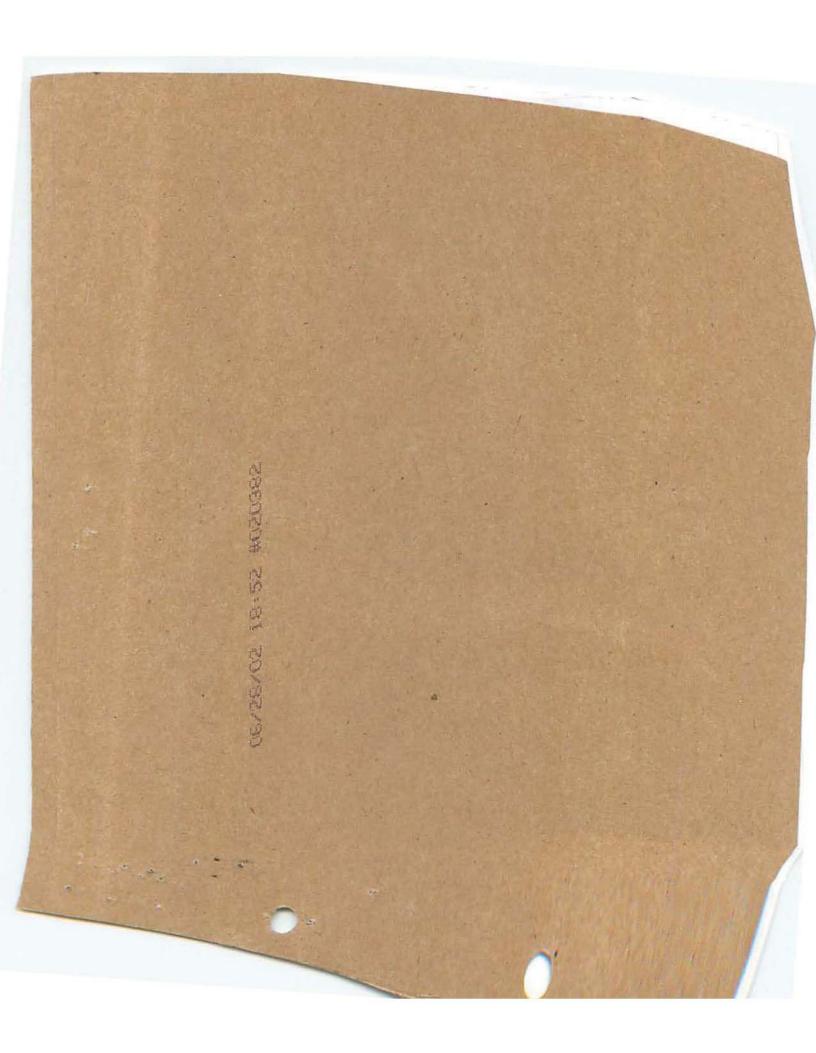
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Seal

Signature of the Chief of the Registry Office ZAGS bureau

I**I**Y No. 367870

I certify that this translation is complete and correct and that I am competent to translate from Russian to English.

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Vaccine history complete	Vaccine history incomplete, rea	questing waiver lindicate type belo
Incomplete vaccine history, no waiver requested	Blanket waiver	Individual waiver
certify that I understand the purpose of the medical examin	· · · · · · · · · · · · · · · · · · ·	be completed.
certify that I understand the purpose of the medical examination	ation and I authorize the required tests to (b) (6)	be completed.

## PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES

Public reporting burden for this collection of information is estimated to average 40 minutes per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. Persons are not required to provide this information in the absence of a valid OMB approval number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: Department of State (A/RPS/DIR) Washington, DC 20520-1849.

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-ISCT

PLATEHIN2

1	Studying in Kyryy2sta	n and	will be spratying in USA OMB No. 1405-0113
1 Contraction	U.S. Department of MEDICAL HISTC AND PHYSICAL		ATION ORVEHEET EXPIRATION DATE: 01/31/2004
	For use with D		See Page 2 - Back of Form)
Name (Li	ast, First, MIJ		Exam Date (mm-dd-yyyy)
	TSARNAEU TAMER	LAN	1 0 JUL 2003
Birth Dat	e Imm-dd-yyyy 198-(2 Pa(b) (6)		Alien (Case) Number
1. Past N	Andical History (indicate conditions requir	it after re	settlement and give details in Remarks)
No Yes	TE: The following information has been self-reported, has not be	en verified by a No Yes	a physician, and should not be deemed medically definitive.
	General por	DÓ	Ever caused SERIOUS injury to others, caused MAJOR
	Illness or injury requiring hospitalization (including psychiatric)		property damage or had trouble with the law because of medical condition, mental disorder, or influence of alcohol or
mn	Cardiology Angina pectoris		drugs
FA	Hypertension (high blood pressure)		Obstetrics and Sexually Transmitted Diseases
FA			Pregnancy Fundal height cm Last menstrual period Date (mm-dd-yyyy)
BH	Congenital heart disease Dauge - Never		
	Pulmonology Days - Never		Sexually transmitted diseases, specify
90	History of tobacco use		Endocrinology and Hematology
DO	Current use Yes No		Diabetes mellitus
BH	Chronic obstructive pulmonary disease (emphysema)	I FA	Thyroid disease
E E	History of tuberculosis (TB) disease		History of malaria
19 []	Treated Yes No		Other
	Current TB symptoms Yes No	90	Malignancy, specify
1	Neurology and Psychiatry	PD	Chronic renal disease
90	History of stroke, with current impairment	20	Chronic hepatitis or other chronic liver disease
20	Seizure disorder	20	Hansen's Disease
	Major impairement in learning, intelligence, self care, memory,		Tuberculoid Borderline Lepromatous
AU	or communication Major mental disorder (including major depression, bipolar		OR Paucibacillary Multibacillary
	disorder, schizophrenia, mental retardation)		Treated Yes No
ØŪ	Use of drugs other than those required for medical reasons	DD	Visible disabilities lincluding loss of arms or legs),
20	Addiction or abuse of specific' substance (drug)		specify
-	<ul> <li>* amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, phencyclidines, sedative-hypnotics, and anxiolytics</li> </ul>		
20	Other substance-related disorders (including alcohol addiciton or		Other service tractment and it.
	abuse)		Other requiring treatment, specify
<u> </u>	Ever taken action to end your life		
2. Physica	al Examination (indicate findings and give details in Remarks)		
No	Yes Applicant appears to be providing unreliable or false inf	ormation, spec	ify
	and the second		
Height	184 cm Weight 81 kg Visual Acuity at 20	) feet: Uncorre	acted L 20/ 20_R 20/ 20_
	8 (mmHg) Heart rate 62 /min Respiratory rate 14/r	min Corre	ected L 20/ R 20/
Dr -Line /.			11 20/
N* A*	*N, normal; A, abnormal; ND, nor ND*	V* A* ND*	
BÜ	General appearance and nutritional status		Inguinal region (including adenopathy)
PT	Hearing and ears		Extremities (including pulses, edema)
PA	Eyes		Musculoskeletal system (including gait)
00	Nose, mouth, and throat (include dental)		Skin (including hypopigmentation, anesthesia, findings
ØŌ	Heart (S1, S2, murmur, rub)		consistent with self-inflicted injury-or injections)
20	Breast		Lymph nodes
	Lungs		Nervous system (including nerve enlargement)
	Abdomen (including liver, spleen)		Mental status (including mood, intelligence, perception, thought processes, and behavior during examination)
90	Genitalia (including circumcision, infection(s))		

D	5	Ż	3	n	3	A
õ						

3. Additional Testing Needed Prior to Approving Cal Clearance	P 1
No Yes	1
Physical examination or laboratory results contradict medical history	
Referral prior to departure If yes, provide results	
Referral prior to departure If yes, provide results	
4. Follow-up Needed After Arrival	
No     Yes, within 1 week     Yes, within 1 month     Yes, within 6 months       For continuing medication, list type, dose, and frequency     Yes, within 1 month     Yes, within 6 months	
For continuing other treatment, specify	
5. Remarks (describe any abnormal history, abnormal findings, and resulting interventions)	
5. Remarks (describe any abnormal history, abnormal hindings, and resulting interventions)	
PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES	
Public reporting burden for this collection of information is estimated to average 35 minutes per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. Persons are not required to provide this information in the absence of a valid OMB approval number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: Department of State (A/RPS/DIR) Washington, DC 20520-1849.	
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1004	For Use with DS-20	52 Con			e Page 2 - Ba	ck af Form)
me (Last, First, MI)			TAMERLAN	Applicable	Age	17
Date (						IT
h Date (mm-dd-yyy) 0.21.198	(h)	er	Alien (Ca	se) Number	_ (	
	History of tuberculosis (TB) di	sease	TB signs or syn	nptoms	Y	361
	Contact with TB patient		Adult (with or v	without any of the other)		
hild does not have Chest X-Ray Finding	any of the above, stop here)	110-00		07 10 0000	-	0
Chemistry Contraction of Contraction	a Normal findings	Date C	Chest X-Ray taken (mm-dd-yyyy)	0740.2003	(Barry)	
- to a second		ings and interpre	tation, checking all that apply,	and any other in table belo	TAN	NOLOGI
Can su	ggest ACTIVE TB	□ □ Can	suggest INACTIVE TB	OTHER X-	BUOGRAS 3	SI 6 10 Kava
	ed smears)		mears if symptomatic)		Dip N	0 7336711
Infiltrate or cor	solidation		fibrotic scar or linear opacity	Follow-up needed		
Any cavitary le	sion		nodule/s/ without calcification	Musculoskeleta	al	
Nodule with po	orly defined margins	Discrete or retrac	fibrotic scar with volume loss	Cardiac	~	
Pleural effusion			nodule/s/ with volume loss or	Pulmonary		
Hilar/Mediastin	al adenopathy	retraction	n Ich as bronchiectasis)	Other		
Linear, interstit	ial markings		ich as bronchiectasis)	No follow-up neede	d for	
				Pleural thickening, blunting costophren	ALL DA PROPERTY OF ALL DATE	
Other (such as	military findings)	1		calcified nodule or		
Southan Concesso						
	as no signs or symptoms of TB	and : X	-ray suggests INACTIVE TB, thi	s is a Class B2/TB		-
	as no signs or symptoms of TB				I, this is B	Other
and the second se	as no signs or symptoms of TB		THER X-ray findings suggest fo	llow-up needed after arriva		Other
And the second se	as no signs or symptoms of TB		THER X-ray findings suggest fo THER X-ray findings suggest no	llow-up needed after arriva		Other
And the second se	as no signs or symptoms of TB		THER X-ray findings suggest fo	llow-up needed after arriva		Other
No, applicant ha	as no signs or symptoms of TB nas (mark all that apply):		THER X-ray findings suggest fo THER X-ray findings suggest no	llow-up needed after arriva followup needed, this is N		Other
No, applicant ha	nas (mark all that apply):		THER X-ray findings suggest fo THER X-ray findings suggest no -ray Normal, this is <b>No Class</b>	llow-up needed after arriva followup needed, this is N	lo Class	Other
No, applicant ha	nas (mark all that apply): mptoms of TB present, See Se	o o x	THER X-ray findings suggest fo THER X-ray findings suggest no -ray Normal, this is <b>No Class</b> and smear results a	llow-up needed after arriva followup needed, this is N	lo Class	Other
No, applicant ha	nas (mark all that apply):	o o x	THER X-ray findings suggest fo THER X-ray findings suggest no -ray Normal, this is <b>No Class</b> and smear results a	llow-up needed after arriva followup needed, this is N	lo Class	Other
No, applicant ha	nas (mark all that apply): mptoms of TB present, See Se ests ACTIVE TB, See Section	0 0 0 2	THER X-ray findings suggest fo THER X-ray findings suggest no -ray Normal, this is <b>No Class</b> and smear results a Positive Negati	llow-up needed after arriva followup needed, this is N	lo Class	Other
No, applicant ha Yes, applicant h Signs or sy X-ray sugg	nas (mark all that apply): mptoms of TB present, See Se	o o 2 <u>Three smear</u>	THER X-ray findings suggest fo THER X-ray findings suggest no -ray Normal, this is <b>No Class</b> and smear results a	llow-up needed after arriva followup needed, this is N	lo Class	Other
No, applicant ha	nas (mark all that apply): mptoms of TB present, See Se ests ACTIVE TB, See Section s and X-ray findings:	o o 2 Three smear X-ray No	THER X-ray findings suggest fo THER X-ray findings suggest no -ray Normal, this is No Class and smear results a Positive Negati	Ilow-up needed after arriva followup needed, this is N re: ve Dates obtained (mn	lo Class	Other
No, applicant ha	nas (mark all that apply): imptoms of TB present, See Se ests ACTIVE TB, See Section a and X-ray findings: result POSITIVE and	ection 1 2 Three smear X-ray No Signs	THER X-ray findings suggest fo THER X-ray findings suggest no -ray Normal, this is No Class and smear results a Positive Negati	Ilow-up needed after arrival followup needed, this is N ra: ve Dates obtained (mn	lo Class	4
Yes, applicant I Signs or sy X-ray sugg Dutum smear results At least one smear Any chest X-ra	nas (mark all that apply): imptoms of TB present, See Se ests ACTIVE TB, See Section a and X-ray findings: result POSITIVE and by finding, this is Class A/TB	Contraction 1 2 Three smear X-ray No Signs Signs X-ray su	THER X-ray findings suggest fo THER X-ray findings suggest no -ray Normal, this is No Class and smear results a Positive Negati B B B B B B B B B B B B B B B B B B B	Ilow-up needed after arrival followup needed, this is N re: ve Dates obtained (mo Dates o	is B Othe	r.
No, applicant ha	nas (mark all that apply): imptoms of TB present, See Se ests ACTIVE TB, See Section a and X-ray findings: result POSITIVE and by finding, this is Class A/TB hormal findings)	Contended of the section 1 2 Contended of the section 1 Contended of the se	THER X-ray findings suggest fo THER X-ray findings suggest no -ray Normal, this is No Class and smear results a Positive Negati results NEGATIVE and armal with s of symptoms resolved, this is s or symptoms suggest follow-u ggests ACTIVE or INACTIVE TE X-ray findings suggest follow-u	Ilow-up needed after arrival followup needed, this is N re: ve Dates obtained (mo Dates o	is B Othe	r Other
No, applicant ha	nas (mark all that apply): mptoms of TB present, See Section s and X-ray findings: result POSITIVE and hy finding, this is Class A/TB hormal findings) Class A/TB	Contraction 1 2 Three smear X-ray No Signs Signs X-ray su	THER X-ray findings suggest fo THER X-ray findings suggest no -ray Normal, this is No Class and smear results a Positive Negati Positive	Ilow-up needed after arrival followup needed, this is N re: ve Dates obtained (mo Dates o	is B Othe	r.

