



**U. S. CITIZENSHIP AND IMMIGRATION SERVICES**  
**REFUGEE, ASYLUM AND INTERNATIONAL OPERATIONS**  
**DIRECTORATE**  
**RAIO Foundations Synchronous Module Virtual**

**Paired Mock – Instructions:**  
*Well-Founded Fear Claim Role Player Narrative*

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**STUDENT A – General Instructions**

The packet of information you will receive contains materials for an interviewing exercise. All of the students in the class will be organized into pairs. You and your partner will interview each other. This instruction guide assumes that you are interviewing a past-persecution and are a role player for a well-founded fear claim.

You must record your interview. After your interview, you must upload your notes to your student folder.

**1<sup>st</sup> INTERVIEW:**

You will interview an applicant from Ethiopia. Your partner will portray the applicant. You will receive the following documents and information for this applicant

- Mock A-file for Ethiopian Applicant, Teferal Abel Bekele.

Please read the “Ground Rules for Officers” provided in the packet.

Conduct a complete interview, including introduction, I-589 review, full claim elicitation (including potential bar issues, if any), mandatory bars, and conclusion, **taking notes according to the requirements and guidance in the RAIO Lesson Plan on Interviewing – Note Taking.**

**2<sup>nd</sup> INTERVIEW:**

You are an asylum applicant/role player. You’ll play the role of an applicant from Afghanistan. Your partner will interview you. You will receive the following documents and information for this applicant:

- Mock A-file for Afghan applicant, Qais Tareen.
- Instructions and Role Player Guide for Afghan applicant, Qais Tareen (included in this document).

Please read the “Ground Rules for Applicants/Role Players” provided in the packet.



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### **SCHEDULE**

<b>ET</b>	<b>CT</b>	<b>PT</b>	
12:15-12:30pm ET	11:15-11:30am CT	9:15-9:30am PT	Class Coordinators go over Pre-Interview Preparation Instructions together.
12:30-1:15pm ET	11:30 - 12:15pm CT	9:30-10:15am PT	Pre-Interview Preparation for the Ethiopian case. Students then will break into two groups. Student A will prepare to interview the Ethiopian case. Student B will prepare to role play the Ethiopian case.
1:15-1:25pm ET	12:15-12:25pm CT	10:15-10:25am PT	Classroom coordinators will give additional instructions prior to the Ethiopian interview and Remind students of interview rules.
1:25-2:03pm ET	12:25-1:03pm CT	10:25-11:03am PT	Student A interviews first half of the Ethiopian case. Student B is the Ethiopian role player.
2:03- 2:13pm ET	1:03-1:13pm CT	11:03-11:13am PT	Halfway check in point with Class Coordinators.
2:13-2:18pm ET	1:13-1:18pm CT	11:13- 11:18am PT	5 minute break
2:18- 2:56pm ET	1:18-1:56pm CT	11:18-11:56am PT	Student A interviews second half of the Ethiopian case. Student B is the Ethiopian role player.
2:56 PM-3:11pm ET	1:56-2:11pm CT	11:56-12:11pm PT	Class Coordinators go over instructions for Pre-Interview Preparation for the Afghani case. Specify how students can prepare for interview.
3:10-3:55pm ET	2:10-2:55pm CT	12:10-12:55pm PT	Pre-Interview Preparation for the Afghani case. Student A will review the role for the Afghani case and Student B will prepare to interview the Afghani case.
3:55-4:05pm ET	2:55-3:05pm CT	12:55-1:05pm PT	Class Coordinators will give additional instructions prior to the Afghani interview and remind students of interview rules.
4:05-4:20pm ET	3:05-3:20pm CT	1:05-1:20pm PT	15 minute Break
4:20-4:58pm ET	3:20-3:58pm CT	1:20-1:58pm PT	Student B interviews first half of Afghani case. Student A is the Afghani role player.
4:58-5:08pm ET	3:58-4:08pm CT	1:58-2:08pm PT	Halfway Check in point with Class Coordinators
5:08-5:46pm ET	4:08-4:46pm CT	2:08-2:46pm PT	Student B interviews second half of Afghani case, Student A is the Afghani role player.
5:46-6:00pm ET	4:46-5:00pm CT	2:46-3:00pm PT	Whole class discussion with Class Coordinators



PAIRED MOCK INTERVIEWS

**GROUND RULES FOR OFFICERS/INTERVIEWERS**

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PRACTICE MOCK INTERVIEWS

**GROUND RULES FOR APPLICANTS/ROLE PLAYERS**

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**I-589 REVIEW**

**I-589, Part A.I.**

1. **Alien Number or "A-Number":** 777 777 777
2. **US SSN:** Left blank
4. **Last Name:** TAREEN
5. **First Name:** Qais
7. **Other Names Used:** None
8. **Address:** 987 First Street NW, Fairfax, VA 22030 9. **Telephone number:** 777-777-7777
10. **Gender:** Male
11. **Marital Status:** Married
12. **Date of Birth:** January 1, 1992
13. **Place of Birth:** Kabul, Afghanistan
14. **Present Nationality:** Afghanistan
15. **Nationality at Birth:** Afghanistan
16. **Race, Ethnic, Tribal Group:** Pashtun
17. **Religion:** Muslim
18. **Immigration Court Proceedings:** Box checked: "I have never been in Immigration Court proceedings"
19. **Date left Afghanistan:** 12/19/2018  
**Entries to United States.:** One: December 20, 2018 – Washington Dulles Airport  
**Status at Entry:** F-1  
**I-94 Number:** 1234  
**Date Status Expires:** Duration of Status
20. **Country Issued Passport:** Afghanistan
21. **Passport:** PO 777777
22. **Passport Expiration:** September 1, 2021
23. **Native language:** Pashto
24. **Are you fluent in English?** Yes



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25. **Other Languages:** Dari, Urdu

I-589, **Part A.II**

26. **Your Spouse**

- **Spouse A-Number:** 777777778
- **Passport/ID Card Number:** PO 777778
- **Date of Birth:** 1/1/1996
- **Last name:** TAREEN
- **First name:** Madani
- **Other Names Used:** Madani
- **Date of Marriage:** 1/1/2015
- **Place of Marriage:** Kabul, Afghanistan
- **City and Country of Birth:** Mandisar, Afghanistan
- **Nationality:** Afghanistan
- **Race, Ethnic, or Tribal group:** Pashtun
- **Gender:** Female
- **In the US:** Yes
- **Last entry:** 12/20/2018, Washington DC, F-2 visa valid for duration of status
- **In immigration Court:** No
- **Included on application:** No

43. **Number of children:** 1

44. **Your Child**

- **Child A-number:** 777777779
- **Passport/ID Card Number:** PO 777779
- **Marital Status:** Single
- **Last name:** TAREEN
- **First name:** Jila
- **Date of Birth:** 1/1/2017
- **City and Country of Birth:** Kabul, Afghanistan
- **Nationality:** Afghanistan
- **Race, Ethnic, or Tribal group:** Pashtun
- **Gender:** Female
- **Is this Child in the U.S.?:** Yes
- **Last entry:** 12/20/2018, Washington D.C., F-2 visa valid for duration of status
- **In Immigration Court:** No
- **Included on Application:** No

I-589, **Part A.III**

1. **Last address before coming to US:** St 5 Dihnaw Dist 3, Kabul, Kabul, Afghanistan – January 2002-December 2018



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2. **Residences during past five years:**
- 987 First Street NW, Fairfax, VA – December 2018-present
  - St 5 Dihnaw Dist 3, Kabul, Kabul, Afghanistan – January 2002 – December 2018
3. **Education:** *(The schools you have attended are listed below. The officer may ask for the address and dates of attendance).*
- **(Correction:** George Mason University, University, Fairfax, VA, January 2019 – present)
  - **Name of School:** Kabul University, College, Kabul, Afghanistan, August 2010 – June 2015
  - **Name of School:** Habibia High School, Secondary, Kabul, Afghanistan, August 2005 – December 2009
  - **Name of School:** Dehbori Park Interim School, Primary/Secondary, Kabul, Afghanistan, March 2002 – June 2005
  - **Name of School:** Homeschooled, Primary, Ghulaman, Afghanistan, January 1997 – December 2001
4. **Employment:**
- Da Afghanistan Breshna Sherkat, Kabul, Afghanistan, Compliance Engineer, February 2018 – December 2018
  - Tetra Tech Inc, Kabul, Afghanistan, Assistant Field QA Engineer, July 2015 – February 2018
5. **Mother:** Sana TAREEN; POB: Kabul Afghanistan; Current Location: Kabul, Afghanistan
6. **Father:** Shafi TAREEN; POB: Kabul, Afghanistan; Current Location: deceased
7. **Siblings:** none

**ONE-YEAR FILING DEADLINE**

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**Past Harm**

**NARRATIVE**

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I. **PRE-PACI**

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II. **POSSESSION:**

- **Past work with Tetra Tech on USAID Funded Project**

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III. **AWARENESS**

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IV. **CAPABILITY**

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V. **INCLINATION**

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VI. Internal Relocation

I cannot live in another part of Afghanistan because:

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- [Redacted]

VII. **Decision to Leave / Preparations:**

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- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

**MANDATORY BARS**

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**Paired Mock – Instructions:  
*Past Persecution Claim Role Player Narrative***

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**STUDENT B – General Instructions**

The packet of information you will receive contains materials for an interviewing exercise. All of the students in the class will be organized into pairs. You and your partner will interview each other. This instruction guide assumes that you are interviewing a well-founded fear claim and are a role player for a past-persecution claim.