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## PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES

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	U.S. Department of State		IEET ESTIMA ISee Pa	9: 1405-0113 TION DATE: 01/31/2004 TED BURDEN: 45 minutes ge 2 - Back of Form)
Transformer (Last, First, MI)	Gomplete Sections 1 th		CENTRES IN	Age 17
rth Date (mm-dd-y339) Passnort Numbe		Alien (Case) Nur	nber	
Chest X-Ray Needed (mark all that apply) History of tuberculosis (TB) disc Contact with TB patient child does not have any of the above, stop here)		signs or symptoms	any of the other)	00
Chest X-Ray Findings           Normal findings           Abnormal finding (indicate finding)	Date Chest X-Ray taken (r gs and interpretation, checking all	that apply, and an	y other in table below	RADIOLOGIS aday Sk 6 'n Kavata
Can suggest ACTIVE TB (Need smears)	Can suggest INACTIVE (Need smears if symptomat		I OTHER X-ray	findings19 al AMKAU Ap No 733d / 115
<ul> <li>Infiltrate or consolidation</li> <li>Any cavitary lesion</li> <li>Nodule with poorly defined margins (such as tuberculoma)</li> <li>Pleural effusion</li> <li>Hilar/Mediastinal adenopathy</li> <li>Linear, interstitial markings</li> <li>Other (such as military findings)</li> <li>Remarks</li> </ul>	<ul> <li>Discrete fibrotic scar or linea</li> <li>Discrete nodule/s/ without c</li> <li>Discrete fibrotic scar with vo or retraction</li> <li>Discrete nodule/s/ with volur retraction</li> <li>Other (such as bronchiectasi</li> </ul>	alcification olume loss ne loss or	Follow-up needed  Musculoskeletal Cardiac Pulmonary Other No follow-up needed f Pleural thickening, diag blunting costophrenic calcified nodule or grai musculoskeletal or car	ohragmatic tenting, angle, solitary nuloma or minor
Sputum Smears	OTHER X-ray findings	suggest follow-up suggest no follow	Class B2/TB needed after arrival, th up needed, this is No C	
	X-ray Normal, this is			
Yes, applicant has (mark all that apply):	Positive	ar results are: Negative	Dates obtained (mm/de	(1999)
X-ray suggests ACTIVE TB, See Section 2			·	
putum smear results and X-ray findings: At least one smear result POSITIVE and Any chest X-ray finding, this is Class A/TB (Normal or Abnormal findings)	Three smear results NEGATIVE a X-ray Normal with Signs of symptoms resol Signs or symptoms sugg X-ray suggests ACTIVE or It OTHER X-ray findings sugge	ved, this is <b>No Cla</b> t est follow-up need NACTIVE TB, this i	ed after arrival, this is s Class B1/TB	
No Class Class A/TB		lass B2/TB	present	, followapp needed
Follow-up Needed After Arrival No [ If yes, specify condition below and on	Yes If Yes, for	Not TB cond		

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3. Additio	onal Testing Needed Prior to Approving Cal Clearance	
No Yes		
19 D	Physical examination or laboratory results contradict medical history	,
190	Referral prior to departure If yes, provide results	
9D	Referral prior to departure If yes, provide results	
4. Follow	-up Needed After Arrival	-
No No	Yes, within 1 week Yes, within 1 month Yes, within 6 months	
For	continuing medication, list type, dose, and frequency	
-		
For	continuing other treatment, specify	
5. Remark	ks (describe any abnormal history, abnormal findings, and resulting interventions)	
		_
		1
		1
	PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES	
	Public reporting burden for this collection of information is estimated to average 35 minutes per response,	- 1
	including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. Persons are not required to provide this information in the absence of a valid OMB approval number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: Department of State (A/RPS/DIR)	
	information in the absence of a valid OMB approval number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: Department of State (A/RPS/DIR)	
	Washington, DC 20520-1849.	1
	We ask for information on this form, in the case of applicants for immigrant visas, to determine medical eligibility under INA Sections 212(a) and 221(d), and, in the case of refugees, as required under INA Section 412(b)(4) and (5). If an immigrant visa is issued or refugee status granted, you will convey this form to the INS for disclosure to the Center for Disease Control and the US Public Health Service. Failure to provide this information may delay or prevent the processing of your case. If an immigrant visa is not issued or refugee status is not granted, this form will be treated as confidential under INA Section 222(f).	
	Section 412(b)(4) and (5). If an immigrant visa is issued or refugee status granted, you will convey this form to the US for disclosure to the Context for Disease Control and the US Public Health Service. Failure	
	to provide this information may delay or prevent the processing of your case. If an immigrant visa is not	
	issued of refugee status is not granted, this form will be treated as confidential under live Section 222(1).	

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1 -	Shicking in Kyry 22512	state	ome study of OMB No. 1405.0113
	MEDICAL HISTO AND PHYSICAL For use with DS	EXAMINATI	OR ORKSHEET EXPIRATION DATE: 01/31/2004 ESTIMATED BURDEN: 35 minutes ISee Page 2 - Back of Form)
Name (L	AST, FIRST, MIL	ANI	Exam Date (mm-dd-yyyy) 1 0 JUL 2003
Birth Da	te (mm-dd-yyyy) 19 8-(2) Pas(b) (6)	- 110	Alien (Case) Number
1. Past M	Medical History (indicate conditions requiring medication or other tre.) TE: The following information has been self-reported, has not been	en vermed by a priv	ement and give details in Remarks) sician, and should not be deemed medically definitive.
No Yes		No Yes	r caused SERIOUS injury to others, caused MAJOR
E L	Cardiology	med	perty damage or had trouble with the law because of dical condition, mental disorder, or influence of alcohol or
BA	Angina pectoris Hypertension (high blood pressure)		tetrics and Sexually Transmitted Diseases
DD			gnancy Fundal height cm t menstrual period Date (mm-dd-yyyy)
90	Cardiac arrhythmia Alsobit: Neuch Congenital heart disease Days - Neuch Pulmonology	Sex.	ually transmitted diseases, specify
90	History of tobacco use Current use Yes No	End	ocrinology and Hematology
PP	Asthma Chronic obstructive pulmonary disease (emphysema)		oetes mellitus roid disease
96	History of tuberculosis (TB) disease		tory of malaria
	Treated Yes No Current TB symptoms Yes No	Oth Mal	er ignancy, specify
	Neurology and Psychiatry		onic renal disease
60	History of stroke, with current impairment Seizure disorder		onic hepatitis or other chronic liver disease sen's Disease
	Major impairement in learning, intelligence, self care, memory, or communication		Tuberculoid Borderline Lepromatous
QD	Major mental disorder (including major depression, bipolar disorder, schizophrenia, mental retardation)	UN	Paucibacillary Multibacillary Treated Yes No
	Use of drugs other than those required for medical reasons Addiction or abuse of specific* substance (drug)		ble disabilities <i>(including loss of arms or legs),</i>
	<ul> <li>amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, phencyclidines, sedative-hypnotics, and anxiolytics</li> </ul>		
QD	Other substance-related disorders (including alcohol addiciton or abuse)		r requiring treatment, specify
90	Ever taken action to end your life		
2. Physic	al Examination (indicate findings and give details in Remarks)		
No	Yes Applicant appears to be providing unreliable or false info	ormation, specify	× '
Height	184 cm Weight 81 kg Visual Acuity at 20 83 (mmHg) Heart rate 62 (min Respiratory rate 14/m		L 20/ <u>20</u> R 20/ <u>20</u> IL 20/ R 20/
DP 1	*N, normal; A, abnormal; ND, not		n 20/
Nº A'	ND* ND General appearance and nutritional status	1* A* ND* 7 🗌 🗍 Ingui	nal region <i>fincluding adenopathy)</i>
00	Hearing and ears		mities (including pulses, edema)
<b>BD</b>	Eyes	YEE	culoskeletal system (including gait)
HH	Heart (S1, S2, murmur, rub)		(including hypopigmentation, anesthesia, findings istent with self-inflicted injury-or injections)
	Breast		oh nodes
D'D	Lungs		ous system (including nerve enlargement)
	Abdomen (including liver, spleen)		al status (including mood, intelligence, perception, ght processes, and behavior during examination)
	Genitalia (including circumcision, infection(s))		

υ	5	•	3	U	2	b
0	1		2	0	0	1

Vaccine history complete	Vaccine history incomplete, requesting waiver (indicate type be
Incomplete vaccine history, no waiver requested	Blanket waiver
ertify that I understand the purpose of the medical examina	
ertify that I understand the purpose of the medical examina	tion and I authorize the required tests to be completed. (b) (6) 1 0 JUL 2003

## PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES

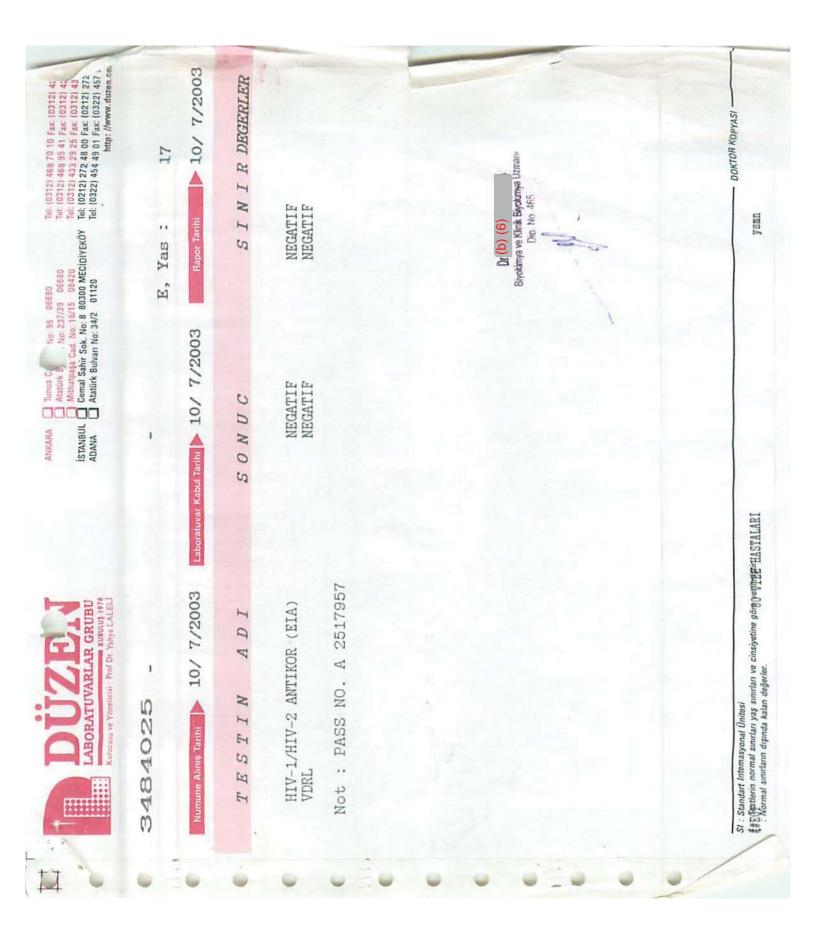
Public reporting burden for this collection of information is estimated to average 40 minutes per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. Persons are not required to provide this information in the absence of a valid OMB approval number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: Department of State (A/RPS/DIR) Washington, DC 20520-1849.

We ask for information on this form, in the case of applicants for immigrant visas, to determine medical eligibility under INA Sections 212(a) and 221(d), and, in the case of refugees, as required under INA Section 412(b)(4) and (5). If an immigrant visa is issued or refugee status granted, you will convey this form to the INS for disclosure to the Center for Disease Control and the US Public Health Service. Failure to provide this information may delay or prevent the processing of your case. If an immigrant visa is not issued or refugee status is not granted, this form will be treated as confidential under INA Section 222(f).

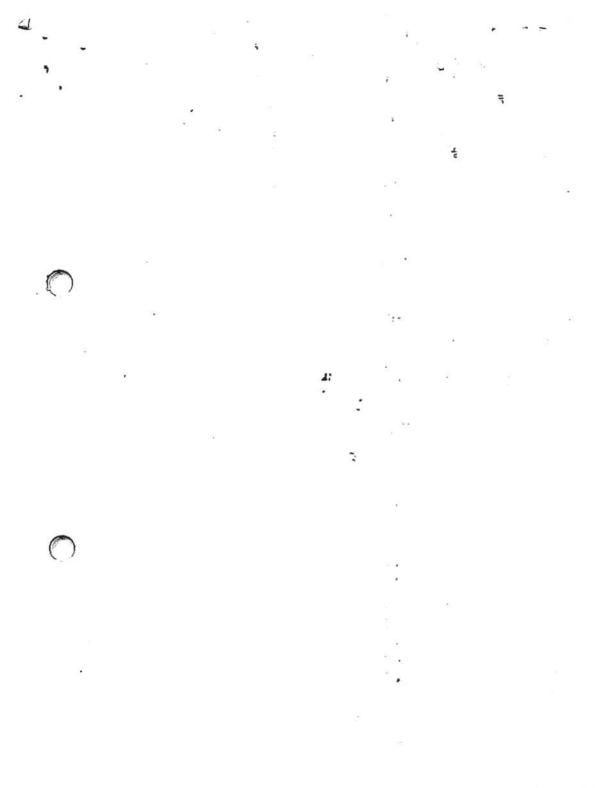
INCV

P1. 3 HIV 2

0		U. S. Departmen IEDICAL EXAMIN GRANT OR REFUG	ATION FO		OMB No. 1405-0113 EXPIRATION DATE: 1/31/2004 ESTIMATED BURDEN: 40 minutes (See Page 2 - Back of Form)
Y	Name (Last, First, MI)	ARNAEV 10.21.1981 Russia	, T.A. /		M K F
	Present Country of Residence           U. S. Consul (City/Counted           Passport Number		ARA / T	URKEY	1.0 111 2007
	months from examination date, if Class ntry) ANKARA / TURKEN ame) (b) (6)	Panel	xists, otherwi Physician ( ning Site (nar	(b) (c)	(mm-dd-yyyy) 10 JUL 2003
Lab (name for HIV/sy)	and the second	/ DÜ	ZEN	1	DUZEN
	(check all boxes that apply):				
	defect, disease, or disability (see	e Worksheets DS-302	4. DS-3025 a	and DS-3026J	
	onditions (From Past Medical H				ets/
		Sector State			
	fectious (Class A, from Chest X-Ray W	21-115		nodeficiency vir	
Syphilis, untri Chancroid, un	treated			A REAL PROPERTY AND A REAL	us or multibacillary c* substance without harmful
and the second s	guinale, untreated		Any physical substance-rel		ler <i>(including other</i> vith harmful behavior or history
Lymphogranu	loma venereum, untreated		•amphetamin	es, cannabis, co	ur ocaine, hallucinogens, inhalant tive-hypnotics, and anxiolytics
Treatment: [ TB, inactive (C Treatment: [ Syphilis, treat Other sexually Current pregn	Image: Second state sta	t)	Hansen's dise Sustained, fu substances Any physical <i>abuse of spec</i> <i>substance-rel</i> history of suc * amphetamin opioids, phen	Il remission of a or mental disore <i>cific</i> * <i>substance</i> <i>lated disorder)</i> v ch behavior unlik ses, cannabis, co	d, borderline, or paucibacillary ddiction or abuse of specific* der <i>[excluding addiction or e but including other</i> vithout harmful behavior or kely to recur bcaine, hallucinogens, inhalants tive-hypnotics, and anxiolytics
Contraction of the second seco	ndings (check all boxes that ap	ply):			
Syphilis:	Not done				
	Test name Date(s) run (n 1 0 IIII	2007	Positive	Titer 1 No	tes -
Screening	VDRL 10 JUL	2003			
Confirmatory					
	If treated, therapy:			Dates(s) treatm	nent given (3 doses for penicill
Yes	Benzathine penicillin, 2.4 MU IM				
Yes	Other (therapy, dose):		_		-ive contraction and a set of the
Ves [ No [ HIV:			Positive	Indeterminate	Notes



July 10, 2003 Tsamaev Tamerlan Pass No: (b) (6)	est: (PA.)	onic change indicating old spesific		(b) (6)
DR. (b) (6) Radyolog	Dear Colleague, <u>Radiological examination of the chest: (PA.)</u>	Shows no evidence of active disease or chronic change indicating old spesific process. (b) (6)	Radiologist	(b) (6)



## (b) (6) (b) (6)

(b) (6)

**Naturalization Applications** 

## **ROUTING SLIP**

## (b) (6) / CARRP (Your Name or RPC and Team #)

Date: 11/02/2012

	FILEROOM PROCESS (B	LUE CART)	the second second
Deschedule	Completed	_Return to Shelf	Completed
nterfile	Completed	_on Picklist - Interview Dt	Completed
nterfile LHM	Completed	Call-Up Shelf	Completed
Consolidate & Return to	Completed	_CFR Processing	Completed
15 Day Hold Shelf	Completed	BIS	Completed
Data Entry (N-300 or N-660 AIR)	Completed	N-600/N-600K ORB	Completed
OTHER (See Remarks)	Completed		
Expedited processing (Circle one)	Completed	Return to FE Processing (mark one)	Completed
N-336, N-400, N-470, N-600, N-600K		Standard 319b EXPEDITE	Other se Remarks
	POST ADJUDICATION PROCE	SS (RED CART)	
Route to FCO/Srvc Cntr	Completed	_Interfile Rapsheet	Completed
Military/Military Spouse - Route to NSC	Completed	Consolidate & Ship to	Completed
Route to NRC	Completed	N-660 AIR - Approval	Completed
All Other Denials	Completed	N-660 AIR - Denial	Completed
OTHER (See Remarks)	Completed		
	INTERDEPARTMENT PROCESS	(WHITE BUCKET)	
Analysis & Integrity Division	Completed	Records-CPAU LR400 (N400 Case Resolution, Problem Files)	Completed
Customer Relations	CompletedX_	Records-CPAU LR475 (Remove Suspense)	Completed
Exams	Completed	Records-CPAU LR634 (N-Form Problem Files)	Completed
FDNS	Completed	Records-CPAU LR306 (Refunds)	Completea
BCU	Completed	Records-CPAU LR305 (Bounced Checks)	Completed
Executive Management	Completed	Records-CPAU LR355 (CFF)	Completed
REMARKS:			
REWARNS.			
·			
	*		
	2		-

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## Naturalization Applications

# **ROUTING SLIP**

	2Roves)S/(EII/IE(CARM)	<b>建成的现在分词是中心的</b> 有效的
and the second	$\checkmark$	na, na poveznapi njenavezeno pri p i moransen
Completed	Return to Shelf	Completed
Completed	on Picklist - Interview Dt	Completed
Completed	Call-Up Shelf	Completed
Completed	CFR Processing	Completed
Completed	IBIS	Completed
Completed	N-600/N-600K ORB	Completed
Completed	-	
Completed	Return to FE Processing (mark one)	Completed
	Standard 319b EXPER	DITE Other (see Remarks)
	TION PROCESS (RED CART)	
_ Completed	Interfile Rapsheet	Completed
Completed	Consolidate & Ship to (See Remarks)	Completed
Completed	N-660 AIR - Approval	Completed
Completed	N-660 AIR - Denial	Completed
Completed	-	
INTERDEPARTMEN	T PROCESS (WHITE BUCKET)	17.1 16.138 南部市民国家。
Completed	Records-CPAU LR400	Completed
Completed	Records-CPAU LR475	Completed
Completed	Records-CPAU LR634	Completed
Completed	Records-CPAU LR306 (Retunds)	Completed
Completed	Records-CPAU LR305	Completed
Completed	Records-CPAU LR355 (CFF)	Completed
Return to Shelf		
	A	
	Completed Completed	Completed      on Picklist - Interview Dt         Completed      Call-Up Shelf         Completed      CFR Processing         Completed      IBIS         Completed      IBIS         Completed      N-600/N-600K ORB         Completed      N-600/N-600K ORB         Completed      N-600/N-600K ORB         Completed      N-600/N-600K ORB         Completed



### Form \*\*\* 400 Adjudication Processing V\*\*\*\* ksheet

Department of Homeland Security

U.S. Citizenship and Immigration Services (USCIS)

USCIS Form N-650B

Initials	Date	Remarks (Only circle standard annotations when and if applicable			
	JAN 2 3 2013	No show on (Date) (Initials and Current Date)			
	JAN 2 3 2013	(T-file) (DIG) (Current 9504 interfiled) (9101 interfiled and review			
Initials (6), (b)	Date	Remarks (Only circle standard annotations when and if applicab			
	JAN 2 3 2013				
	AN \$ 3 2013	(UUE) (USE) (UWE) (URE) (LOK) (55/15) (50/20) (65/20			
		No show on (Date) (Initials and Current Date)			
		(UUE) (USE) (UWE) (URE) (LOK)			
o) (6), (b)		(N-14)			
	JAN 2 3 2013	(N-14)			
	JAN 2 3 2013	(N-14) (319e continuous residence)			
-		(N-14) (See Sworn Statement) (Criminal Record in File)			
	JAN 2 3 2013				
	2 3 2013	(N-14) (Oath waived per PL 106-448) (Religious Objection 5A/5B (Conscientious Objection)			
		(N-14) (319a) (319b) (319d) (328) (329) (See Sworn Statement - PRC)			
	JAN 2 3 2013	(GRANT) (DENY) (WITHDRAW)			
		(GRANT) (DENY) (WITHDRAW)			
		(DENY) (WITHDRAW)			
t		(DENY) (WITHDRAW)			
		(Indicate non-concurrence issues)			
Initials	Date	Remarks (Circle decision)			
		(GRANT) (DENY) (WITHDRAW)			
-1	2nd Reverificat (Reverifier's Sign				
		/ Error(s) Found - QA Checklist in File			
	(6), (b) (C) (C) (6), (b) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(6), (b)       JAN 2 3 2013         JAN 2 3 2013       JAN 2 3 2013         JAN 2 3 2013       JAN 2 3 2013         JAN 3 3 2013       JAN 3 3 2013         JAN 2 3 2013       JAN 2 3 2013         JAN 3 3 2013       JAN 3 3 2013         JAN 3 3 2013       JAN 3 3 2013         JAN 3 3 2013       JAN 3 3 2013			



### 1 N-400 Pre-Processing Wor

Department of Homeland Security

U.S. Citizenship and Immigration Services (USCIS)

et

			A-Number: b
FBI NAME CHECK	Initials	Date	$\frac{P_{\text{emarks}}(Only circle standard annotations when and if annlicable)}{(b)(7)(E)}$
No Record / Record Interfiled / Record Available (Circle applicable notation)			(Resolved Hit: Initials Date)
FBI FINGERPRINT CHECK			
FD-258 Control #: $TS 90241$ Process Date: $10-16-12$	(b) (6), (b) (7)(C	12-28-12	(Waived-75 and over) (Waived-ASC) (Rap Sheet Interfiled) (FTA/RFE-Not Received)
FD-258 Control # : Process Date:			(2 <sup>nd</sup> Unclassifiable) (Rap Sheet Interfiled) (FTA/RFE-Not Received)
DCII MILITARY CHECKS	Initials	Date	
Completed			
MILITARY CERTIFICATION	Initials	Date	Remarks (Only circle standard annotations when and if applicable)
Record of Military Service			(N-426) (DD-214) (NGB-22)
MILITARY MEMBERS / FAMILY	Initials	Date	Remarks (Only circle standard annotations when and if applicable)
Date When Processing Time Exceeds 6 months (Date Letter Needed:)			(Letter sent)
MANUAL REQUESTS / NFTS REQUESTS	Initials	Date	Remarks (Only circle standard annotations when and if applicable)
Initial search request was made (NFTS)	b) (6), b) (7)(C)	912712012	
Manual search request was initiated (Circle one)	) (6), (b)		(New Added) (No Record Found)
	)(C)	9-27-12	(Not Received - 30, 60 & 90 day requests made) (New Added) (Not Found)

A-FILE PROCESSING	Initials (b) (6) (b)	Date	Remarks	
A-File relates to applicant	(7)(C)	2122/2012	(Viewed in EDMS)	
T-FILE PROCESSING	Initials	Date	Remarks	
CIS documentation of lawful status and requisite file transfer requests are in T-File (9101 and 9504 CIS screen prints)			(DIG)	

Form N-650A 10/31/11 N

GO U.S. GOVERNMENT PRINTING OFFICE: 2012-372-966/20023

(DIG)

Do . Distribute Beyond DHS without Prior Authorization from Originator

Record Of IBIS Query (ROIQ)

A-Number: (b) (6) Receipt: NBC*003059925		File Type: N400
No. NAME (person/business)	DOB Date IBIS'd /	
1 ANZOROVICH,	09/21/1986 (b) (7)(C), (b)	) (7)(E)
TSARNAEV		
CATEGORY		
VA P B D	2 <sup>nd</sup> Check	
	<b>—</b> ,	
	3 <sup>rd</sup> Check	
2 ANZOROVICH,	10/21/1986	
TSARNAEV		
CATEGORY		
VA P B D	2 <sup>nd</sup> Check	
	3rd Check	
3 TAMERLAN,	09/21/1986	
TSARNAEV		
CATEGORY		
✓ A P B D	2 <sup>nd</sup> Check	
	3rd Check	
4 TAMERLAN,	10/21/1986	
TSARNAEV		
CATEGORY		
VA PBD	2 <sup>nd</sup> Check	
	3 <sup>rd</sup> Check	
5 TAMERLAN ANZOROVICH,	09/21/1986	
TSARNAEV		
CATEGORY		
VA P B D	2 <sup>nd</sup> Check	
	3 <sup>rd</sup> Check	
Bronnels annotate IBIC south on the BOIO		
Properly annotate IBIS results on the ROIQ: *Include the date of query in the appropriate box	NO MATCH - No Informat	
(NO MATCH, DNR, RELATES).	ACCESSED AN ADDRESS TRANSPORTED AND ADDRESS TO ADDRESS AND ADDRESS ADDRE	IBIS but does not relate to the subject.
<ul> <li>Include the initials or identifying number of the USCIS personnel conducting the query in the same box as the date.</li> </ul>	RELATES – Information for referred for res	ound in IBIS that relates to the subject, case solution.
*If the hit was a RELATES and a Resolution Memo was completed,	A = Applicant	$\mathbf{P} = \text{Petitioner}$
check the Resolution Memo Completed box in the last column.	$\mathbf{B} = \text{Beneficiary}$	<b>D</b> = Derivative/Household Member
riady, Sundary 04, 2015	(7)(C)	Page 1 of (b) (7)(C)

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Do. Distribute Beyond DHS without Prior Authorization fron: Originator

Record Of IBIS Query (ROIQ)

A-Number: <sup>(b) (6)</sup> Re	ceipt: NBC*003059925	File Type: N400
No. NAME (person/business)	DOB Date IBIS'd /ID	to Match DNR Relates Complete?
6 TAMERLAN ANZOROVICH,	10/21/1986 (b) (7)(C), (b) (7)(E	Ξ)
TSARNAEV		
CATEGORY		
VA PBD	2 <sup>nd</sup> Check	
	3 <sup>rd</sup> Check	
	7	
7 TSARNAEU,	09/21/1986	
TAMERLAN		
CATEGORY		
VA PB D	2 <sup>nd</sup> Check	
	3 <sup>rd</sup> Check	
8 TSARNAEU, TAMERLAN	10/21/1986	
CATEGORY		
	2 <sup>nd</sup> Check	
VA P B D		
	3rd Check	
g TSARNAEV,	09/21/1986	
9 TSARNAEV, MUAZ	09/21/1980	
CATEGORY		
VA P B D	2 <sup>nd</sup> Check	
	3rd Check	
	S Check	
10 TSARNAEV,	10/21/1986	
MUAZ		
CATEGORY		
VA PBD	2 <sup>nd</sup> Check	
	¬	
	3 <sup>rd</sup> Check	
	→	
Properly annotate IBIS results on the ROIQ:	NO MATCH – No Information fou	nd in IBIS
*Include the date of query in the appropriate box	DNR – Information found in IBIS b	
(NO MATCH, DNR, RELATES).	DELATED Information found in	IBIS that relates to the subject, case
*Include the initials or identifying number of the USCIS per conducting the query in the same box as the date.	referred for resolution	
*If the hit was a RELATES and a Resolution Memo was co		<b>P</b> = Petitioner
check the Resolution Memo Completed box in the last colu		<b>D</b> = Derivative/Household Member
Friday, January 04, 2013	(b) (7)(C)	Page 2 of 3

11:21:43 PM

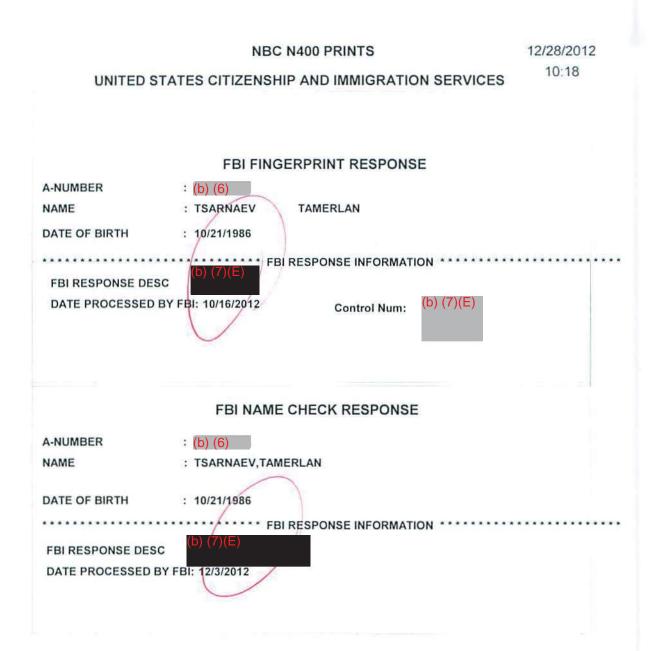
FOR OFFICIAL USE ONLY Do Not Distribute Beyond DHS without Prior Authorization from the Originator Page 2 of 3 b) (7)(C)

Do Distribute Beyond DHS without Prior Authorization from Originator

Record Of IBIS Query (ROIQ)

A-Number: (b) (6) Receipt: N	BC*003059925	File Type: N400		
o. NAME (person/business)	DOB Date IBIS'd /ID	No Match DNR Relates Resolution Match		
TSARNAEV,	09/21/1986 (b) (7)(C), (b) (7	7)(E)		
TAMERLAN				
CATEGORY				
VA P B D	2nd Check			
	3rd Check			
TSARNAEV,	10/21/1986			
TAMERLAN				
CATEGORY				
VA PB D	2 <sup>nd</sup> Check			
	3rd Check			
TSARNAEVA,	09/21/1986			
TAMERLAN				
CATEGORY				
VA P B D	2 <sup>nd</sup> Check			
	3 <sup>rd</sup> Check			
	3.4 Check			
TSARNAEVA,	10/21/1986			
TAMERLAN				
ATEGORY				
VA P B D	2 <sup>nd</sup> Check			
VA P B D				
	3 <sup>rd</sup> Check			
5				
ATEGORY				
	2 <sup>nd</sup> Check			
A P B D				
T				
	3rd Check			
Properly annotate IBIS results on the ROIQ:	NO MATCH - No Information	1 found in IBIS.		
Include the date of query in the appropriate box (NO MATCH, DNR, RELATES).	DNR - Information found in IE	IS but does not relate to the subject.		
Include the initials or identifying number of the USCIS personnel		d in IBIS that relates to the subject, ca		
conducting the query in the same box as the date.	referred for resol			
If the hit was a RELATES and a Resolution Memo was completed,	$\mathbf{A} = Applicant$	$\mathbf{P} = \text{Petitioner}$		
check the Resolution Memo Completed box in the last column.	<b>B</b> = Beneficiary	<b>D</b> = Derivative/Household Men		
hudy, summary 64, 2015	7)(C) ICIAL USE ONLY	Pag (b) (7)(		

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FILE NUMBER:

(b) (6)

1010000

### SUBMISSION DATA

. .