You must record your interview. After your interview, you must upload your notes to your student folder.

**1<sup>st</sup> INTERVIEW:**

You are an asylum applicant/role player. You'll play the role of an applicant from Ethiopia. Your partner will interview you. You will receive the following documents and information for this applicant:

- Instructions and Role Player Guide for Ethiopian Applicant, Tefera Abel Bekele (included in this document).
- Mock A-file for Ethiopian Applicant, Teferal Abel Bekele.

Please read the “Ground Rules for Applicants/Role Players” provided in the packet.

**2<sup>nd</sup> INTERVIEW:**

You will interview an applicant from Afghanistan. Your partner will portray the applicant. You will receive the following documents and information for this applicant:

- Mock A-file for Afghan applicant, Qais Tareen.

Please read the “Ground Rules for Officers” provided in the packet.

Conduct a complete interview, including introduction, I-589 review, full claim elicitation (including potential bar issues, if any), mandatory bars, and conclusion, **taking notes according to the requirements and guidance in the RAIO Lesson Plan on Interviewing – Note Taking.**



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### **SCHEDULE**

<b>ET</b>	<b>CT</b>	<b>PT</b>	
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12:30-1:15pm ET	11:30 - 12:15pm CT	9:30-10:15am PT	Pre-Interview Preparation for the Ethiopian case. Students then will break into two groups. Student A will prepare to interview the Ethiopian case. Student B will prepare to role play the Ethiopian case.
1:15-1:25pm ET	12:15-12:25pm CT	10:15-10:25am PT	Classroom coordinators will give additional instructions prior to the Ethiopian interview and Remind students of interview rules.
1:25-2:03pm ET	12:25-1:03pm CT	10:25-11:03am PT	Student A interviews first half of the Ethiopian case. Student B is the Ethiopian role player.
2:03- 2:13pm ET	1:03-1:13pm CT	11:03-11:13am PT	Halfway check in point with Class Coordinators.
2:13-2:18pm ET	1:13-1:18pm CT	11:13- 11:18am PT	5 minute break
2:18- 2:56pm ET	1:18-1:56pm CT	11:18-11:56am PT	Student A interviews second half of the Ethiopian case. Student B is the Ethiopian role player.
2:56 PM-3:11pm ET	1:56-2:11pm CT	11:56-12:11pm PT	Class Coordinators go over instructions for Pre-Interview Preparation for the Afghani case. Specify how students can prepare for interview.
3:10-3:55pm ET	2:10-2:55pm CT	12:10-12:55pm PT	Pre-Interview Preparation for the Afghani case. Student A will review the role for the Afghani case and Student B will prepare to interview the Afghani case.
3:55-4:05pm ET	2:55-3:05pm CT	12:55-1:05pm PT	Class Coordinators will give additional instructions prior to the Afghani interview and remind students of interview rules.
4:05-4:20pm ET	3:05-3:20pm CT	1:05-1:20pm PT	15 minute Break
4:20-4:58pm ET	3:20-3:58pm CT	1:20-1:58pm PT	Student B interviews first half of Afghani case. Student A is the Afghani role player.
4:58-5:08pm ET	3:58-4:08pm CT	1:58-2:08pm PT	Halfway Check in point with Class Coordinators
5:08-5:46pm ET	4:08-4:46pm CT	2:08-2:46pm PT	Student B interviews second half of Afghani case, Student A is the Afghani role player.
5:46-6:00pm ET	4:46-5:00pm CT	2:46-3:00pm PT	Whole class discussion with Class Coordinators



PAIRED MOCK INTERVIEWS

**GROUND RULES FOR OFFICERS/INTERVIEWERS**

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PRACTICE MOCK INTERVIEWS

**GROUND RULES FOR APPLICANTS/ROLE PLAYERS**

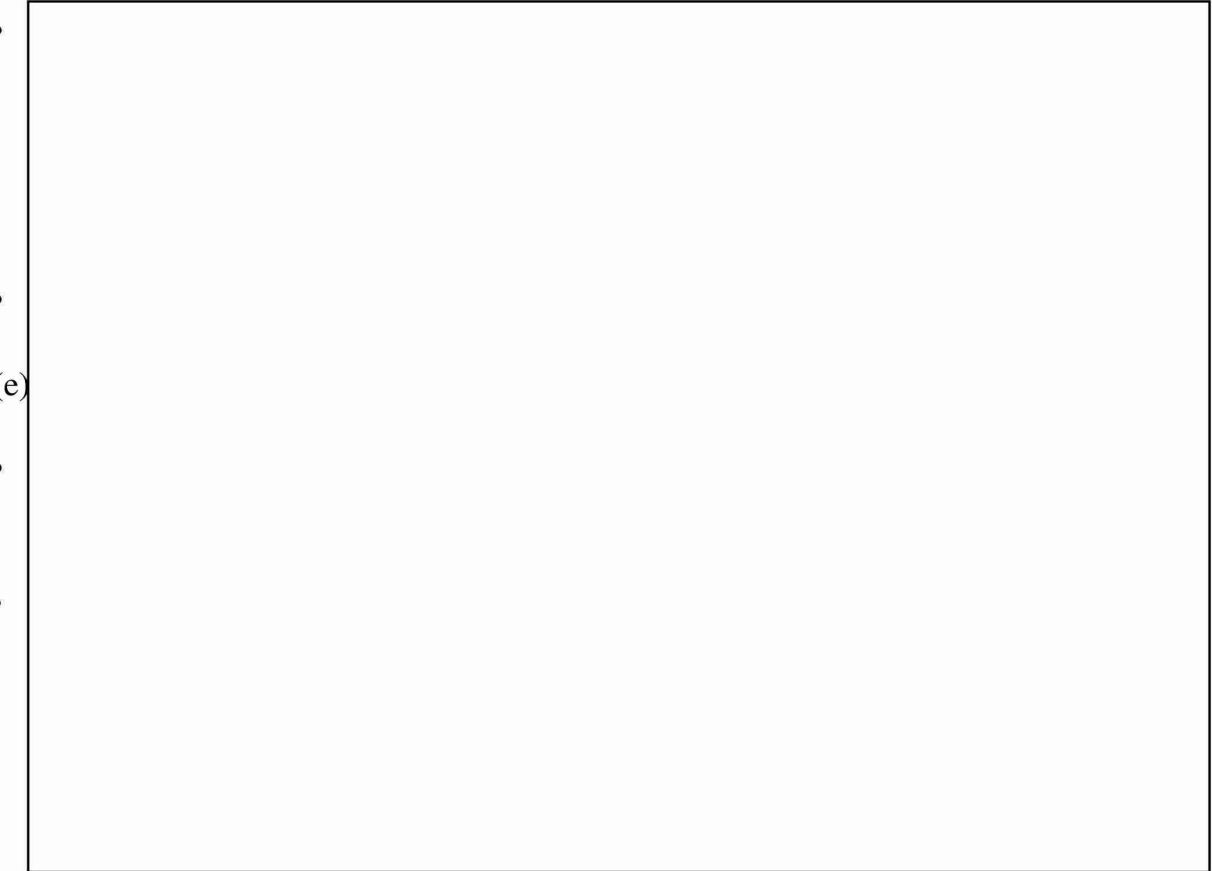
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### **I-589 REVIEW**

The following information corresponds with Form I-589, Application for Asylum. The numbers below cross-reference the sections or boxes of the I-589. Please note there will be some **“errors” in your application**, highlighted in red. Provide responses as directed to allow your partner to practice asking appropriate questions and making corrections:

#### **I-589, Part A.I.**

1. **Alien Number or “A-Number”:** 321 321 321
2. **US SSN:** Left blank
4. **Last Name:** BEKELE
5. **First Name:** Tefera
6. **Middle Name:** Abel
7. **Other Names Used:** None
8. **Address:** 901 New Jersey Ave, Apt 500, Washington, D.C. 20002
9. **Telephone number:** 202-444-5555
10. **Gender:** Male
11. **Marital Status:** Married
12. **Date of Birth:** January 1, 1998
13. **Place of Birth:** Addis Ababa, Ethiopia
14. **Present Nationality:** Ethiopia
15. **Nationality at Birth:** Ethiopia
16. **Race, Ethnic, Tribal Group:** Amhara
17. **Religion:** Christian
18. **Immigration Court Proceedings:** Box checked: “I have never been in Immigration Court proceedings”
19. **Date left Ethiopia:** 1/1/2020  
**Entries to United States.:** One: January 1, 2020 – Washington Dulles Airport  
**Status at Entry:** B-2  
**I-94 Number:** 1111111111  
**Date Status Expires:** 6/30/2020
20. **Country Issued Passport:** Ethiopia
21. **Passport:** N89765
22. **Passport Expiration:** January 1, 2025