Case TCN	(b) (6)
Case TSN	VT2012E0694747 (LIVESCAN)
Submission TCN	(b) (6)
Submission TCR	
Transaction Code	3
Submission Date	10/16/2012 8:38:09 AM
Date Fingerprinted	10/16/2012
<b>DHS Form Number</b>	N400
Alien Number	(b) (6) (b) (c)
SSN	(b) (6)
MNU	1 1 State of the second s second second sec second second sec
Last Name	TSARNAEV
First Name	TAMERLAN
Middle Name	2. A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION AND A DESCRIPT
Alias	The first of the contraction of the first of
Gender	M - MALE
Race	W - WHITE
Height	6 ft. 03 in.
Weight	205 lbs.
Eye Color	BRO - BROWN
Hair Color	BLK - BLACK
Citizenship	KZ - KYRGYZSTAN
Place Of Birth	RA - UNKNOWN
Date Of Birth	10/21/1986
Street	410 NORFOLK ST # 3
City	CAMBRIDGE
State	MA - MASSACHUSETTS
ZIP Code	02139
OCA	201210160824
ASC Location	XBD6D1 : CIS BOSTON
ASC Machine ID	06
ASC User ID	52
ASC QC ID	000052
District ORI	MAINSBS00 : BOSTON, MA (CIS)
Service Center ORI	VTINSWANZ : SAINT ALBANS, VT (CIS DIR WAN PROG)
External System	· · · · · · · · · · · · · · · · · · ·
External System ID	1. Sec. A. B. B. Berner, M.

(b) (7)(E)

### **FBI RESPONSE DATA**

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<b>Response TCR</b>	E201229000000043728		
Search Result	(b) (7)(E)	and all state out on pres	1091 ABM 198 O 10
FBI Number	(b) (7)(E)		
FBI Name	TSARNAEV, TAMERLAN		
<b>Rejection Data</b>			
AG Directive	NO		
Wants Flash	NO		7 1
<b>Receive Date</b>	10/16/2012 8:45:23 AM		
<b>Process Date</b>	10/16/2012		
Billing Date			

ANAME?

### COPY OF OFFICIAL RAP SHEET COVER PAGE INFORMATION

COVER SHEET DATA PRESENTED IS CURRENT AS OF 10/16/2012

SUBMISSION TCN	: (b) (6)
DISTRICT ORI	: MAINSBS00
FBI PROCESS DATE	: 10/16/2012
FBI NAME	: TSARNAEV, TAMERLAN
DATE OF BIRTH ALIEN NUMBER	: 10/21/1986 : (b) (6)
SOCIAL SECURITY NUMBER	
ZIP CODE	: 02139
DHS FORM NUMBER	: N400

1

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### COPY OF OFFICIAL RAP SHEET AS OF 10/16/2012

UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION CRIMINAL JUSTICE INFORMATION SERVICES DIVISION CLARKSBURG, WV 26306

VTINSWANZ

.

ICN E201229000000043728

BECAUSE ADDITIONS OR DELETIONS MAY BE MADE AT ANY TIME, A NEW COPY SHOULD BE REQUESTED WHEN NEEDED FOR SUBSEQUENT USE.

THIS RECORD IS SUBJECT TO THE FOLLOWING USE AND DISSEMINATION RESTRICTIONS

UNDER PROVISIONS SET FORTH IN TITLE 28, CODE OF FEDERAL REGULATIONS (CFR), SECTION 50.12, BOTH GOVERNMENTAL AND NONGOVERNMENTAL ENTITIES AUTHORIZED TO SUBMIT FINGERPRINTS AND RECEIVE FBI IDENTIFICATION RECORDS MUST NOTIFY THE INDIVIDUALS FINGERPRINTED THAT THE FINGERPRINTS WILL BE USED TO CHECK THE CRIMINAL HISTORY RECORDS OF THE FBI. IDENTIFICATION RECORDS OBTAINED FROM THE FBI MAY BE USED SOLELY FOR THE PURPOSE REQUESTED AND MAY NOT BE DISSEMINATED OUTSIDE THE RECEIVING DEPARTMENT, RELATED AGENCY OR OTHER AUTHORIZED ENTITY. IF THE INFORMATION ON THE RECORD IS USED TO DISQUALIFY AN APPLICANT, THE OFFICIAL MAKING THE DETERMINATION OF SUITABILITY FOR LICENSING OR EMPLOYMENT SHALL PROVIDE THE APPLICANT THE OPPORTUNITY TO COMPLETE, OR CHALLENGE THE ACCURACY OF, THE INFORMATION CONTAINED IN THE FBI IDENTIFICATION RECORD. THE DECIDING OFFICIAL SHOULD NOT DENY THE LICENSE OR EMPLOYMENT BASED ON THE INFORMATION IN THE RECORD UNTIL THE APPLICANT HAS BEEN AFFORDED A REASONABLE TIME TO CORRECT OR COMPLETE THE INFORMATION, OR HAS DECLINED TO DO SO. AN INDIVIDUAL SHOULD BE PRESUMED NOT GUILTY OF ANY CHARGE/ARREST FOR WHICH THERE IS NO FINAL DISPOSITION STATED ON THE RECORD OR OTHERWISE DETERMINED. IF THE APPLICANT WISHES TO CORRECT THE RECORD AS IT APPEARS IN THE FBI'S CJIS DIVISION RECORDS SYSTEM, THE APPLICANT SHOULD BE ADVISED THAT THE PROCEDURES TO CHANGE, CORRECT OR UPDATE THE RECORD ARE SET FORTH IN TITLE 28, CFR, SECTION 16.34.

- FBI IDENTIFICATION RECORD -

WHEN EXPLANATION OF A CHARGE OR DISPOSITION IS NEEDED, COMMUNICATE DIRECTLY WITH THE AGENCY THAT FURNISHED THE DATA TO THE FBI.

NAME					FBI NO		DATE REQUESTED
TSAR	NAEV, T	AMERLAN			452152	ED3	2012/10/16
SEX	RACE	BIRTH DATE	HEIGHT	WEIGHT	EYES	HAIR	
М	W	1986/10/21	602	200	BRO	BRO	

BIRTH PLACE

RUSSIA

.

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END OF PART 1 - PART 2 TO FOLLOW

UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION CRIMINAL JUSTICE INFORMATION SERVICES DIVISION CLARKSBURG, WV 26306

ICN E201229000000043728

VTINSWANZ PART 2

- FBI IDENTIFICATION RECORD - FBI NO-452152ED3

1-ARRESTED OR RECEIVED 2009/07/28 SID- MA10493417 AGENCY-POLICE DEPARTMENT CAMBRIDGE (MA0091100) CHARGE 1-A&B DOMESTIC

2-DATE OF APPLICATION 2012/10/16R (DATE FP) AGENCY-DHS/CIS/VSC-WAN SAINT ALBANS (VTINSWANZ) AGENCY CASE-201210160824 CIVIL PRINT - 10/16/2012

RECORD UPDATED 2012/10/16

··· · · · ·

ALL ARREST ENTRIES CONTAINED IN THIS FBI RECORD ARE BASED ON FINGERPRINT COMPARISONS AND PERTAIN TO THE SAME INDIVIDUAL.

THE USE OF THIS RECORD IS REGULATED BY LAW. IT IS PROVIDED FOR OFFICIAL USE ONLY AND MAY BE USED ONLY FOR THE PURPOSE REQUESTED.

Withheld In Full (b)(7)(E)

Withheld In Full (b)(7)(E)

# **Department of Homeland Security**

# **FOR OFFICIAL USE ONLY**

THE ATTACHED MATERIALS CONTAIN DEPARTMENT OF HOMELAND SECURITY INFORMATION THAT IS "FOR OFFICIAL USE ONLY," OR OTHER TYPES OF SENSITIVE BUT UNCLASSIFIED INFORMATION REQUIRING PROTECTION AGAINST UNAUTHORIZED DISCLOSURE. THE ATTACHED MATERIALS WILL BE HANDLED AND SAFEGUARDED IN ACCORDANCE WITH DHS MANAGEMENT DIRECTIVES GOVERNING PROTECTION AND DISSEMINATION OF SUCH INFORMATION.

AT A MINIMUM, THE ATTACHED MATERIALS WILL BE DISSEMINATED ONLY ON A "NEED-TO-KNOW" BASIS AND WHEN UNATTENDED, WILL BE STORED IN A LOCKED CONTAINER OR AREA OFFERING SUFFICIENT PROTECTION AGAINST THEFT, COMPROMISE, INADVERTENT ACCESS AND UNAUTHORIZED DISCLOSURE.



### FOR OFFICIAL USE ONLY (FOUO) - LAW ENFORCEMENT SENSITIVE Background Check and Adjudicative Assessment (BCAA)



### (b) (7)(C), (b) (7)(E)



FOR OFFICIAL USE ONLY (FOUO) - LAW ENFORCEMENT SENSITIVE Background Check and Adjudicative Assessment (BCAA) Data Capture Worksheet

### (b) (7)(C), (b) (7)(E)

vitinneia in Full (a)(7)(E), (a) (7)(C)

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A-N	Number or Receip. Number:	ť		Reco A096143		IS Query (ROIQ)				
No.	NA	ME (persor	1/business)		DOB	Date IBIS'd /ID	No Match	DNR	Relates	Resolution Memo Complete?
1	TSARNAEV TAMERLAN				10/21/198	6 (b) (7)(C), (b) (7)	)(E)			
CA	TEGORY ✓ A	Ρ	в	D	2 <sup>nd</sup> Cheel	÷				
					3 <sup>rd</sup> Chee	, ->				
2	Teama	w, M	uaz		10.21.					
CA	TEGORY	P	2	D	2 <sup>nd</sup> Chec	⊾ →				
					3 <sup>rd</sup> Chee	<sup>k</sup> →				
3										
CA	TEGORY				1.					1
	A =	P	В	D	2 <sup>nd</sup> Chee	<sup>k</sup> →				
					3 <sup>rd</sup> Chee	$\stackrel{k}{\rightarrow}$				
4		-11								
CA	TEGORY				1					1
	11 A 10	P	В	D	2 <sup>nd</sup> Chee	<sup>k</sup> →				-
					3 <sup>rd</sup> Chee	<sup>k</sup> →				
5										
CA	TEGORY	_	_		Turnet and					-
	= A =	P =	В	D	2 <sup>nd</sup> Chee	<sup>k</sup> →				
					3 <sup>rd</sup> Chec	<sup>k</sup> →				
*Inc REL *Inc cond *If t chec	perly annotate IBI: fude the date of que .ATES). fude the initials or i fucting the query in the hit was a RELAT the Resolution Mo- <i>the Resolution Mo</i>	ry in the ap dentifying r the same be (ES and a R emo Compl	propriate b number of t ox as the da Resolution 1	ox (NO MATCI he USCIS perso ite, Memo was comp	onnel oleted,	NO MATCH – No Ir DNR – Information fo RELATES – Informa referred for resolution A = Applicant B = Beneficiary C)	ound in IBIS ation found in	but does no i IBIS that P = Petit	ot relate to relates to t ioner	

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### For Official Use Only/Law Enforcement Sensitive



## WARNING

TECS documents are LAW ENFORCEMENT SENSITIVE (LES) information. They contain information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. § 552). TECS documents are to be controlled, stored, handled, transmitted, distributed and disposed of in accordance with DHS policy relating to FOUO information and are not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized CBP official.

### For Official Use Only/Law Enforcement Sensitive

(b) (7)(E)

#### (D)(7)(C), (D)(7)(E)

#### (b) (7)(E)

#### (D)(7)(E)

(b) (7)(E)

(b) (7)(E)

#### (D) (7)(E)

IO Inspection Results 092612 T2MRM9 08:42:54 T2PRM932 TID=E98E A477 NEW YORK, U.K A FLT/VES#: TK 1 TURKISH AIRLINES DOCTYP\*: P **#\*:** (b) (6) CTRY\*: KG KYRGYZSTAN M/F: M ST: DNAME (LAST) : TSARNAEY FRST: TAMERLANANZOROVICH DOB: 102186 RFRD BY: ENTRY SPECIALIST-C DTE: 07192003 TME: 1753 **REASON:** CCD: 208 SNAME (LAST) : FRST: DOB: NATIONALITY: KG KYRGYZSTAN DISP: AS ASYLEE - NOT ADJUSTED TO PERMA RCPT#: AUDATE: CHARGE (CODED): DFRD TO: FIN#: 07/19/2003 19:12 IOEM#: SEC OFCR: -CBP OFFCR-C REFR CDE: 07 ADMINISTRATIVE ONLY COMMENTS: VIOLS: (b) (6)

WHTI CMPLNT?

ADDL COMMTS: (X=MORE+F8)

F1/2=HLP F3/4=BACK F9=ACCESS F10=CKLST F14/15=LNKLST F16=PRT F17=HOME

# FOUO - Law Enforcement Sensitive

withheid in Full (b)(7)(E), (b) (7)(C)

# **US-VISIT** Arrival Departure Information System



**Detail View** 

Print

### Detail Report for: TSARNAEV, TAMERLAN

LAST NAME: TSARNAEV	EVENT TYPE: Arrival	CLOSED VISIT: N
FIRST NAME: TAMERLAN	EVENT DATE: 07/17/2012 12 54 pm	PERSON ID: 55598541
BIRTH DATE: 10/21/1986	LOCATION CODE: NYC	ENCOUNTER ID: 2018523921
GENDER CODE: M	SITE: A477	EVENT FIN: 1040348380
DOCUMENT NUMBER: 096143042	ACTION CODE: Confirmed	SEVIS ID: N/A
COC: RUS	ADMIT UNTIL DATE: N/A	BIO FLAG: Y
DOCUMENT COUNTRY: USA	EVENT ADMIT UNTIL DATE: N/A	194 NUMBER: N/A
DOCUMENT TYPE: C	OVERSTAY DAYS: 0	LAND 194 FEE EXEMPT: N/A
TRAVELER STATUS: OBD	RECONCILIATION CODE: LS	C3 RECEIPT: N/A
US-VISIT EXEMPT TYPE: N/A	EVENT ADMISSION CLASS: LPR	C3 SEQ: N/A
VESSEL NAME: N/A	ADMISSION CLASS: LPR	C3 FORM TYPE: N/A
VESSEL NUMBER: N/A	CARRIER CODE: SU	
	FLIGHT NUMBER: 100	
	DEST ADDRESS: N/A	
	DEST CITY NAME: N/A	
	DEST STATE CODE: N/A	
AID NUMBER: N/A		
LANE: /G19	TECS HIT: N/A	NCIC HIT: N/A

#### Events for: TSARNAEV, TAMERLAN

Event	Event Date	Location	FIN	Action Code	<b>Bio Verified</b>	Class	Admit Until	Document Info	Mode - Name:ID/Flight
Arrival	07/17/2012 12:54 pm	NYC	1040348380	Confirmed	Y	LPR	N/A	C- USA: 096143042	AIR - SU 100
Arrival	07/19/2003 12:00 am	NYC	N/A	N/A	N/A	UN	N/A	P- KGZ: A96143042	AIR - TK:1

#### FINS For: TSARNAEV, TAMERLAN

Matching FIN(S)	<b>FIN Status</b>	Create	Date	Last Used Date
1040348380	Current	07/17/2012	12:54	pm 07/17/2012 12:54 pm
Note: EINe mar	kad with #	ara inactiv		

Note: FINs marked with \* are inactive.