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23. **Native language:** Amharic  
24. **Are you fluent in English?** Yes  
25. **Other Languages:** None

I-589, **Part A.II**

26. **Your Spouse**

- **Spouse A-Number:** None
- **Passport/ID Card Number:** None
- **Date of Birth:** 1/15/1999
- **Last name:** BEKELE
- **First name:** Mar
- **Middle name:** Zala
- **Other Names Used:** none
- **Date of Marriage:** 11/22/2018
- **Place of Marriage:** Addis Ababa, Ethiopia
- **City and Country of Birth:** Addis Ababa, Ethiopia
- **Nationality:** Ethiopia
- **Race, Ethnic, or Tribal group:** Amhara
- **Gender:** Female
- **In the US:** No, currently located in Addis Adaba, Ethiopia

27. **Number of children:** 0

I-589, **Part A.III**

1. **Last address before coming to US:** Kebele Rd No 2, Addis Ababa, Addis Ababa, Ethiopia – April 1998 – December 2019
2. **Residences during past five years:**
  - 901 New Jersey Ave 5000, Washington, D.C. – January 2020-present
  - Kebele Rd No 2, Addis Ababa, Addis Ababa, Ethiopia – April 1998 – December 2019
3. **Education:** *(The schools you have attended are listed below. The officer may ask for the address and dates of attendance).*
  - **Name of School:** University of Addis Ababa, University, Addis Ababa, Ethiopia – August 2016 – November 2019
  - **Name of School:** Haileselasse Secondary, Secondary School, Addis Ababa, Ethiopia – September 2006 – June 2016
4. **Employment:**
  - None
5. **Mother:** Aster Teka; POB: Addis Ababa, Ethiopia; Current Location: Addis Ababa, Ethiopia



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6. **Father:** Bekele Mikael; POB: Addis Ababa, Ethiopia; Current Location: Addis Ababa, Ethiopia

7. **Siblings:** none

**1 Membership in the National Movement of Amhara (NAMA) and Activities**

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[Redacted content]

**a. The First Arrest**

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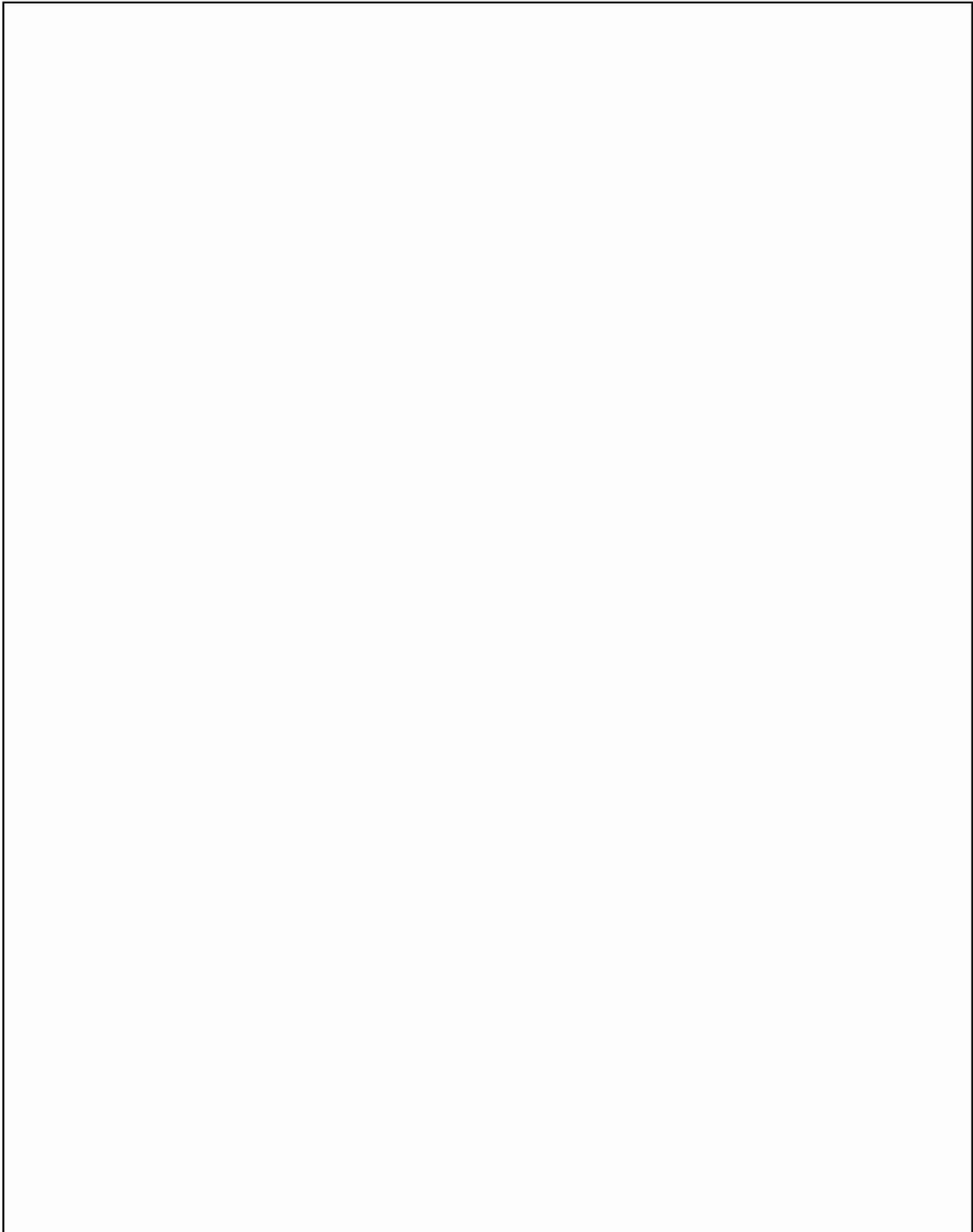


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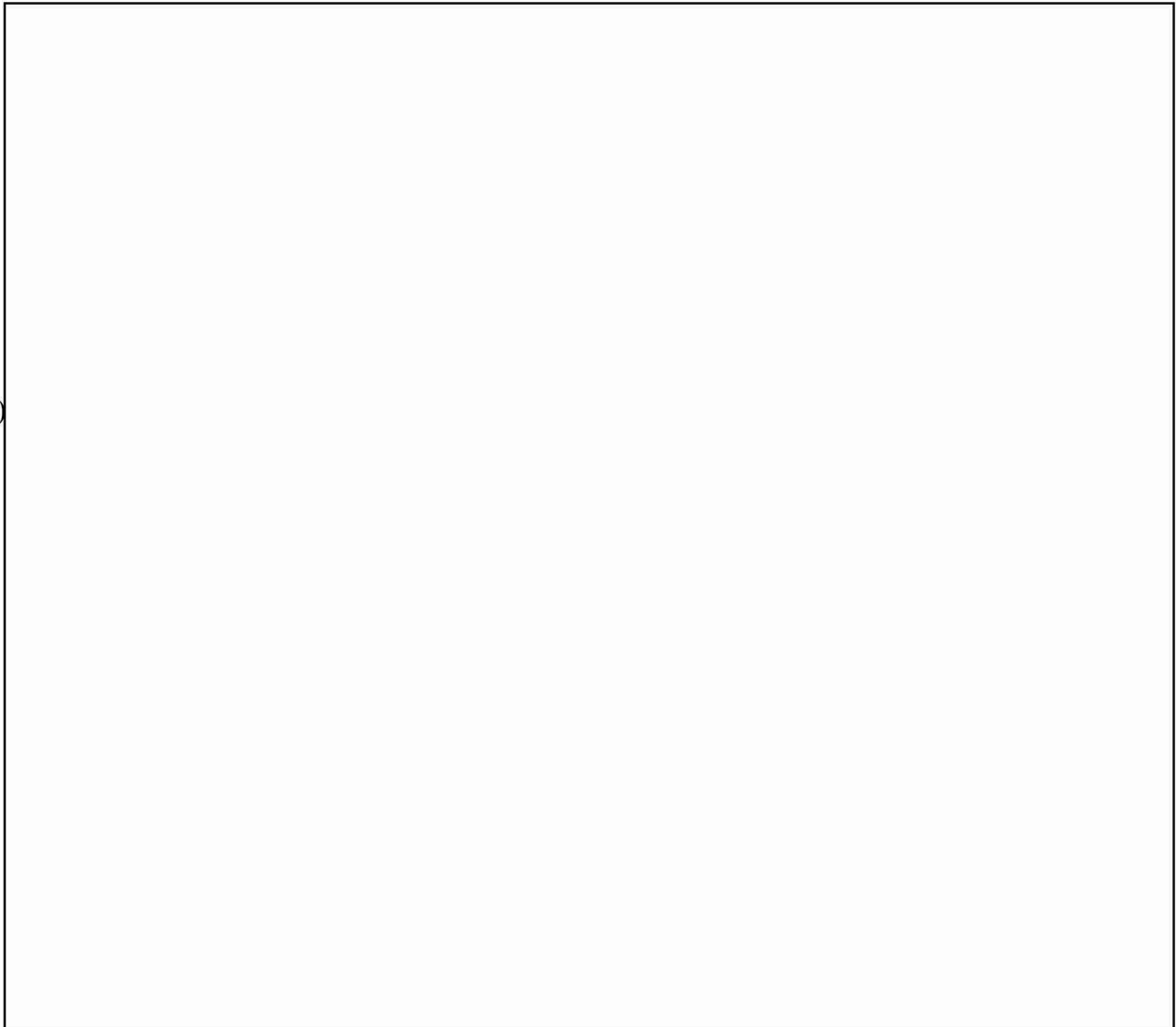
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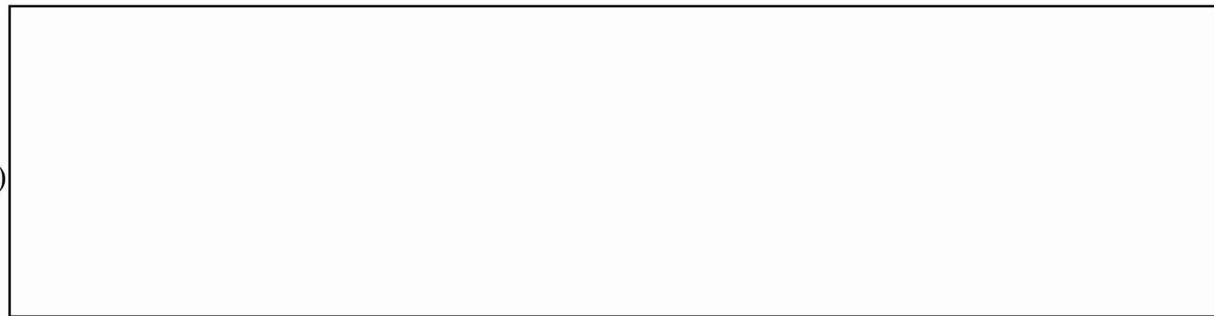
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### 3 YOUR FEAR OF RETURNING TO ETHIOPIA

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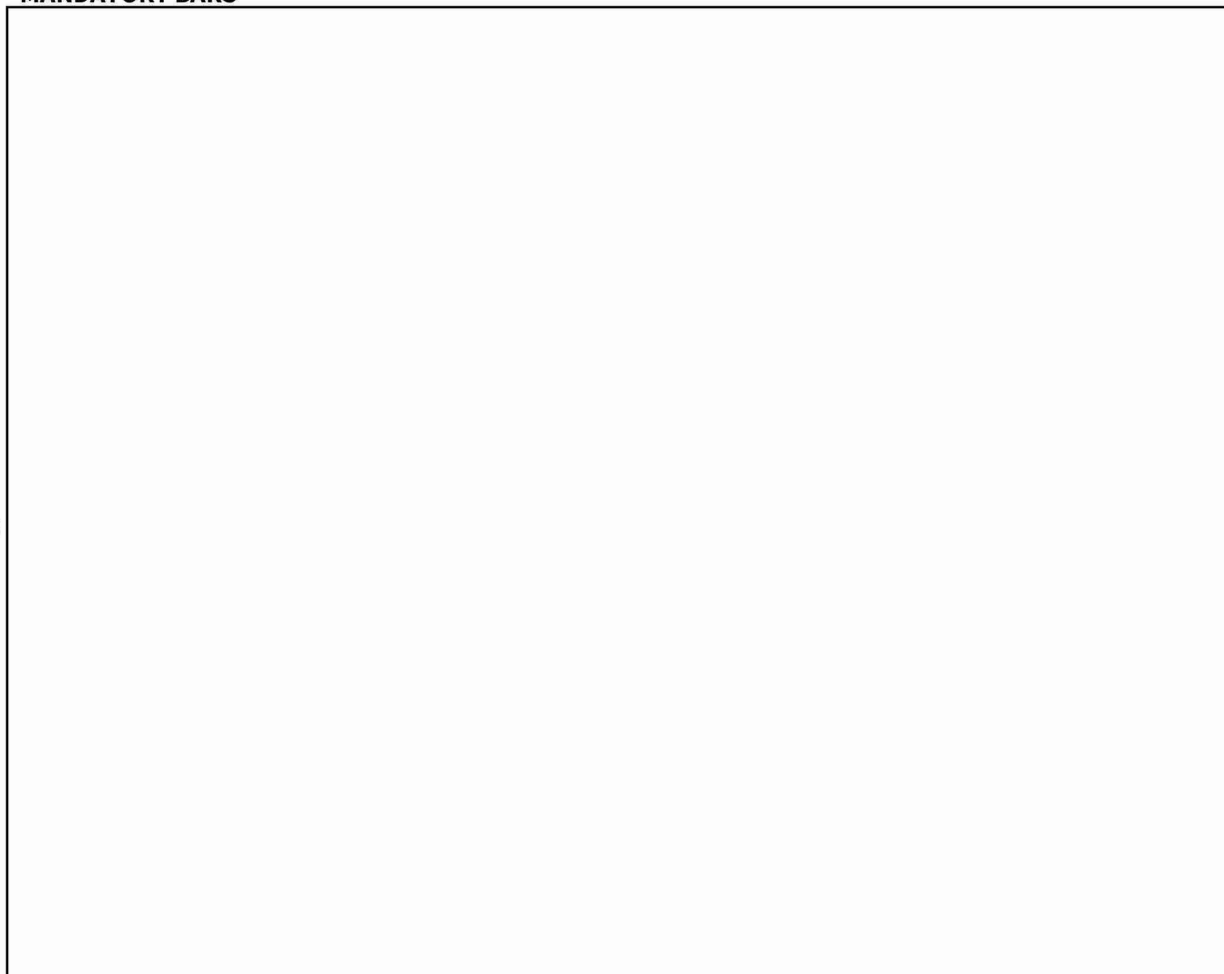
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**MANDATORY BARS**

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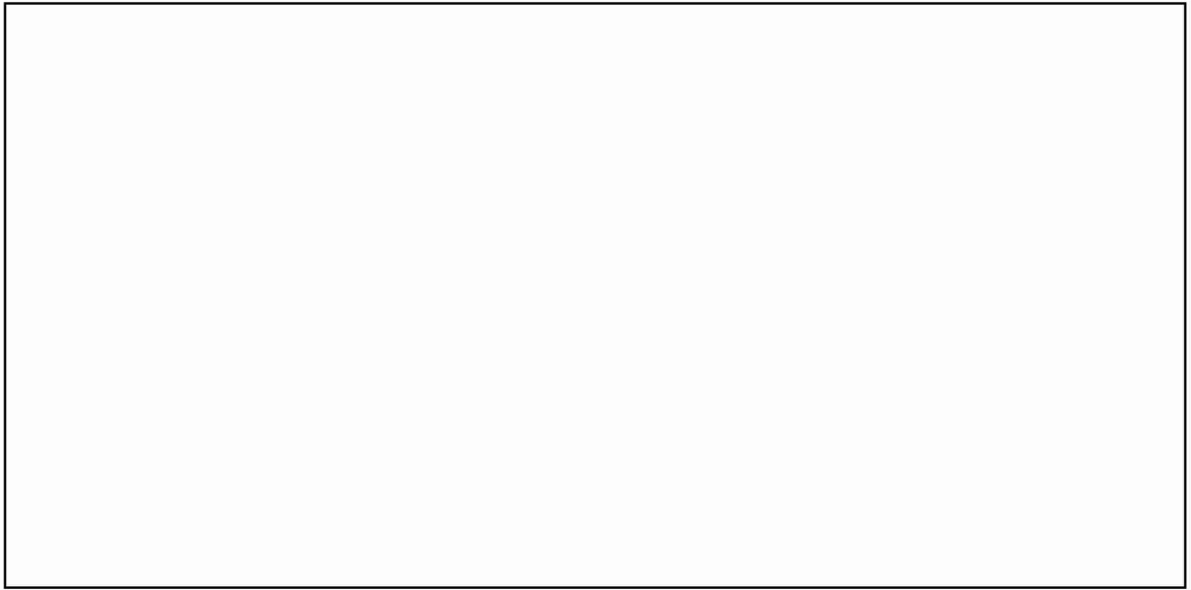