#### Known Name Variants for: TSARNAEV, TAMERLAN

Name	DOB	Gender	<b>Created Date</b>
TSARNAEV, TAMERLANANZOROVICH	10/21/1986	M	07/19/2003 12:00 am
TSARNAEV, TAMERLAN	10/21/1986	M	07/17/2012 12:31 am

#### Documents Used By: TSARNAEV, TAMERLAN

Document Type/Number	Doc. Country	City Of Issue	Issue Date	Expiry Date
Passport A(b) (6)	KGZ	N/A	N/A	N/A
Permanent Resident(b) (6)	USA	N/A	N/A	N/A
Permanent Resident Card (b) (6)	USA	N/A	N/A	09/06/2017



Event Document	Document Number	Issue Country	Expiration Date
Permanent Resident Card	(b) (6)	USA	09/06/2017
Permanent Resident	1000	USA	N/A

#### **Observations With Comments For: TSARNAEV, TAMERLAN**

Date Type Comments

No observations with comments found.

(D) (O), (D) (7) (C), (D) (7) (E)

vitinneia in Full (D)(7)(E)

/vitnneid in Full (b)(7)(C) (b)(7)(E)

Minneia in Fuii (b)(7)(C) (b)(7)(E)

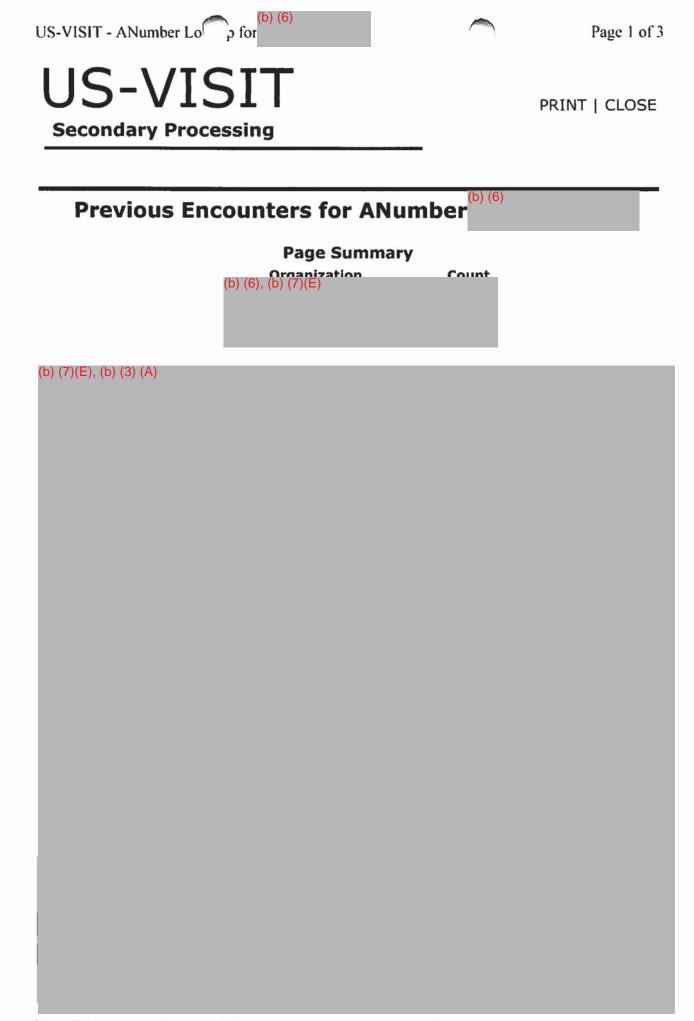
/vitnneia in Full (b)(7)(C) (b)(7)(E)

Withheid in Full (b)(7)(C) (b)(7)(E)

V(III) = (D)(T)(D)(T)(D)(T)(E)

Withheld in Full (b)(7)(C) (b)(7)(E)

(L)(L)(C) (D)(L)(C) (D)(L)



(b) (6), (b) (7)(E)

Go To Top

				DHS CB	P AIR	ENTRY					
	lick to Enlarg		Bio Data								
Encounter ID: 2018523921			Name								
			TSARNAEV, TAMERLAN								
				DOB	Nati	onality /	Birt	th Pla	ace Citize	enship	
			198	6 October 21		/ XX				RUS	
			Gender			Race			Heig	Height (ins.)	
57		1 Mikrattal	M Weight (lbs.)							Hair Color	
1	VX I	No. 1			Eye Color				Hai		
FIN	N: 10403483	80									
				Transa	action	Data					
Da	ate Finger Printed	Site		Terminal ID	Date	Date Loaded Reason Finger Prin			Printed		
2012 July 17 12:54 PM WJFK		WJFK	33A	WJFK33A519	2012 July 17 12:54 PM		E	INSPECTION			
		Do	cs	Associated	l with	this En	cou	nter	•	and the second se	
Туре	Document ID	Issuing Country		Name		Gender	D	ов	Nationality	Issued	
C1	096143042	USA	TS	SARNAEV, TAM	IERLAN	Μ	Oct	986 ober 21			

Go To Top

FOR OFFICIAL USE DOLLY

	DHS	CIS ASC					
	Bio Data						
(Click to Enlarge)		Name					
Encounter ID: 1080013303	TSARNAEV, TAMERLAN						
1060015505	DOB	Nationality / Birth Place	Citizenship				
	1986 October 21	KZ / SX					
	Gender	Race	Height (ins.)				
	М	W	602				
NO PHOTO	Weight (lbs.)	Eye Color	Hair Color				
	190	BRO	BLK				
	Person Identifier						
	ID		Туре				
FIN: 1040348380	(b) (6)	A -	Number				
	(b) (6)		S				
	Transa	ction Data					

https://apps.usvisit.dhs.gov/visit/showANumberLookup.do?alienNum=096143042... 9/26/2012

	Contraction of the second	(h)	(6)
US-VISIT - ANumber	Lo	p for	, (0)



Date Finger Printed	Site Code	Terminal ID	Date Loaded	Reason Finger Printed
2005 May 11 12:00 AM	XBD	06	2005 May 11 08:39 AM	I485 - Application to Register Permanent Residence or to Adjust Status

## Go To Top

DHS CIS ASC									
		Bio Data							
(Click to Enla					Nam	e			
Encounter 11397561		TSARNAEV, TAMERLAN							
11397301	95	DOB		Nati	onality /	Birth Place	Citizenship		
		1986 Octo	ober 21		/>	<x< td=""><td>KGZ</td></x<>	KGZ		
		Gend	ler		Ra	се	Height (ins.)		
	OTO	М		W		602			
NO PR	NO PHOTO		Weight (lbs.)		Eye Color		Hair Color		
		210		BRO		BLK			
		Person Identifier							
		/	<b>ID</b> b) (6)	1		Т	уре		
FIN: 104034	8380				A - N	umber			
					SOC		ос		
			Transa	ction	Data				
Date Finger Printed	Site Code	Terminal ID	Date Lo	oaded Reason Finger Printed					
2007 July 5 12:00 AM	XBD	02	2007 J 02:08						

**Go To Top** 

(b) (6), (b) (7) (C), (b) (7)(E) IMMI TION AND NATURALIZATION VICE AR-11 - ALIEN CHANGE OF ADDRESS QUER: REQUEST

10/19/2012 17:51:49

A NUMBER: (b) (6) FINS NO: 0000000000000000000 ADMISSION NO: 00000000000

NAME: LAST: FIRST:

FULL OR PARTIAL NAME SEARCH: F (F OR P) (MINIMUM 2 CHARACTERS OF LAST NAME FOR A PARTIAL SEARCH

OPTIONAL SECONDARY CRITERIA FOR NAME SEARCH

COUNTRY OF CITIZENSHIP: (OPTIONAL)

DATE OF BIRTH: 00000000 (MMDDYYYY) (OPTIONAL)

NO DATA FOUND FOR REQUEST PF3-REFRESH PF5-HELP PF6-MAIN MENU CLEAR-EXIT

IMMI TION AND NATURALIZATION VICE

10/19/2012 17:55:21

A NUMBER: 000000000 FINS NO: 000000000000000000 ADMISSION NO: 0000000000

NAME: LAST: TSARNAEV FIRST: TAMERLAN

(b) (6), (b) (7)

C), (b) (7)(E)

FULL OR PARTIAL NAME SEARCH: P (F OR P) (MINIMUM 2 CHARACTERS OF LAST NAME FOR A PARTIAL SEARCH

OPTIONAL SECONDARY CRITERIA FOR NAME SEARCH

COUNTRY OF CITIZENSHIP: (OPTIONAL)

DATE OF BIRTH: 00000000 (MMDDYYYY) (OPTIONAL)

NO DATA FOUND FOR REQUEST PF3-REFRESH PF5-HELP PF6-MAIN MENU CLEAR-EXIT

CIMIDN DEE COMMAND: CENTR		
ID # (A/AA/AB/C/DA): (D) (DL/FB/FP/I/PP/SS/TE LAST: TSARNAEV FIRST: TAMERLAN MIDDLE: ANZOROVICH ALIASES:		(b) (6) DOB: 10211986 NATZ DATE: COURT: LOCATION:
FCO: NBC COA: AS8 C	COB: RUSSI DOE: 09062006 COC: RUSSI FTC: 09242012 DFO: 10262002 BIN:	
SSN: (b) (6) I-94 ADM #: (b) (6) PASSPORT #: FBI #: DRIVER LIC: FINGER CD#:	CONSOLIDATED A-	-NOSOTHER INFORMATION (b) (7)(E) CARD-X
OVER VEY TOH TO DICRIM	V NEW DEDCON DECC ENTED	

OVER-KEY ID# TO DISPLAY NEW PERSON, PRESS ENTER. CLEAR EXIT PF1 NEXT CONS A# PF2 PRIOR CONS A# PF3 REFRESH PF4 RETURN PF5 HELP PF6 MAIN MENU PF8 HISTORY PF9 EAD PF11 EOIR

(b) (6), (b) (7)(C), (b) (7)(E)		1	HOMELAND SECURITY		09/26/12
	(b) (6)	ENTRAL INDEX SY	STEM - EOIR DATA	DISPLAY	08:48:34
A NUMBER:		DACE CITY.	UENDING LOG.	A-NUMBER:	000000000
		BASE CITY:	HEARING LOC:		
CIS NAME	: TSARNAEV	, TAMERLAN, ANZ	ZOROVICH	PRIN A-NUMBER:	000000000
EOIR NAME	:			EOIR NATIONALITY:	
DOB	:	CASE TYPE:	1	RELATION	
CHARGE DO	C:	ASYLUM TYPE	CUSTODY:	CLK ELAPSE:	:
PROCEED R	EC:	INIT HEARI	ING:	CLK UPDTD:	
	L	AST HEARING:	TYPE:	CLK ST:	
INIT RECD	:				
ASYL RECD	:	IJ DECISN:	IJ COMPLETE:	APPLI	CATIONS
		W/H DECISN:	EOIR DECISN:	FII	LED DEC
			OTHER COMPL:	212C:	
MTR RECD:		DECISN:	DATE:	245ADJ:	
APPEAL:		DECISN:	DATE:	VOL DEP:	
	FI	NAL DISP:	DATE:	WTHDRWL:	
				SUSPENS:	
CHARGES :	(1)	(2)	(3)		
	(4)	(5)	(6)		

PF1 PAGE FWD PF5 HELP PF11 RETURN TO CIS CLEAR EXIT ENTER PROCESS A NUMBER NO EOIR DATA FOUND FOR THIS A-NUMBER

(b) (6), (b) (7)(C), (b) (7) COMMAND:	AGE: 000	1 DE CENTK	TMENT OF HO				SCIS DATA		09/26/12 08:48:36
A <b>#:</b> (b) (6)	NAME	: TSARI	NAEV		, TAME	RLAN		DOB:	10211986
ACTI STATUS ( CLAIMS CLAIMS	ION CHANGE	LOC NSC LIN SRC	ACTION-DATE 08/22/2003 12/04/2004 09/06/2006	ST	REASON/ COURT# (b) (6) AS8	MISC 1485 1485	ID NUMBER/ MISC-DATE	KE 08, 12,	YED-DATE /22/2003 /04/2004 /08/2007

\*\*\* END OF HISTORY DISPLAY \*\*\* CLEAR EXIT PF1 PAGE AHEAD PF2 PAGE BACK PF4 RETURN PF5 HELP PF6 MAIN MENU

(b) (6), (b) (7) (C), (b) (7)(E) COMMAND :	DEFTTMENT OF CENTRAL INDEX SYS	THOMELAND SECURIT USCIS TEM - ALIAS (AKA) MAME DISPLAY	09/26/12 08:48:39
A#: (b) (6)	NAME: TSARNAEV	, TAMERLAN	DOB: 10211986

ALIAS FIRST NAME(S)

2

ALIAS LAST NAME(S)

OVER-KEY A-NUMBER FOR A NEW PERSON - PRESS ENTER. CLEAR EXIT PF4 DISPLAY MENU PF5 HELP PF6 CIS MAIN MENU THERE ARE NO ALIASES ON FILE FOR THIS PERSON.

(b) (6), (b) (7) (C), (b) (7)(E) COMMAND: CEN		ELAND SECURI - USCIS CI/EARM SUBSISTEM DISPL	09/26/12 AY 08:48:42
A#: (b) (6) NAME:	TSARNAEV	, TAMERLAN	DOB: 10211986
LAST NAME: TS FIRST NAME: TA MIDDLE NAME: AN	MERLAN		
AKA LAST NAME (S	)	AKA FIRST NAME(S)	
SSN: (b) (6)	SEX: M PO	E: NYC DOE: 0906200	6
MOST RECENT UPDAT CASE CATEGORY:	E TO CIS FROM EARM: AGGRAVATED FEL		
FINAL CHARGE:	DEPARTURE COUNT	RY: DEPART/CLE	ARED STATUS:
PORT OF DEP:	DATE OF DEPARTU	RE: DOCKET CON	TROL OFFICE:
OVER-KEY	A-NUMBER TO DISPLAY	NEW PERSON PRESS ENT	ER.

CLEAR EXIT PF4 DISPLAY MENU PF5 HELP PF6 CIS MAIN MENU PF8 DISPLAY HIST DEPORTATION (EARM) DATA NOT FOUND FOR THIS A-NUMBER.



b) (7)(C), (b) (7)(E)		

	Workflow	dministrator	- Workflow Depress	Instance NBC*003059925]
683	anon succession	(uninitistiato)	En ouverte se locces	s marance roe oososiiiis

Ele Window Help

	Enter ProcessID	NBC*003059925		Get Into
Process Info Pending Activities	Process History			∑lear
Process Code: N400 Process State: Active	Holding Activity ID: Holding Activity Code	0	Related PayID: NBC\$003	059847
Mail Room DateTime	09/05/12 00 00	SC Loc Code	NBC	
Start DateTime:	09/14/12 06 15	Office Location	805000	
End DateTime:		Case Location	NBD000	

FOR OFFICIAL USE ONLY

170 PORTLAND STREET         BOSTON         MA       021141706         Room Number:       MAIN FINGERPRINT FACILITY         Gate Number:       MAIN FINGERPRINT GATE         Date:       10/16/2012       Type:         ADMINISTRATIVE       O8:00 AM         Start Time:       08:00 AM		Oath Ceremony Lo
MA       021141706         Room Number:       MAIN FINGERPRINT FACILITY         Gate Number:       MAIN FINGERPRINT GATE         Date:       10/16/2012       Type:         ADMINISTRATIVE         Gate Time:       08:00 AM         Start Time:       08:00 AM		170 PORTLAND
Room Number:       MAIN FINGERPRINT FACILITY         Gate Number:       MAIN FINGERPRINT GATE         Date:       10/16/2012       Type:         ADMINISTRATIVE         Gate Time:       08:00 AM         Start Time:       08:00 AM		BOSTON
Gate Number:       MAIN FINGERPRINT GATE         Date:       10/16/2012       Type:         Gate Time:       08:00 AM       Start Time:         08:00 AM       Start Time:		MA 0211
Date: 10/16/2012 Type: ADMINISTRATIVE Gate Time: 08:00 AM Start Time: 08:00 AM		Room Number: M
Gate Time: 08:00 AM Start Time: 08:00 AM		Gate Number: M
	DMINISTRATIVE	Date: 10
	1:00 AM	Gate Time: 08
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	#: no ata		012	Modified User	Modi		Expected Start	09/26/2012 09/14/2012 10/16/2012	End Condition	OK (D) (7)(E) NtSent Sched PlacedInQ Expired OK
N400			09/17/2012				State Date	09/26/2012 09/14/2012 09/18/2012		9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
	Ц		Updated:				Stat	09/2 09/1 09/1		12:09 12:46 10:09 10:34 10:34 01:04 01:04 12:33 11:54
m Number:	Attorney Attorney Attorney USCIS At VOLAG #: Address:	•	Last Upo	eď	eđ		sn	Inactive Inactive Inactive	Date/Time	09/27/2012 09/19/2012 09/18/2012 09/18/2012 09/18/2012 09/17/2012 09/17/2012 09/17/2012
<u>1S</u> Form			NSC L	Modified Result	Modified Result		Status	Inac Inac Inac	Date	
<u>Status</u> 59925	AM		FCO: N	ied	ied					laim system
Case Stat NBC*003059925	Mailroom Dt: 09/05/2012 12:00:00 AM RLAN T # 3, CAMBRIDGE, MA 02139 AL BENEFITS CENTER		RUSSI	Modified Date	Modified Date					nal System (Claim SID mainframe system
	2012 12: MA 02139	\$0	COB: RI	er	er			point		nal Sys SID mai
ion I	n Dt: 09/05/ CAMBRIDGE, FITS CENTER			User	User	(C) (C)		trol		i Exter iing ing on srprint uest
Application	room Dt: 3, CAMBR SNEFITS C	Fee Amount:	DOB: 10/21/1986					Wait For Final FBI Name Response Merge for initial scheduling control Missing FBI Evidence		Retrieve the A-file FBI Name Check Request FBI Name Check Update fingerprinting status on External Produce fingerprint notice Schedule finger printing Request to Schedule Fingerprinting Initialize Fingerprint scheduling on SID Start Request to schedule fingerprinting Request a CIS File Transfer Request
Ap	Mailro SRLAN ST # 3 AL BEN	ived	DOB: 1					Name schedu ice		e theck ing st int noti inting re Fing schedul schedul
	1 (6) Mail TSARNAEV, TAMERLAN 410 NORFOLK ST # ocation: NATIONAL B Date: no data	Status: Waived	N A	sult		Popular		Wait For Final FBI N Merge for initial sc Missing FBI Evidence		Retrieve the A-file FBI Name Check Request FBI Name Check Update fingerprinting stat Produce fingerprint notice Schedule finger printing Request to Schedule Finger Initialize Fingerprint sch Start Request to schedule. Start Request a CIS File Transfe
	(6) FSARNAE 410 NO attion: ate: no		ation TAMERLAN	<u>Card Re</u> It	Ę		Description	For Fi e for i ing FBI	Description	Retrieve the A FBI Name Check Request FBI Nan Update fingerp Produce finger Schedule finger Schedule finger Request to Sch Initialize Fin Start Request
	Case Information Alien Number: (b) (6) Mailroom Dt: 09/05 Applicant Name: TSARNAEV, TAMERLAN Mailing Address: 410 NORFOLK ST # 3, CAMBRIDGE, Current USCIS Location: NATIONAL BENEFITS CENTER Naturalization Date: no data DOB: 10/21/1986	ID: NBC\$003059847		<u>FBI Fingerprint Card Result</u> Date Result	<u>esult</u> Result	Ordered Indices	Desci	Wait Merge Missi	Desci	Retr FBI Produ Produ Schec Reque Initi Start
	Case Information Alien Number: (D) Applicant Name: Mailing Address: Current USCIS Lo Naturalization D DOB: 10/21/1986	NBC\$00	CIS Match Inforn Name: TSARNAEV,	Finger	<u>FBI Name Result</u> Date Res	09/19/2012 09/20/2012	<u>Status</u> User ID	Low Low .ow	<u>History</u> User ID	CLMS_DMN COW8540D COW8540D CCW8540D CLMS_DMN WKLNS_DMN COW8577A COW9313E CLMS_DMN WKFLOW VLFLOW CLMS_DMN
	Case Alien Appli Maili Curre Natur DOB:	ID:	CIS Name	<u>FBI</u> Date	<u>FBI</u> Date	1/60	<u>Status</u> User I	WkFlow WkFlow WkFlow	<u>Histc</u> User	CLMS_DM COW8540 COW8540 COW8540 WKF10W WKF10W COW8577 COW9313 CLMS_DM WKF10W WKF10W CLMS_DM

Printed Date: 10/02/2012 Time: 9:23:33 AM

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### <u>Case Status</u>

	Application ID: NBC*003059925	Form Numbe	er: N4C	00	
CLMS_DMN	Request A-File Retrieval	09/17/2012	08:59	AM	AFileNotFound
CLMS_DMN	Start Data Verification from CIS	09/17/2012	08:59	AM	OK
WkFlow	Merge for Request to schedule fingerprinting	09/17/2012	08:59	AM	
CLMS_DMN	Request A-Num Verification from CIS	09/14/2012	07:02	AM	OK
WkFlow	Data Entry	09/14/2012	07:01	AM	LockBoxDataOK
WkFlow	Data Correct	09/14/2012	07:01	AM	FeeWvRqt
WkFlow	Data Correct	09/14/2012	07:01	AM	MissFBI
WkFlow	Data Correct	09/14/2012	07:01	AM	AnumProv
CLMS_DMN	Creates the Application record	09/14/2012	07:00	AM	OK
WkFlow	Received by Lockbox	09/14/2012	06:31	AM	Accepted
WkFlow	Lock Box Ingest	09/14/2012	06:31	AM	NoError
WkFlow	Produce Initial Notice	09/14/2012	12:00	AM	NtSent

- End of Case Status report -

3

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# Case Status Application ID: NBC\*003059925 Form Number: N400

# Case Information

USCIS Attorney #: no data Attorney State License #: no data Attorney Name: no data VOLAG #: no data Attorney Information Mailroom Dt: 09/05/2012 12:00:00 AM Address: Applicant Name: TSARNAEV, TAMERLAN Mailing Address: 410 NORFOLK ST # 3, CAMBRIDGE, MA 02139 Current USCIS Location: NATIONAL BENEFITS CENTER Naturalization Date: no data Alien Number: (b) (6) DOB: 10/21/1986 Payment:

ID: NBC\$003059847 Status: Waived Fee Amount: \$0

CIS Match Information Name: TSARNAFV\_TAMFRI AN A DOB: 10/21/1986 COB: RUSSI FCO: NSC Last Updated: 09/17/2012

Name: TSARNAEV, TAMERLAN A DOB: 10/21/1986 COB: RUSSI FCO: NSC Last Updated: 09/17/201	Modified	Modified er	ed Expire	tive 09/17/2012 09/27/2012 10/17/2012 09/19/2012 09/19/2012 11/18/2012 Inactive 09/14/2012 09/14/2012 01/01/9999 tive 09/18/2012 10/16/2012 06/25/2026	ndition (b) (7)(E)	09/19/2012 10:09 AM n (Claim 09/18/2012 10:34 AM 18/2012 10:10 AM NtSent 19/18/2012 08:43 AM Sched 09/17/2012 01:04 PM PlacedInQ me system 09/17/2012 12:38 PM 09/17/2012 11:54 AM OK 09/17/2012 08:59 AM AFileNotFound 09/17/2012 08:59 AM OK
SI FCO: NSC	d User	M User	Expected Expected State Date Start	09/17/2012 0 09/19/2012 09 ve 09/14/20 09/18/2012 1	End Condition	09/19/2012 10:09 AM 09/18/2012 10:10 AM NtSent 09/18/2012 10:10 AM NtSent 09/18/2012 08:43 AM Sched 09/17/2012 01:04 PM Place 09/17/2012 12:33 PM Expired 09/17/2012 12:33 PM CK 09/17/2012 08:59 AM AFileNotF 09/17/2012 08:59 AM OK
186 COB: RUS	Modified Modified Presult	Modified Modified Date Result	Expe Status Sta	Inac (b) (6 Inac	Date/Time	09/ 09/18/201 09/18/20 09/18/2 00 09/17/ 09/17/ 09/17/ 09/17/
DOB: 10/21/19	Mo User Date	Modifie User Date (b) (6)		ng control point		heck status on Exterr e ng Fingerprinting cheduling on SI cheduling on SI cheduling on SI cheduling on SI ransfer Request ransfer Request ransfer CIS
RNAEV, TAMERLAN A	<u>FBI Fingerprint Card Result</u> Date Result U		Description	CLMS_DMN Retrieve the A-file WkFlow FBI Name Check WkFlow Merge for initial scheduling control point WkFlow Missing FBI Evidence	Description	COW8540DRequest FBI Name Check09/19/201210:09 AMCLMS_DMNUpdate fingerprinting status on External System (Claim 09/18/201210:01 AMNtSentWkFlowProduce fingerprint notice09/18/201210:10 AMNtSentWkFlowProduce fingerprinting09/18/201210:10 AMNtSentCOW8577ASchedule finger printing09/18/201210:10 AMNtSentCOW9313ERequest to Schedule Fingerprinting09/17/201201:04 PMPlacedCOW9313EInitialize Fingerprinting09/17/201211:54 AMOKCOW9313ENkFlowStart Request to schedule fingerprinting09/17/201212:33 PMExpiredCLMS_DMNRequest a CIS File Transfer Request09/17/201211:54 AMOKCLMS_DMNRequest A-File Retrieval09/17/201208/17/201211:54 AMOKCLMS_DMNRequest A-File Retrieval09/17/201208/17/201208/16/00FOKCLMS_DMNStart Data Verification from CIS09/17/201208/17/201208/59 AMOK
Name: TSAF	FBI Fingerpr Date Rea	FBI Name Result Date Result 09/19/2012 Ordered	<u>Status</u> User ID De	CLMS_DMN WKFlow F WKFlow N	<u>History</u> User ID De	COW8540D CLMS_DMN WkFlow Pro COW8577A COW8577A COW9313E CLMS_DMN WkFlow Sta CLMS_DMN CLMS_DMN CLMS_DMN

# Case Status Mapplication ID: NBC\*003059925 Form Number: N400 WkFlow Merge for Request to schedule fingerprinting 09/17/2012 08:59 AM WkFlow Date Fate Option CIS 01/17/2012 08:59 AM

CLMS_DMN Request A-Num Verification	from CIS 09/14/2012 07:02 AM OK
WkFlow Data Entry	09/14/2012 07:01 AM LockBoxDataOK
WkFlow Data Correct	09/14/2012 07:01 AM MissFBI
WkFlow Data Correct	09/14/2012 07:01 AM FeeWvRqt
WkFlow Data Correct	09/14/2012 07:01 AM AnumProv
CLMS_DMN Creates the Application reco	09/14/2012 07:00 AM OK
WkFlow Received by Lockbox	09/14/2012 06:31 AM Accepted
WkFlow Lock Box Ingest	09/14/2012 06:31 AM NoError
WkFlow Produce Initial Notice	09/14/2012 12:00 AM NtSent

- End of Case Status report -

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(b) (b) (b) (7)(C), (b) (7)(E)	09/26/ 08:49	2012					
PAGE 00001 OF TOTAL RECORD		2 SEAR	CH CRITERIA	: ANUM =	- (b) (6)		
CIDN	A-NUMBER	LAST NAME	FIRST NAME	FORM	DATE SEND	ORI	RSP
(b) (6) (b) (6)	(b) (6) (b) (6)	TSARNAEV TSARNAEV	TAMERLAN TAMERLAN	I485 I485	05/11/2005 07/05/2007	MAINSBS0 MAINSBS0	

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**	* ONE	PAGE	3 ***							
TO	SELEC	T A	RECORD,	PLACE	THE	CURSOR	ON	THE	APPROPRIATE	LINE
	PF	71	PF	2			PI	76		PF8
	PG	FWD	PG	BWD		PR	IOR	SCRI	EEN	LOGOFF

## Sensitive but Unclassified - FOUO

IMM RATION AND NATURALIZATION TRVICE FD258 TRACKING SYSTEM 10/22/2012 13:08

CIDN : (b) (6) A-NUMBER : (b) (6) FORM#: N4	CRITERIA: ANUM = (b) (6) (b) (7) 400 AMERLAN
DATE OF BIRTH : 10/21/1986 FP REQUEST SENT: 10/16/2012 PLACE OF BIRTH : RA	TCN: (b) (6) TCR: E201229000000043728
***** FBI RESPONSE 3	INFORMATION ************************************
FBI RESPONSE DESC : (b) (7)(E) DATE PROCESSED BY FBI: 10/16/2012 RESP PROCESSED BY LAN: 10/16/2012 RESP PROCESSED BY M/F: 10/17/2012 REJECT DESCRIPTION :	FBI NAME: TSARNAEV, TAMERLANCONTROL NO: (b) (7)(E)FBI NUMBER: (b) (7)(E)PCN :
	Y F6 PF8 SCREEN LOGOFF

### Sensitive but Unclassified - FOUO



### SEARCH CRITERIA:

ORI: (b) (7)(E)

CIDN : (b) (6) A-NUMBER : (b) (6) NAME (L/F): TSARNAEV

TAMERLAN

DATE OF BIRTH : 10/21/1986 NC REQUEST SENT: 09/19/2012 PLACE OF BIRTH : RUS

### (b) (7)(E

DATE PROCESSED BY FBI: 09/20/2012 DATE/TIME LOADED AT INS: 09/25/2012 14:01:35

FBI NAME: TSARNAEV, TAMERLAN

FBI DATE OF BIRTH: 10/21/1986

PF6 PF8 PRIOR SCREEN LOGOFF

Sensitive but Unclassified - FOUO

	Part 1	
b) (7)(C)		
From: Sent: To: Subject:	(b) (7)(C) Monday, October 01, 2012 10 #NBC De-Scheduling N400 (b) (6) 'NBC*003059925	
Please de-schedule a	nd place in suspense.	
Applicant – Tamerlan	Tsarnaev (b) (6)	
Attorney – None liste	d	
Thank you,		
Citizenship and Immig National Benefits Cen Lee's Summit, MO		

"WARNING: This document is FOR OFFICIAL USE ONLY (FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). This document is to be controlled, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to Sensitive But Unclassified (SBU) information and is not to be released to the public or other personnel who do not have a valid "need-toknow" without prior approval from the originator". Further transmission of LAW ENFORCEMENT SENSITIVE information is limited by The Privacy Act (5 U.S.C. 552(a)) and Trade Secrets Act (18 U.S.C. 1905), in accordance with the Third Agency Rule. If you are not the intended recipient or agent responsible for delivering the information to the intended recipient, unauthorized disclosure, copying, distribution or use of the contents of this transmission is strictly prohibited. If you have received this transmission in error, please notify the sender and delete all copies from your system.