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**U. S. CITIZENSHIP AND IMMIGRATION SERVICES  
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DIRECTORATE  
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**Eliciting Testimony  
Well Founded Fear  
Mock A-File  
(Afghanistan)**



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Notice of Entry of Appearance  
as Attorney or Accredited Representative

Department of Homeland Security

DHS  
Form G-28  
OMB No. 1615-0105  
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

►

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name) **LAWSTON**

2.b. Given Name (First Name) **Borbert**

2.c. Middle Name

Address of Attorney or Accredited Representative

3.a. Street Number and Name **422 S Washington St**

3.b. ☐ Apt. ☒ Ste. ☐ Flr. **W16**

3.c. City or Town **Falls Church**

3.d. State **VA** 3.e. ZIP Code **22046**

3.f. Province

3.g. Postal Code

3.h. Country

**USA**

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number

**5555555555**

5. Mobile Telephone Number (if any)

6. Email Address (if any)

7. Fax Number (if any)

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

**New Mexico**

1.b. Bar Number (if applicable)

**5555555**

1.c. I (select **only one** box) ☐ am not ☐ am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

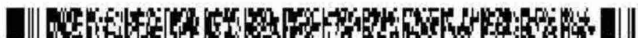
2.c. Date of Accreditation (mm/dd/yyyy)

3. ☐ I am associated with

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate



### Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

- 1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.
- 2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
- 3.a. ☐ U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
4. Receipt Number (if any)  
▶
5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):  
☐ Applicant ☐ Petitioner ☐ Requestor  
☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

### Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

- 6.a. Family Name (Last Name)
- 6.b. Given Name (First Name)
- 6.c. Middle Name
- 7.a. Name of Entity (if applicable)
- 7.b. Title of Authorized Signatory for Entity (if applicable)
8. Client's USCIS Online Account Number (if any)  
▶
9. Client's Alien Registration Number (A-Number) (if any)  
▶ A-

### Client's Contact Information

10. Daytime Telephone Number
11. Mobile Telephone Number (if any)
12. Email Address (if any)

### Mailing Address of Client

**NOTE:** Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

- 13.a. Street Number and Name
- 13.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 13.c. City or Town
- 13.d. State  13.e. ZIP Code
- 13.f. Province
- 13.g. Postal Code
- 13.h. Country

### Part 4. Client's Consent to Representation and Signature

#### Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

#### Part 4. Client's Consent to Representation and Signature (continued)

##### Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

- 1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. ☐ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).
- NOTE:** If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**
- 1.c. ☒ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

##### Signature of Client or Authorized Signatory for an Entity

- 2.a. Signature of Client or Authorized Signatory for an Entity  
➡ Qais Tareen
- 2.b. Date of Signature (mm/dd/yyyy) 02/19/2020

#### Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

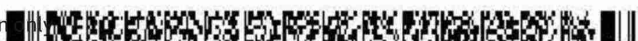
1. a. Signature of Attorney or Accredited Representative

Borbert Lawston

- 1.b. Date of Signature (mm/dd/yyyy) 02/19/2020

- 2.a. Signature of Law Student or Law Graduate

- 2.b. Date of Signature (mm/dd/yyyy)



### Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name) **TAREEN**

1.b. Given Name (First Name) **Qais**

1.c. Middle Name

2.a. Page Number 2.b. Part Number 2.c. Item Number

2.d.

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d.

4.a. Page Number 4.b. Part Number 4.c. Item Number

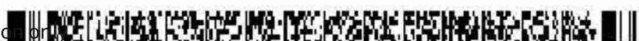
4.d.

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d.

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.



**I-589, Application for Asylum  
and for Withholding of Removal**

**START HERE - Type or print in black ink. See the instructions for information about eligibility and how to complete and file this application. There is no filing fee for this application.**

**NOTE:** ☒ Check this box if you also want to apply for withholding of removal under the Convention Against Torture.

<b>Part A.I. Information About You</b>			
1. Alien Registration Number(s) (A-Number) (if any) 77777777		2. U.S. Social Security Number (if any)	
3. USCIS Online Account Number (if any)			
4. Complete Last Name TAREEN		5. First Name Qais	
6. Middle Name			
7. What other names have you used (include maiden name and aliases)?			
8. Residence in the U.S. (where you physically reside)			
Street Number and Name 987 First Street NW		Apt. Number	
City Fairfax	State VA	Zip Code 22030	Telephone Number ( 777 ) 777777
9. Mailing Address in the U.S. (if different than the address in Item Number 8)			
In Care Of (if applicable):		Telephone Number ( )	
Street Number and Name		Apt. Number	
City	State	Zip Code	
10. Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		11. Marital Status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
12. Date of Birth (mm/dd/yyyy) 01/01/1992		13. City and Country of Birth Kabul, Afghanistan	
14. Present Nationality (Citizenship) Afghanistan		15. Nationality at Birth Afghanistan	16. Race, Ethnic, or Tribal Group Pashtun
		17. Religion Muslim	
18. Check the box, a through c, that applies: a. <input checked="" type="checkbox"/> I have never been in Immigration Court proceedings. b. <input type="checkbox"/> I am now in Immigration Court proceedings. c. <input type="checkbox"/> I am not now in Immigration Court proceedings, but I have been in the past.			
19. Complete 19 a through c. a. When did you last leave your country? (mm/dd/yyyy) 12/19/2018 b. What is your current I-94 Number, if any? 1234 c. List each entry into the U.S. beginning with your most recent entry. List date (mm/dd/yyyy), place, and your status for each entry. (Attach additional sheets as needed.) Date 12/20/2018 Place Washington DC Status F-1 Date Status Expires D/S Date _____ Place _____ Status _____ Date _____ Place _____ Status _____			
20. What country issued your last passport or travel document? Afghanistan		21. Passport Number PO 777777 Travel Document Number	
		22. Expiration Date (mm/dd/yyyy) 09/01/2021	
23. What is your native language (include dialect, if applicable)? Pashto		24. Are you fluent in English? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		25. What other languages do you speak fluently? Dari, Urdu	
For EOIR use only.		For USCIS use only. Action: Interview Date: _____ Asylum Officer ID No.: _____	
		Decision: Approval Date: _____ Denial Date: _____ Referral Date: _____	

**Part A.II. Information About Your Spouse and Children****Your spouse**☐ I am not married. (Skip to **Your Children** below.)

1. Alien Registration Number (A-Number) (if any) <b>77777778</b>	2. Passport/ID Card Number (if any) <b>PO 777778</b>	3. Date of Birth (mm/dd/yyyy) <b>01/01/1996</b>	4. U.S. Social Security Number (if any)
5. Complete Last Name <b>TAREEN</b>	6. First Name <b>Madani</b>	7. Middle Name	8. Other names used (include maiden name and aliases) <b>Madani</b>
9. Date of Marriage (mm/dd/yyyy) <b>01/01/2015</b>	10. Place of Marriage <b>Kabul Afghanistan</b>	11. City and Country of Birth <b>Mandisar Afghanistan</b>	
12. Nationality (Citizenship) <b>Afghanistan</b>		13. Race, Ethnic, or Tribal Group <b>Pashtun</b>	14. Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
15. Is this person in the U.S.? <input checked="" type="checkbox"/> Yes (Complete Blocks 16 to 24.) <input type="checkbox"/> No (Specify location):			
16. Place of last entry into the U.S. <b>Washington DC</b>	17. Date of last entry into the U.S. (mm/dd/yyyy) <b>12/20/2018</b>	18. I-94 Number (if any) <b>1235</b>	19. Status when last admitted (Visa type, if any) <b>F-2</b>
20. What is your spouse's current status? <b>F-2</b>	21. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy) <b>D/S</b>	22. Is your spouse in Immigration Court proceedings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	23. If previously in the U.S., date of previous arrival (mm/dd/yyyy) <b>N/A</b>
24. If in the U.S., is your spouse to be included in this application? (Check the appropriate box.) Yes (Attach one photograph of your spouse in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) <input checked="" type="checkbox"/> No			

**Your Children.** List all of your children, regardless of age, location, or marital status.☐ I do not have any children. (Skip to Part A.III., **Information about your background.**)☒ I have children. Total number of children: 1

(NOTE: Use Form I-589 Supplement A or attach additional sheets of paper and documentation if you have more than four children.)