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DEPARTMENT OF HOMELAND SECURITY - USCIS CIS FILE TRANSFER DISPLAY (FT

09/27/12 11:32:44

A#: 096143042 NAME: TSARNAEV

PREVIOUS FCO: NRC CURRENT FCO: NBC REQUEST FCO: NBC

FCO CREATING SUB-FILE: SUB-FILE CREATION IND:

, TAMERLAN

FILE LOCATED IND: C (FILE TRANSFER COMPLETE)

DATE FTR: 09182012 (MMDDYYYY) ACCESSION NUMBER: 0000 DATE FTI: 09202012 DATE FTC: 09242012

INS BOX NUMBER:

REQUEST NUMBER: 2ND REQUEST DATE: 3RD REQUEST DATE:

PERSON/ACTION: N400

1

 $x^{0}$ 

YOU MAY REQUEST A DISPLAY OF ANOTHER A-FILE BY KEYING A DIFFERENT A-NUMBER.

CLEAR EXIT PF3 REFRESH PF4 FTS MENU PF5 HELP PF6 CIS MAIN MENU

(b) (6), (b) (7)(C), (b) COMMAND:

DOB: 10211986

(b) (6), (b) (7)(C), (b) COMMAND: DEPARTMENT OF HOMELAND SECURITY - USCIS CENTRAL JOEX SYSTEM - DETAILED SEAR DISPLAY								
A#: (b) (6)	NAME: TSARNAEV	, TAMERLAN	DOB: 10211986					
LAST: TSAF FIRST: TAME MIDDLE: ANZO ALIASES:	ERLAN		Z DATE: COURT: CATION:					
	DE: NYC COB: RUSSI DA: AS8 COC: RUSSI DFO: 10262002	DOE: 09062006 FTC: 09242012 FATHER: A BIN: MOTHER: 2	ANZOR ZUBEIDAT					
	) (6) ) (6)	CONSOLIDATED A-NOSOTI (b) (7)(E)						

CLEAR EXIT PF1 NEXT CONS A# PF2 PRIOR CONS A# PF4 RETURN PF5 HELP PF6 CIS MAIN MENU PF7 NEXT SEARCH PF8 VIEW HISTORY PF9 VIEW EAD PF11 EOIR

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(f)((1), (b))	NT OF HOMELAND SECURITY - USCIS EX SYSTEM - "SOUNDS LIKE" SEARCH	09/27/12 11:33:27
* LAST NAME: TSARANEV FIRST NAME: MUAZ	(40-CHARS (25-CHARS	
LAST NAME MATCH: 0 FIRST NAME MATCH: 0 PREVIEW NAME: N	(NUMBER OF EXACT CHARACTERS TO MATCH $(0-9)$ (NUMBER OF EXACT CHARACTERS TO MATCH $(0-9)$ (Y/N)	
EXACT DOB: 10211986 DOB RANGE:	(MMDDYYYY) (DATE RANGE = YYYYR; YYYY=YEAR, R=0-9)	
COB: COC: POE: DOE: COA: FCO:	<pre>(5-CHARACTER COUNTRY CODE) (5-CHARACTER COUNTRY CODE) (3-CHARACTER PORT OF ENTRY CODE) (MMDDYYYY) (3-CHARACTER CLASS OF ADMISSION CODE) (3-CHARACTER FILES CONTROL OFFICE CODE)</pre>	
SEX: *LAST NAME IS REQUIRED FIED	(M/F) LD. OTHER FIELDS ARE OPTIONAL. RESS ENTER TO INITIATE "SOUND LIKE" SEARCH	

CLEAR EXIT PF3 REFRESH PF4 MENU PF5 HELP PF6 MAIN MENU DISPLAYED NAME AND DOB NOT FOUND

s"

(b) (6), (b) (7)(C), (b) COMMAND: DEPARTMENT OF HOMELAN CENTRAL NDEX SYSTEM -	D SECURITY - USCIS 09/27/12 ID # SEARCH ISPLAY 11:32:51
ID # (A/AA/AB/C/DA): A96143042 (DL/FB/FP/I/PP/SS/TD) LAST: TSARNAEV	A#: (b)(6) DOB: 10211986
FIRST: TAMERLAN MIDDLE: ANZOROVICH ALIASES:	NATZ DATE: COURT: LOCATION:
SEX: M POE: NYC COB: RUSSI DOE: FCO: NBC COA: AS8 COC: RUSSI FTC: PFCO: NRC SFCO: DFO: 10262002 BIN:	09062006 09242012 FATHER: ANZOR MOTHER: ZUBEIDAT
SSN: (b)(6) CONSOL I-94 ADM #: PASSPORT #: FBI #: DRIVER LIC: FINGER CD#:	IDATED A-NOSOTHER INFORMATION (b) (7)(E) CARD-X

OVER-KEY ID# TO DISPLAY NEW PERSON, PRESS ENTER. CLEAR EXIT PF1 NEXT CONS A# PF2 PRIOR CONS A# PF3 REFRESH PF4 RETURN PF5 HELP PF6 MAIN MENU PF8 HISTORY PF9 EAD PF11 EOIR

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Applicant

5. Department of Homeland Security .J. Box 648006 Lees Summit, MO 64064



U.S. Citizenship and Immigration Services

Date: 11/15/2012

TSARNAEV, TAMERLAN 410 NORFOLK ST # 3 CAMBRIDGE, MA 02139

In RE:

File:

NBC\*003059925

### THIS IS NOT AN INTERVIEW NOTICE

Subject: Pre-Interview Case File Review,

Prior to forwarding your case for interview, USCIS has performed a complete review of your file and Application for Naturalization (Form N-400). As a result of that review, we have identified additional documentation may be needed. We recommend that you bring the documents listed below to your naturalization interview to limit any potential delays that might result if needed documents are not available at interview. In the event additional documentation is required, you will be advised during your interview.

All documents must be clear and legible. If you have a document in any language other than English, please provide an English translation along with the original document. The translator must certify that the translation is complete and accurate, and that he or she is qualified to translate.

If you have any questions about your interview or about the information requested please contact USCIS National Customer Service Center at 1-800-375-5283. Thank You.

### USCIS recommends you bring the following documents to your interview:

You indicated in your application that you have been arrested. For these arrests and any other incidents in which you may have been involved, bring originals or certified copies of all arrest records and court dispositions showing how each incident was resolved.

Questions may be directed to the USCIS National Customer Service Center at 1-800-375-5283. Thank You.

REMINDER: bring this original notice with your documents.

Rev. 5/26/2010 20090211 Page 1 of 1

NBC#: NBC\*003059925

### From N-400 application:

From N-400 applied	ation:	From G-28:	
Applicant Name:	TSARNAEV, TAMERLAN	Attorney Name:	
Care Of:		Firm Name:	
Address 1:	410 NORFOLK ST	Address 1:	
Address 2:	# 3	Address 2:	
City/State/Zip:	CAMBRIDGE, MA 02139	City/State/Zip:	

APPLICATION & DOCUMENTATION REVIEW	YES	NO
A. Pre-Processing Worksheet	Yes	No
<ol> <li>Is the worksheet on the top right side of the folder?</li> <li>**NOTE: if no worksheet on top right side of the folder, place one in file</li> </ol>	✔ Goto B01	Goto B01
B. Photos	Yes	No
<ol> <li>Are two (2) passport-style photos submitted?</li> <li>**NOTE: ensure all photos are in a bag and stapled to the N-400;</li> </ol>	✔ Goto C01	Goto C01 N14(B01)
C. Applicant Name	Yes	No
<ol> <li>Does the name on the Permanent Resident Card (PRC/ARC) match Part 1A or 1B on the N-400?</li> </ol>	Goto D01	Goto C02
2. Is there documentation provided to prove the legal change of name (marriage license, divorce decree, court document, etc.)?	Goto D01	Goto D01 N14(C02)
D. Age of Applicant	Yes	No
1. Using the DOB from Part 3B, is the applicant age 18-74?	Goto E01	Goto D02
<ol> <li>Using the DOB from Part 3B, is the applicant age 75 or older?</li> <li>**NOTE: the applicant must be age 18 or older to file an N-400; if the applicant is age 75 or older, go to the 2nd line of the N-400 Pre-Processing Worksheet entitled "FD-258 Control #", and circle "Waived-75 and older" in the Remarks section, annotate your LX# and the date</li> </ol>	Goto E01	Goto E01
E. Applicant Documents	Yes	No
1. State-issued driver's license or state-issued identification card?	Goto E02	Goto E02 N14(E01)
2. U.S. or foreign passport?	Goto E03	Goto E03 N14(E02)
<ol> <li>Permanent Resident Card, formerly known Alien Registration Card (PRC/ARC, Form 1-551/1-151)?</li> </ol>	✓ Goto F01	Goto E04
4. Temporary Resident Card (Form 1-688)	Goto F01	Goto F01 N14(E04)
F. Basis for Eligibility ** NOTE: if no boxes in Part 2 are checked, review	a Yes	No
1. Is Part 2A marked?	✔ Goto H01	Goto F02
2. Is Part 2B marked?	Goto G01	STOP Route to Adjudication s N400 Team for review.



APPLICATION & DOCUMENTATION REVIEW	YES	NO
H. Disability	Yes	No
I. Is Part 3H marked "Yes"?	Goto H02	✓ Goto H03
2. Is an original completed N-648 attached?	Goto H03	Goto H03 N14(H02)
3. Is applicant requesting an accommodation because of a disability or impairment?	Goto K01	✔ Goto K01
K. Delinquent Taxes	Yes	No
1. Is Part 10A, question 5 marked "Yes"?	Goto L01 N14(K01)	✔ Goto L001
L. Criminal Records	Yes	No
1. In Part 10D, are any of questions 16-21 marked "Yes"?	✓ Goto M01 N14(L01)	Goto M01
M. Military Service	Yes	No
1. Does Part 6B include military service?	Goto M02	✔ Goto M02
2. Is Part 10F, question 29 marked "Yes"?	Goto M03	✔ Goto N01
<ol> <li>Is there an original Form N-426, Request for Certification of Military or Naval Service; and</li> </ol>	Goto M04	Goto M04 N14(M03)
4. Is there an original Form G-325B, Biographic Information?	Goto N01	Goto N01 N14(M04)
N. Selective Service	Yes	No
1. Is Part 10G, question 33 marked "Yes"?	Goto N02	STOP HERE! Send to Shelf
2. In question 33, are the date registered and Selective Service Number provided or is there an attached statement explaining why they did not register and a "Status Information Letter" from the Selective Service?	✓ STOP HERE! Send To Shell	2 1 1 2 1 M 2 M 2 M 2 M 2 M 2 M 2 M 2 M

NBC November 13, 2006 (b) (6)



### N-400 Inventory Checklist

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Two Photographs

FD-258 - Fingerprint Card

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I-551 - Permanent Resident Card

G-325B - Biographic Information

] N-426 - Request For Certification of Military or Naval Service

Form M-175, Record of Proceeding Cover Sheet

# **Cover Sheet**

# **Record of Proceeding**

NOTE: This is a permanent record of U.S. Citizenship and Immigration Services.

### Instructions

- 1. Place a separate cover sheet on the top of each closed Record of Proceeding.
- 2. Each Record of Proceeding must be fastened on the inner left side of the file jacket in chronological order.
- 3. Any person temporarily removing any part of this record must insert a page describing the section removed, sign and date it, and place it in this record below this cover sheet. The signer is responsible for returning the removed material as soon as it no longer needs to be outside the record.
- 4. See Records Operations Handbook Part II-24: Record of Proceeding (ROP) Assembling A-Files for details.

			DOB	NO MATCH	DNR	RELATES	Resolution Memo
V, TAME	RLAN		10-21-86	b) (7)(C), (b) (	7)(E)		Completed
□ P	B	D	2 <sup>nd</sup> Check 3 <sup>rd</sup> Check				
D P	B	D	2 <sup>nd</sup> Check 3 <sup>rd</sup> Check				
D P	B	D	2 <sup>nd</sup> Check 3 <sup>rd</sup> Check				
D P	B	D	2 <sup>nd</sup> Check 3 <sup>rd</sup> Check				
□ P	B	D	2 <sup>nd</sup> Check 3 <sup>rd</sup> Check				
P	B	D	2 <sup>nd</sup> Check 3 <sup>rd</sup> Check		9		
	P P P P P P	P B P B P B	P       B       D         P       B       D         P       B       D         P       B       D         P       B       D         P       B       D         P       B       D         P       B       D         P       B       D         P       B       D         P       B       D         P       B       D	2 <sup>nd</sup> Check         P       B       D       3 <sup>nd</sup> Check	2nd Check         P       B       D       3rd Check	2nd Check         P       B       D       3rd Check	2 <sup>nd</sup> Check         P       B       D       3 <sup>nd</sup> Check       Image: Common termineteeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeee

(b) (6)

(b)

 $(\mathbf{D})$  $(\mathbf{O})$ 

 $(\mathbf{S})$   $(\mathbf{S})$ 

(b) (6), (b) (7) (C), (b) COMMAND: CENTRAL (	ATION AND NATURALIZATION	SERVICE 06/07/07 H/SPLAY 10:56:09
ID # (A/AA/AB/C/DA): (b)(6) (DL/FB/FP/I/PP/SS/TD) LAST: TSARNAEV	A#:	(b) (6) DOB: 10211986
FIRST: TAMERLAN		NATZ DATE:
MIDDLE: ANZOROVICH	4. 2	COURT:
ALIASES:	* <sup>2</sup>	LOCATION:
SEX: M POE: NYC COB: FCO: SSC COA: (b) COC: PFCO: NRC SFCO: DFO:	RUSSI DOE: 07192003 FTC: 01202006 10262002 BIN:	FATHER: ANZOR MOTHER: ZUBEIDAT
SSN: I-94 ADM #: <sup>(b)</sup> (6) PASSPORT #: FBI #: DRIVER LIC: FINGER CD#:	CONSOLIDATED A-N	OSOTHER INFORMATION
		ä

OVER-KEY ID# TO DISPLAY NEW PERSON, PRESS ENTER. CLEAR EXIT PF1 NEXT CONS A# PF2 PRIOR CONS A# PF3 REFRESH PF4 RETURN PF5 HELP PF6 MAIN MENU PF8 HISTORY PF9 EAD PF11 EOIR

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vvitnneid in Full (D)(6)

(b)	(6), (b)	(7)(C),
(b)	(7)(E)	

### IMMIGRATION AND NATURALIZATION SERVICE FD258 TRACKING SYSTEM

09/06/2007 10:03

	CRITERIA: ANUM = (b) (6)
CIDN : (b) (6) A-NUMBER : (b) (6) FORM#: I48	ORI: (SC) VTINSWANZ (LOC) MAINSBS00
NAME (L/F/M): TSARNAEV TAM	IERLAN
DATE OF BIRTH : 10/21/1986	
FP REQUEST SENT: 07/05/2007	TCN: (b) (6)
PLACE OF BIRTH : SX	TCR: E200718600000054011
**************************************	JFORMATION ************************************
FBI RESPONSE DESC : (b) (7)(E)	
DATE PROCESSED BY FBI: 07/05/2007	CONTROL NO: (b) (7)(E)
RESP PROCESSED BY LAN: 07/05/2007	FBI NUMBER:
RESP PROCESSED BY M/F: 07/06/2007	PCN :
REJECT DESCRIPTION :	
SUCCESSFUL FD258 DETAIL SCREEN DISPLAY	

DUCCEDDI	. OT	1.0720	DE	TUTT	DCULTUN	DTOLDU.		
PI	F1		PF	2		PI	76	PF8
PG	FWI	) I	PG	BWD		PRIOR	SCREEN	LOGOFF



SEARCH CRITERIA:

ORI: USINS0000

CIDN : (b) (6) A-NUMBER : (b) (6) NAME (L/F): TSARNAEV

TAMERLAN

DATE OF BIRTH : 10/21/1986 NC REQUEST SENT: 12/10/2004 PLACE OF BIRTH : RUS

FBI RESPONSE DESC : (D) (7(E) DATE PROCESSED BY FBI: 12/16/2004 DATE/TIME LOADED AT INS: 12/28/2004 17:37:57

FBI NAME: TSARNAEV, TAMERLAN

FBI DATE OF BIRTH: 10/21/1986

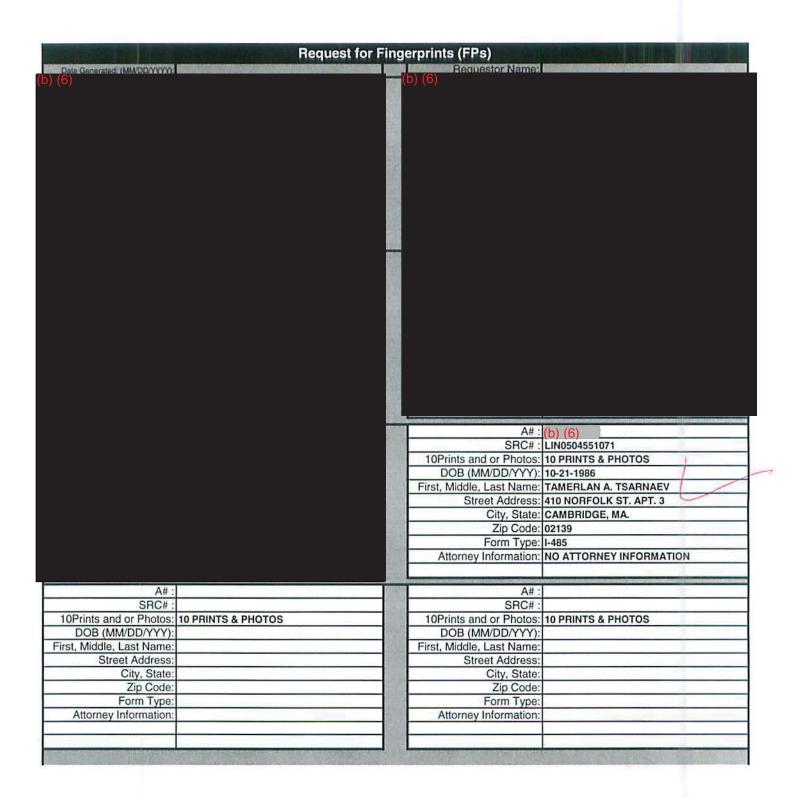
PF6 PF8 PRIOR SCREEN LOGOFF

### Record of Systems Query (ROSQ) (b) (6) A-Number or Receipt Number: Derivative Principal Yes No RAPS : CSTA screen checked EOIR screen checked CIS: 9102 screen checked 9103 screen checked 9106 screen checked 9504 screen checked Π 9222 screen checked b) (7)(E) V $\square$ AR11: b) (7)(E)

YES = screen reviewed; no new or derogatory information NO = not applicable, not subject, or no evidence of excessive traveling

6/7/07

Officer's signature, number and DATE



CIMIDN	11	MIGRATI	ON AND NATUR	ALIZATION	SERVIC	0	6/20/06
COMMAND:	CENT	RAL I	X SYSTEM -	ID # SEARC	CH/DIS1 Y	1	8:08:59
ID # (A/AA/AB (DL/FB/FP/	I/PP/SS/		1	A#:	(b) (6)	DOB:	10211986
LAST: TSA FIRST: TAM MIDDLE: ANZ	ERLAN					TZ DATE: COURT:	
ALIASES:					L	OCATION:	
FCO: SSC C	OE: NYC OA: (b) CO:	COB: RUS COC: DFO: 102		07192003 01202006	FATHER: MOTHER:	ANZOR ZUBEIDAT	
SSN: I-94 ADM #: (t PASSPORT #: FBI #: DRIVER LIC: FINGER CD#:	o) (6)		CONSOI	IDATED A-N	10S0'	THER INFORM	ATION
OVER-KEY ID#	TO DISPLA	AY NEW PH	ERSON, PRESS	ENTER.	CLEAR EXI	r pfl next	CONS A#

OVER-REY ID# TO DISPLAY NEW PERSON, PRESS ENTER. CLEAR EXIT PF1 NEXT CONS A# PF2 PRIOR CONS A# PF3 REFRESH PF4 RETURN PF5 HELP PF6 MAIN MENU PF8 HISTORY PF9 EAD PF11 EOIR

TX.

CIMFTD COMMAND:	IMMIGRATION AND NATURA CIS - LE TRANSFER	LIZATION SERVICF	06/20/06 18:09:04	
A#: (b) (6) NAME:	TSARNAEV	, TAMERLAN	DOB: 10211986	
PREVIOUS F CURRENT F REQUEST F	CO: SSC	FCO CREATING SUB- SUB-FILE CREATION		
FILE LOCATED I	ND: C (FILE TRANSFER CC	MPLETE)		
DATE F	TR: 01112006 (MMDDYYYY TI: 01112006 TC: 01202006	ACCESSION NUM INS BOX NUM		
PERSON/ACTION: PERSON/ACTION: 2ND REQUEST DATE: 3RD REQUEST DATE:				
YOU MAY REQUEST A	DISPLAY OF ANOTHER A-FI	LE BY KEYING A DIFFEREN	NT A-NUMBER.	
CLEAR EXIT PF3	REFRESH PF4 FTS MENU	PF5 HELP PF6 CIS N	AAIN MENU	

17:23:07 (b) (6), (b) (7)(C), (b) (7)(E) FLT/VES#: TK 1 IO95 NEW YORK, JFK	Results .RPORT, TERM 1 TURKISH AIRLINES	062006 T2MRM908 T2PRM912
DOC TYPE: P #: (b) (6)	CNTRY: KG KYRGYZSTAN	SEX: M
DNAME (LAST): TSARNAEV RFRD BY:	FRST: TA CBP OFFCR-C	AMERLANANZOROVI DOB: 102186 DTE: 07192003 TME: 1753
REASON: 208		CCD: (N/Y)
SNAME (LAST):	FRST:	DOB:
NATIONALITY: KG KYRGY	ZSTAN	
DISPOSITION: (b)	– (b) (6)	ADMIT UNTIL DATE:
CHARGE (CODED):		
DEFERRED TO POE: (b) (7)(C)		FIN#:
SECONDARY OFFICER:	CBP OFFCR-C	07/19/2003 19:12
	ODI OIION O	0,, 10, 2000 10, 11
COMMENTS: REFERRAL		

(PF1=HELP) (PF2=FLD HELP) (PF3=MAIN MENU) (PF4=PREV MENU) (PF9=VIEW ACCESS) (PF14=LINKLIST) (PF15=PREV LINKLIST) (PF16=PRINT) (PF17=HOME BASE)

INKLA Skept on Bight side of record only)

<b>17:48 TECS II – I ARRIVAL/DEPARTURE DATA QUPAY 062006</b> (b) (6), (b) (7) (C), (c), (b) (7)(E) <b>062006</b> (c), (b) (7) (E)
I-94 NUMBER (b) (6) PASSPORT NBR LAST NAME SOUNDEX LIKE LAST NAME (DEFAULTS TO EXACT)
FIRST NAMELIKE FIRST NAME (DEFAULTS TO EXACT)DOBFROM YEARTO YEARARRIVAL DATE- FROMTOARRIVAL AIRLINEFLIGHT NBRFLIGHT NBR
ARRIVAL / DEPARTURE YEARS
DEPARTURE YEARS 1999 2000 2001 2002 2003 2004 2005 2006
OPTIONAL RESTRICTIONS ADMISSION CODE COUNTRY OF CITIZENSHIP COUNTRY OF RESIDENCE PORT OF ENTRY PORT OF DEPARTURE VISA ISSUE POST NO ARRIVAL OR DEPARTURE RECORDS FOUND (F1/F2=HELP) (F3=MAIN MENU) (F4=PRE PRE PRE PRE PRE PRE PRE PRE PRE PRE

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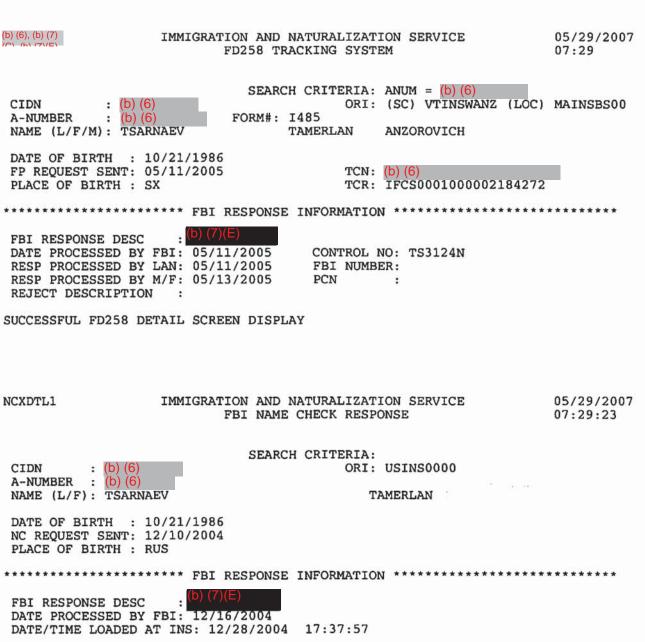
U.S. DEPARTMENT OF JUSTICE Immigration and Naturalization Service

### Memorandum of Creation of Record of Lawful Permanent Residence

ø,	·					Place	-	
x						File No.		
Status as a lawful permanent resident of	ales I letas d	Canton in and				(b) (6		
Status as a lawrul permanent resident or	the United	States is acc	oraea:			Receipt No.		-045-51071
Name TSARNAEV, TAMERLAN					Sex		of Bli	th (Month/Day/Year)
In Care of 410 NORFOLK ST APT	3				Male	Ċ		ctober 21, 1986
Street CAMBRIDGE MA 02139					City of Birth		12,000	ntry of Birth JSSIA
Apt. No.					Country of Nation	ality		ntry of Last Residence
City,State,Zip								
Marital Status		Occupation Children	992		N/I Class at time	of Adj.		Adm. to U.S. or Year of Change to Present lass (whichever most recent)
Single/Never Married Priority Date (Month/Day/Year)		Preference (If an			AS Country to Which	Chargeable	(If a	ny)
Section 212 (a) (5) Labor Certification					Mother's First Nan ZUBEIDAT	10		Father's First Name ANZOR
Last NIV Issued at (U.S. Consulate Post)		Date of Issuance of	of Last NIV	_		Number	of La	
Under the following provision of law	N2-00-08-			<u>.</u>		<u> </u>		Other law (Specify)
Public Law 95-412	🖾 Sec. 209	(a) of the l & N A	Act		🔲 Sec. 249 of t	he I & N A	ct	
Public Law 96-212	Sec. 209	(b) of the I & N	Act		Sec. 1 of the	Act of 11/	2/66	
Private Law No		()() of the 180						
of the Congress Session	□ Sec. 245	of the I & N Act			G Sec. 214 (d)	of the I &	N Ac	t
As of / / at								
Class of admission								
REMARKS								
RECOMMENDED BY: (Immigration Officer)	(Date)							
			DATE					
			ACTION					
			DD					
FOR USE BY VISA CONTROL OF	ICE		DISTRICT	ă.				
Date			8					
Foreign State								
			ġ.					
Preference Category			9					
Number								
			52					
Month of Issuance								
Signed(Viso Office. Dept.	-1 ft-t-1		Q					
(Visa Office, Depl. )	or State)							
CC: Page 2 Master Index copy sent on		-						
CC: Page 3 ADIT and Statistical report copy se	nt on							

CIMSIN I COMMAND: CENTR	MMIGRATION AND NA AL NDEX SYSTEM	ATURALIZATION CR - DETAILED SE	VICE I DISPLAY	12/02/04 13:42:35
A#: (b) (6) NAME: T	SARNAEV	, TAMERLAN	DOB	: 10211986
LÁST: TSARNAEV FIRST: TAMERLAN MIDDLE: ANZOROVICH ALIASES:	•		NATZ DATE: COURT: LOCATION:	
SEX: M POE: NYC FCO: NRC COA: (b) PFCO: NSC SFCO:	COC:		ATHER: OTHER:	
SSN: I-94 ADM #: (b)(6) PASSPORT #: FBI #: DRIVER LIC: FINGER CD#:	COI	NSOLIDATED A-NOS	OTHER INFO	RMATION
CLEAR EXIT	PF4 RETURN	PF5 HELP	PF6 CIS MAIN M	ENU

PF7 NEXT SEARCH PF8 VIEW HISTORY PF9 VIEW EAD PF10 NAILS PF11 EOIR PF10 REQUIRES A SPECIAL SECURITY CLASS.



FBI NAME: TSARNAEV, TAMERLAN

FBI DATE OF BIRTH: 10/21/1986

(7)(C), (D)	, (b)						
A#: (b) (6) NAME: 1	SARNAEV	, TAMERLAN	1	DOB: 10211986			
LAST: TSARNAEV FIRST: TAMERLAN MIDDLE: ANZOROVICH ALIASES:			NATZ DAT COUF LOCATIC	<b>₹Т</b> :			
SEX: M POE: NYC FCO: NRC COA: (b) PFCO: NSC SFCO:	COB: RUSSI COC: DFO: 10262002	DOE: 07192003 FTC: 04142003 BIN:	FATHER: MOTHER:				
SSN: I-94 ADM #: (b)(6) PASSPORT #: FBI #: DRIVER LIC: FINGER CD#:	C	ONSOLIDATED A-NOS	SOTHER I	INFORMATION			
CLEAR EXIT	PF4 RETURN	PF5 HELP	PF6 CIS MAI	IN MENU			

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PF7 NEXT SEARCH PF8 VIEW HISTORY PF9 VIEW EAD PF10 NAILS PF11 EOIR PF10 REQUIRES A SPECIAL SECURITY CLASS.

elpt #: LIN-05-045-51071 Remittance Information	A CONTRACTOR OF THE OWNER	Re	c/Mod 🖕
Éile Help			
	1 BBA	TI	<u>C</u> ancel
		I DE TRANSPORT	Save
			Clear
Type of remittance:	Amount received: \$0.00	□ Signature	Add
Last Remitter:	First	Middle	Upinge
Bank Transit Number:		Presidenti orni	
		1	
Type Remitter -	Amount Signature Boun	red	
смо (b) (6) Смо	- \$315.00 Y A - \$70.00 Y A		Retrieve
			Delete
			Delete All

$(/)(\cup), (D)$	IGRECTION AND NATURALIZA		04/28/06 13:24:55
ID # (A/AA/AB/C/DA): (b)( (DL/FB/FP/I/PP/SS/TD LAST: TSARNAEV FIRST: TAMERLAN MIDDLE: ANZOROVICH ALIASES:		A#: (b)(6) NATZ I CC LOCAT	OURT:
FCO: SSC COA: (b) COA	COB:       RUSSI       DOE:       0719         COC:       FTC:       0120         FO:       10262002       BIN:	92003 02006 FATHER: <sup>(b) (6)</sup> MOTHER: <sup>(b) (6)</sup>	
SSN: I-94 ADM #: (b)(6) PASSPORT #: FBI #: DRIVER LIC: FINGER CD#:	CONSOLIDATI	ED A-NOSOTHEF	R INFORMATION

OVER-KEY ID# TO DISPLAY NEW PERSON, PRESS ENTER. CLEAR EXIT PF1 NEXT CONS A# PF2 PRIOR CONS A# PF3 REFRESH PF4 RETURN PF5 HELP PF6 MAIN MENU PF8 HISTORY PF9 EAD PF11 EOIR

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