1. Alien Registration Number (A-Number) (if any) <b>77777779</b>	2. Passport/ID Card Number (if any) <b>PO 777779</b>	3. Marital Status (Married, Single, Divorced, Widowed) <b>Single</b>	4. U.S. Social Security Number (if any) <b>Unknown</b>
5. Complete Last Name <b>TAREEN</b>	6. First Name <b>Jila</b>	7. Middle Name	8. Date of Birth (mm/dd/yyyy) <b>01/01/2017</b>
9. City and Country of Birth <b>Kabul, Afghanistan</b>	10. Nationality (Citizenship) <b>Afghanistan</b>	11. Race, Ethnic, or Tribal Group <b>Pashtun</b>	12. Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
13. Is this child in the U.S.? <input checked="" type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location):			
14. Place of last entry into the U.S. <b>Washington, DC</b>	15. Date of last entry into the U.S. (mm/dd/yyyy) <b>12/20/2018</b>	16. I-94 Number (If any) <b>1236</b>	17. Status when last admitted (Visa type, if any) <b>F-2</b>
18. What is your child's current status? <b>F-2</b>	19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy) <b>D/S</b>	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) Yes (Attach one photograph of your child in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) <input checked="" type="checkbox"/> No			

**Part A.II. Information About Your Spouse and Children (Continued)**

1. Alien Registration Number (A-Number) (if any)	2. Passport/ID Card Number (if any)	3. Marital Status (Married, Single, Divorced, Widowed)	4. U.S. Social Security Number (if any)
5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth (mm/dd/yyyy)
9. City and Country of Birth	10. Nationality (Citizenship)	11. Race, Ethnic, or Tribal Group	12. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S.? <input checked="" type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location): _____			
14. Place of last entry into the U.S.	15. Date of last entry into the U.S. (mm/dd/yyyy)	16. I-94 Number (If any)	17. Status when last admitted (Visa type, if any)
18. What is your child's current status?	19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one photograph of your spouse in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No			
1. Alien Registration Number (A-Number) (if any)	2. Passport/ID Card Number (if any)	3. Marital Status (Married, Single, Divorced, Widowed)	4. U.S. Social Security Number (if any)
5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth (mm/dd/yyyy)
9. City and Country of Birth	10. Nationality (Citizenship)	11. Race, Ethnic, or Tribal Group	12. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S.? <input type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location): _____			
14. Place of last entry into the U.S.	15. Date of last entry into the U.S. (mm/dd/yyyy)	16. I-94 Number (If any)	17. Status when last admitted (Visa type, if any)
18. What is your child's current status?	19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one photograph of your spouse in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No			
1. Alien Registration Number (A-Number) (if any)	2. Passport/ID Card Number (if any)	3. Marital Status (Married, Single, Divorced, Widowed)	4. U.S. Social Security Number (if any)
5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth (mm/dd/yyyy)
9. City and Country of Birth	10. Nationality (Citizenship)	11. Race, Ethnic, or Tribal Group	12. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S.? <input type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location): _____			
14. Place of last entry into the U.S.	15. Date of last entry into the U.S. (mm/dd/yyyy)	16. I-94 Number (If any)	17. Status when last admitted (Visa type, if any)
18. What is your child's current status?	19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one photograph of your spouse in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No			

**Part A.III. Information About Your Background**

1. List your last address where you lived before coming to the United States. If this is not the country where you fear persecution, also list the last address in the country where you fear persecution. (List Address, City/Town, Department, Province, or State and Country.)  
(NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Number and Street (Provide if available)	City/Town	Department, Province, or State	Country	Dates From (Mo/Yr) To (Mo/Yr)	
St 5 Dihnav Dist 3	Kabul	Kabul	Afghanistan	01/02	12/18

2. Provide the following information about your residences during the past 5 years. List your present address first.  
(NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Number and Street	City/Town	Department, Province, or State	Country	Dates From (Mo/Yr) To (Mo/Yr)	
987 First Street NW	Fairfax	Virginia	USA	12/18	present
St 5 Dihnav Dist 3	Kabul	Kabul	Afghanistan	01/02	12/18

3. Provide the following information about your education, beginning with the most recent school that you attended.  
(NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Name of School	Type of School	Location (Address)	Attended From (Mo/Yr) To (Mo/Yr)	
Kabul University	College	Kabul Afghanistan	8/10	6/15
Habibia High School	Secondary	Kabul Afghanistan	8/05	12/09
Dehbori Park Interim School	Primary/Secondary	Kabul Afghanistan	3/02	6/05
Homeschooled	Primary	Ghulaman Afghanistan	01/1997	12/2001

4. Provide the following information about your employment during the past 5 years. List your present employment first.  
(NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Name and Address of Employer	Your Occupation	Dates From (Mo/Yr) To (Mo/Yr)	
Da Afghanistan Breshna Sherkat - Kabul Afghanistan	Compliance Engineer	02/18	12/18
Tetra Tech Inc - Kabul Afghanistan	Assistant Field QA Engineer	7/15	2/18

5. Provide the following information about your parents and siblings (brothers and sisters). Check the box if the person is deceased.  
(NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Full Name	City/Town and Country of Birth	Current Location
Mother Sana TAREEN	Kabul, Afghanistan	<input type="checkbox"/> Deceased Kabul Afghanistan
Father Shafi TAREEN	Kabul, Afghanistan	<input checked="" type="checkbox"/> Deceased
Sibling		<input type="checkbox"/> Deceased
Sibling		<input type="checkbox"/> Deceased
Sibling		<input type="checkbox"/> Deceased
Sibling		<input type="checkbox"/> Deceased

## Part B. Information About Your Application

(NOTE: Use Form I-589 Supplement B, or attach additional sheets of paper as needed to complete your responses to the questions contained in Part B.)

When answering the following questions about your asylum or other protection claim (withholding of removal under 241(b)(3) of the INA or withholding of removal under the Convention Against Torture), you must provide a detailed and specific account of the basis of your claim to asylum or other protection. To the best of your ability, provide specific dates, places, and descriptions about each event or action described. You must attach documents evidencing the general conditions in the country from which you are seeking asylum or other protection and the specific facts on which you are relying to support your claim. If this documentation is unavailable or you are not providing this documentation with your application, explain why in your responses to the following questions.

Refer to Instructions, Part 1: Filing Instructions, Section II, "Basis of Eligibility," Parts A - D, Section V, "Completing the Form," Part B, and Section VII, "Additional Evidence That You Should Submit," for more information on completing this section of the form.

1. Why are you applying for asylum or withholding of removal under section 241(b)(3) of the INA, or for withholding of removal under the Convention Against Torture? Check the appropriate box(es) below and then provide detailed answers to questions A and B below.

I am seeking asylum or withholding of removal based on:

- |                                      |                                                                  |
|--------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Race        | <input checked="" type="checkbox"/> Political opinion            |
| <input type="checkbox"/> Religion    | <input type="checkbox"/> Membership in a particular social group |
| <input type="checkbox"/> Nationality | <input checked="" type="checkbox"/> Torture Convention           |

- A. Have you, your family, or close friends or colleagues ever experienced harm or mistreatment or threats in the past by anyone?

- ☐ No ☒ Yes

If "Yes," explain in detail:

1. What happened;
2. When the harm or mistreatment or threats occurred;
3. Who caused the harm or mistreatment or threats; and
4. Why you believe the harm or mistreatment or threats occurred.

**I was threatened by the Taliban because of my work that was benefiting Afghanistan and the Afghan government.**

- B. Do you fear harm or mistreatment if you return to your home country?

- ☐ No ☒ Yes

If "Yes," explain in detail:

1. What harm or mistreatment you fear;
2. Who you believe would harm or mistreat you; and
3. Why you believe you would or could be harmed or mistreated.

**I fear being killed  
The Taliban would kill me  
I worked for contractors that supported the Afghan government and with the Afghan electrical utility. The Taliban does not approve of this. Several of my coworkers had been killed and I was threatened.**

---

**Part B. Information About Your Application (Continued)**

2. Have you or your family members ever been accused, charged, arrested, detained, interrogated, convicted and sentenced, or imprisoned in any country other than the United States (including for an immigration law violation)?

☒ No ☐ Yes

If "Yes," explain the circumstances and reasons for the action.

- 3.A. Have you or your family members ever belonged to or been associated with any organizations or groups in your home country, such as, but not limited to, a political party, student group, labor union, religious organization, military or paramilitary group, civil patrol, guerrilla organization, ethnic group, human rights group, or the press or media?

☒ No ☐ Yes

If "Yes," describe for each person the level of participation, any leadership or other positions held, and the length of time you or your family members were involved in each organization or activity.

- 3.B. Do you or your family members continue to participate in any way in these organizations or groups?

☒ No ☐ Yes

If "Yes," describe for each person your or your family members' current level of participation, any leadership or other positions currently held, and the length of time you or your family members have been involved in each organization or group.

4. Are you afraid of being subjected to torture in your home country or any other country to which you may be returned?

☐ No ☒ Yes

If "Yes," explain why you are afraid and describe the nature of torture you fear, by whom, and why it would be inflicted.

The Taliban tortures and kills many who are affiliated with the government of Afghanistan, and I fear the same would happen to me or my family

### Part C. Additional Information About Your Application

(NOTE: Use Form I-589 Supplement B, or attach additional sheets of paper as needed to complete your responses to the questions contained in Part C.)

1. Have you, your spouse, your child(ren), your parents or your siblings ever applied to the U.S. Government for refugee status, asylum, or withholding of removal?

☒ No

☐ Yes

If "Yes," explain the decision and what happened to any status you, your spouse, your child(ren), your parents, or your siblings received as a result of that decision. Indicate whether or not you were included in a parent or spouse's application. If so, include your parent or spouse's A-number in your response. If you have been denied asylum by an immigration judge or the Board of Immigration Appeals, describe any change(s) in conditions in your country or your own personal circumstances since the date of the denial that may affect your eligibility for asylum.

- 2.A. After leaving the country from which you are claiming asylum, did you or your spouse or child(ren) who are now in the United States travel through or reside in any other country before entering the United States?

☐ No

☒ Yes

- 2.B. Have you, your spouse, your child(ren), or other family members, such as your parents or siblings, ever applied for or received any lawful status in any country other than the one from which you are now claiming asylum?

☒ No

☐ Yes

If "Yes" to either or both questions (2A and/or 2B), provide for each person the following: the name of each country and the length of stay, the person's status while there, the reasons for leaving, whether or not the person is entitled to return for lawful residence purposes, and whether the person applied for refugee status or for asylum while there, and if not, why he or she did not do so.

My family and I transited through UAE to come to the US. We were at the Dubai airport for several hours waiting for the connecting flight.

3. Have you, your spouse or your child(ren) ever ordered, incited, assisted or otherwise participated in causing harm or suffering to any person because of his or her race, religion, nationality, membership in a particular social group or belief in a particular political opinion?

☒ No

☐ Yes

If "Yes," describe in detail each such incident and your own, your spouse's, or your child(ren)'s involvement.

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**Part C. Additional Information About Your Application (Continued)**

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4. After you left the country where you were harmed or fear harm, did you return to that country?

☒ No ☐ Yes

If "Yes," describe in detail the circumstances of your visit(s) (for example, the date(s) of the trip(s), the purpose(s) of the trip(s), and the length of time you remained in that country for the visit(s).)

5. Are you filing this application more than 1 year after your last arrival in the United States?

☐ No ☒ Yes

If "Yes," explain why you did not file within the first year after you arrived. You must be prepared to explain at your interview or hearing why you did not file your asylum application within the first year after you arrived. For guidance in answering this question, see Instructions, Part 1: Filing Instructions, Section V, "Completing the Form," Part C.

6. Have you or any member of your family included in the application ever committed any crime and/or been arrested, charged, convicted, or sentenced for any crimes in the United States (including for an immigration law violation)?

☒ No ☐ Yes

If "Yes," for each instance, specify in your response: what occurred and the circumstances, dates, length of sentence received, location, the duration of the detention or imprisonment, reason(s) for the detention or conviction, any formal charges that were lodged against you or your relatives included in your application, and the reason(s) for release. Attach documents referring to these incidents, if they are available, or an explanation of why documents are not available.

## Part D. Your Signature

I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it are all true and correct. Title 18, United States Code, Section 1546(a), provides in part: Whoever knowingly makes under oath, or as permitted under penalty of perjury under Section 1746 of Title 28, United States Code, knowingly subscribes as true, any false statement with respect to a material fact in any application, affidavit, or other document required by the immigration laws or regulations prescribed thereunder, or knowingly presents any such application, affidavit, or other document containing any such false statement or which fails to contain any reasonable basis in law or fact - shall be fined in accordance with this title or imprisoned for up to 25 years. I authorize the release of any information from my immigration record that U.S. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit I am seeking.

Staple your photograph here or the photograph of the family member to be included on the extra copy of the application submitted for that person.

**WARNING:** Applicants who are in the United States unlawfully are subject to removal if their asylum or withholding claims are not granted by an asylum officer or an immigration judge. Any information provided in completing this application may be used as a basis for the institution of, or as evidence in, removal proceedings even if the application is later withdrawn. Applicants determined to have knowingly made a frivolous application for asylum will be permanently ineligible for any benefits under the Immigration and Nationality Act. You may not avoid a frivolous finding simply because someone advised you to provide false information in your asylum application. If filing with USCIS, unexcused failure to appear for an appointment to provide biometrics (such as fingerprints) and your biographical information within the time allowed may result in an asylum officer dismissing your asylum application or referring it to an immigration judge. Failure without good cause to provide DHS with biometrics or other biographical information while in removal proceedings may result in your application being found abandoned by the immigration judge. See sections 208(d)(5)(A) and 208(d)(6) of the INA and 8 CFR sections 208.10, 1208.10, 208.20, 1003.47(d) and 1208.20.

Print your complete name. <handwritten - Qais Tareen>	Write your name in your native alphabet. <handwritten - Qais Tareen>
----------------------------------------------------------	-------------------------------------------------------------------------

Did your spouse, parent, or child(ren) assist you in completing this application? ☒ No ☐ Yes (If "Yes," list the name and relationship.)

(Name)	(Relationship)	(Name)	(Relationship)
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Did someone other than your spouse, parent, or child(ren) prepare this application?

☐ No ☒ Yes (If "Yes," complete Part E.)

Asylum applicants may be represented by counsel. Have you been provided with a list of persons who may be available to assist you, at little or no cost, with your asylum claim?

☒ No ☐ Yes

Signature of Applicant (The person in Part A.I.)

→ [ Qais Tareen ]

Sign your name so it all appears within the brackets

02/19/2020

Date (mm/dd/yyyy)

## Part E. Declaration of Person Preparing Form, if Other Than Applicant, Spouse, Parent, or Child

I declare that I have prepared this application at the request of the person named in Part D, that the responses provided are based on all information of which I have knowledge, or which was provided to me by the applicant, and that the completed application was read to the applicant in his or her native language or a language he or she understands for verification before he or she signed the application in my presence. I am aware that the knowing placement of false information on the Form I-589 may also subject me to civil penalties under 8 U.S.C. 1324c and/or criminal penalties under 18 U.S.C. 1546(a).

Signature of Preparer <u>Borbert Lawston</u>		Print Complete Name of Preparer Borbert Lawston	
Daytime Telephone Number ( 555 ) 5555555		Address of Preparer: Street Number and Name 422 S Washington St Suite W16	
Apt. Number	City Falls Church	State VA	Zip Code 22046
To be completed by an attorney or accredited representative (if any).	<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable) NM 5555555	Attorney or Accredited Representative USCIS Online Account Number (if any) 5 5 5 5 5 5 5 5 5 5 5 5

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**Part F. To Be Completed at Asylum Interview, if Applicable**

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**NOTE:** You will be asked to complete this part when you appear for examination before an asylum officer of the Department of Homeland Security, U.S. Citizenship and Immigration Services (USCIS).

I swear (affirm) that I know the contents of this application that I am signing, including the attached documents and supplements, that they are ☐ all true or ☐ not all true to the best of my knowledge and that correction(s) numbered \_\_\_\_ to \_\_\_\_ were made by me or at my request. Furthermore, I am aware that if I am determined to have knowingly made a frivolous application for asylum I will be permanently ineligible for any benefits under the Immigration and Nationality Act, and that I may not avoid a frivolous finding simply because someone advised me to provide false information in my asylum application.

Signed and sworn to before me by the above named applicant on:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Write Your Name in Your Native Alphabet

\_\_\_\_\_  
Signature of Asylum Officer

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**Part G. To Be Completed at Removal Hearing, if Applicable**

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**NOTE:** You will be asked to complete this Part when you appear before an immigration judge of the U.S. Department of Justice, Executive Office for Immigration Review (EOIR), for a hearing.

I swear (affirm) that I know the contents of this application that I am signing, including the attached documents and supplements, that they are ☐ all true or ☐ not all true to the best of my knowledge and that correction(s) numbered \_\_\_\_ to \_\_\_\_ were made by me or at my request. Furthermore, I am aware that if I am determined to have knowingly made a frivolous application for asylum I will be permanently ineligible for any benefits under the Immigration and Nationality Act, and that I may not avoid a frivolous finding simply because someone advised me to provide false information in my asylum application.

Signed and sworn to before me by the above named applicant on:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Write Your Name in Your Native Alphabet

\_\_\_\_\_  
Signature of Immigration Judge

# Supplement A, Form I-589

A-Number (If available) 77777777	Date
Applicant's Name	Applicant's Signature

## List All of Your Children, Regardless of Age or Marital Status

(NOTE: Use this form and attach additional pages and documentation as needed, if you have more than four children)

1. Alien Registration Number (A-Number) (if any)	2. Passport/ID Card Number (if any)	3. Marital Status (Married, Single, Divorced, Widowed)	4. U.S. Social Security Number (if any)
5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth (mm/dd/yyyy)
9. City and Country of Birth	10. Nationality (Citizenship)	11. Race, Ethnic, or Tribal Group	12. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S.? <input type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location):			
14. Place of last entry into the U.S.	15. Date of last entry into the U.S. (mm/dd/yyyy)	16. I-94 Number (If any)	17. Status when last admitted (Visa type, if any)
18. What is your child's current status?	19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one photograph of your child in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No			
1. Alien Registration Number (A-Number) (if any)	2. Passport/ID Card Number (if any)	3. Marital Status (Married, Single, Divorced, Widowed)	4. U.S. Social Security Number (if any)
5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth (mm/dd/yyyy)
9. City and Country of Birth	10. Nationality (Citizenship)	11. Race, Ethnic, or Tribal Group	12. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S.? <input type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location):			
14. Place of last entry into the U.S.	15. Date of last entry into the U.S. (mm/dd/yyyy)	16. I-94 Number (If any)	17. Status when last admitted (Visa type, if any)
18. What is your child's current status?	19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one photograph of your child in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No			

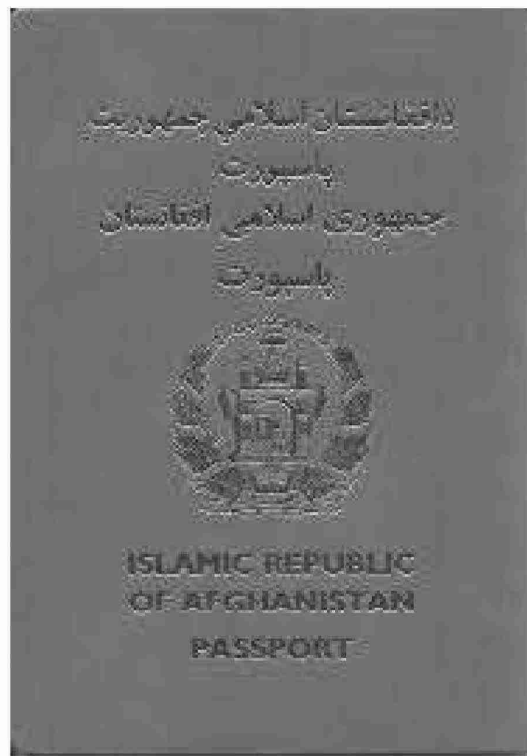
**Additional Information About Your Claim to Asylum**

A-Number (if available) 777777777	Date
Applicant's Name Qais Tareen	Applicant's Signature

**NOTE:** Use this as a continuation page for any additional information requested. Copy and complete as needed.

**Part** \_\_\_\_\_

**Question** \_\_\_\_\_





## U.S. Customs and Border Protection

*Securing America's Borders*

### Most Recent I-94

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Admission (I-94) Record Number : I234

Most Recent Date of Entry: 20 Dec 2018

Class of Admission F-1

Admit Until Date : D/S

Details provided on the I-94 Information form:

Last/Surname : TAREEN

First (Given) Name : Qais

Birth Date : 01 Jan 1992

Passport Number : PO 777777

Country of Issuance : Afghanistan

**RECORD OF APPLICANT AND INTERPRETER OATHS DURING AN INTERVIEW**

<b>Location of Interview</b>	Arlington Asylum Office
<b>Name of Individual being Interviewed</b>	Qais TAREEN
<b>Alien-Number of Individual</b>	A777-777-777
<b>Individual's Native Language(s)</b>	Pashto
<b>Interpreter Used</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Name of Interpreter</b>	
<b>Address of Interpreter</b>	
<b>Relationship of Interpreter to Applicant:</b>	<input type="checkbox"/> Friend <input type="checkbox"/> Family <input type="checkbox"/> Professional (Paid) <input type="checkbox"/> Professional (Unpaid) <input type="checkbox"/> Other (specify):
<b>Identity Document(s) Presented by Interpreter, if any</b>	
<b>Languages Used by Interpreter</b>	English and

**DECLARATION OF INTERPRETER**

- I am appearing today at the request of the individual whose name and Alien-number appear above.
- I speak and understand both English and the non-English language indicated above fluently, and know from conversing with the individual that we understand each other.
- I do solemnly swear/affirm to truthfully, literally and fully interpret the questions asked by the asylum officer and the answers given by the individual.
- I understand that DHS may choose to collect, retain, and verify the identity information I have provided.

Signature of Interpreter: \_\_\_\_\_

**DECLARATION OF APPLICANT**

- I am appearing today for an interview with an asylum officer concerning the request for asylum (Form I-589) that I filed with U.S. Citizenship and Immigration Services (USCIS).
- I understand that, under the laws of the United States, if I sign or submit a statement or document I know is false or has no reasonable basis in fact that pertains to a material fact in any application, affidavit, or other document required by the immigration laws or regulations, I may be fined or imprisoned not more than five years.
- I also understand that if I filed my asylum application on or after April 1, 1997, I may be forever barred from receiving any benefits under the Immigration and Nationality Act if I knowingly made a frivolous application for asylum. A frivolous application for asylum is an application that contains deliberately fabricated statements.
- I do solemnly swear/affirm to tell the truth, the whole truth, and nothing but the truth during my interview.

Signature of Applicant: \_\_\_\_\_

**If applicant is proceeding in English without an interpreter:**

- I understand that I have the right to have an interpreter present at my interview, at no expense to the government.
- I understand that I can be rescheduled to return another day for my interview with an interpreter of my choosing.
- I hereby certify that I am competent in the English language.
- I knowingly waive my right to have an interpreter present, and want to proceed with the asylum interview by myself.

Signature of Applicant: \_\_\_\_\_

The above oaths were signed and sworn to/affirmed before me on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Signature of Asylum Officer: \_\_\_\_\_ Asylum Officer ID Number: \_\_\_\_\_

I certify that I am qualified to act as an Interpreter and that I have read the Declaration of Applicant to the individual named above. S/he stated that s/he understood me.

Signature of Interpreter: \_\_\_\_\_ Date: \_\_\_\_\_

**WAIVER OF PRESENCE OF REPRESENTATIVE DURING AN ASYLUM INTERVIEW**

<b>Location of Interview</b>	ZAR
<b>Date of Interview</b>	December 7, 2020
<b>Name of Individual being Interviewed</b>	Qais TAREEN
<b>Alien-Number of Individual</b>	A 777 777 777
<b>Name of Representative as it Appears on Form G-28</b>	Borbert LAWSTON

**DECLARATION OF APPLICANT**

- I understand that the representative named above has filed a G-28, *Notice of Entry of Appearance*, on my behalf with U.S. Citizenship and Immigration Services (USCIS), indicating that s/he is to represent me in connection with my asylum application.
- I understand that I may have this representative or another representative present during my asylum interview.
- I knowingly waive my right to have a representative present, and want to proceed with the asylum interview by myself and without a representative.

**Signature of Applicant:** \_\_\_\_\_

I certify that I am qualified to act as an Interpreter and that I have read the above statements to this applicant. S/he stated that s/he understood me.

**Signature of Interpreter:** \_\_\_\_\_

**Signature of Asylum Officer:** \_\_\_\_\_ Asylum Officer ID \_\_\_\_\_

**Decision Regarding Your Application for Asylum**

**Pick-Up Notice**

You have just completed your interview with an Asylum Officer. **You must appear in person at this office** on the date and time indicated below to receive the Asylum Officer's decision on your application. All family members listed on your Form I-589, Application for Asylum and for Withholding of Deportation, must appear with you when you return to receive the decision on your application.

You will not be informed of the decision before that time. When you come back to pick up your decision, please bring this Notice and a form of identification, if available.

If you used the services of an interpreter during today's asylum interview, we suggest that you return with an interpreter. This interpreter may be helpful if you have questions about your application at that time.

Your signature below establishes that you received this Notice and that this Notice was explained to you at the asylum interview.

Appear at this office on: \_\_\_\_\_ (date and time)

Applicant's signature: \_\_\_\_\_

Officer's signature: \_\_\_\_\_

**Employment Authorization:** If your asylum application was filed on or after January 4, 1995, failure to appear on the date above to pick up your decision will affect your eligibility to apply for employment authorization under 8 CFR 208.7(a)(1). An asylum applicant may request employment authorization by applying 150 days after a complete asylum application is filed. This 150-day period will be suspended if you fail to appear on the above date to pick up your decision. If your case is referred to an immigration judge, the 150-day period will not resume until you appear before the immigration judge.

**If you are granted asylum and you fail to return to pick up your decision as instructed, you and your eligible family members will receive an Employment Authorization Document (I-766), with a validity period of two years, in the mail within seven to ten days of the date that your grant letter is mailed to you.**

**Decision Regarding Your Application For Asylum**

**-Mail-out Notice -**

You have just completed your interview with an Asylum Officer. **You are not required to appear in person at this office** to receive the Asylum Officer's decision on your application. Rather, the decision will be mailed to the most recent address you provided this office.

In order to ensure delivery of your decision, you must report any change of address to this office within ten (10) days of such change. The mailing of your decision will not affect your eligibility to apply for employment authorization under 8 CFR 208.7(a)(1). You may request employment authorization by applying 150 days after filing a complete asylum application.

Your signature below establishes that you received this Notice and that this Notice was explained to you at the asylum interview.

Applicant's signature: \_\_\_\_\_