DS-160 VISA DRAFT APPLICATION FORM

PERSONAL INFORMATION

NAME PROVIDED: _____
FULL NAME IN NATIVE ALPHABET: _____
OTHER NAMES USED: _____
TELECODE NAME USED: _____
SEX: _____
MARITAL STATUS: _____
DATE OF BIRTH: _____
COUNTRY/REGION OF BIRTH: _____
COUNTRY/REGION OF ORIGIN (NATIONALITY): _____

DO YOU HOLD OR HAVE YOU HELD ANY NATIONALITY OTHER THAN THE ONE INDICATED ABOVE ON NATIONALITY? _____

ARE YOU A PERMANENT RESIDENT OF A COUNTRY/REGION OTHER THAN YOUR COUNTRY/REGION OF ORIGIN (NATIONALITY) ABOVE? _____

NATIONAL IDENTIFICATION NUMBER: _____
U.S. SOCIAL SECURITY NUMBER: _____
U.S. TAXPAYER ID NUMBER: _____

ADDRESS & PHONE INFORMATION

HOME ADDRESS: _____
CITY: _____
STATE/PROVINCE: _____
POSTAL ZONE/ZIP CODE: _____
COUNTRY/REGION: _____
SAME MAILING ADDRESS? _____
PRIMARY PHONE NUMBER: _____
SECONDARY PHONE NUMBER: _____
WORK PHONE NUMBER: _____

HAVE YOU USED ADDITIONAL PHONE NUMBERS IN THE LAST FIVE YEARS? _____

EMAIL ADDRESS: _____

HAVE YOU USED ADDITIONAL EMAIL ADDRESSES IN THE LAST FIVE YEARS?
DO YOU HAVE A SOCIAL MEDIA PRESENCE (EXAMPLE: FACEBOOK/INSTAGRAM/YOUTUBE/LINKEDIN/TWITTER ETC,)
YES/NO?: _____

SOCIAL MEDIA PROVIDER/PLATFORM (EXAMPLE: FACEBOOK): _____

SOCIAL MEDIA IDENTIFIER (YOUR NAME IN FACEBOOK): _____

HAVE YOU USED ADDITIONAL SOCIAL MEDIA PLATFORMS IN THE LAST FIVE YEARS?:
YES/NO?: _____

SOCIAL MEDIA PROVIDER/PLATFORM: _____

SOCIAL MEDIA IDENTIFIER: _____

PASSPORT & TRAVEL DOCUMENT INFORMATION

PASSPORT/TRAVEL DOCUMENT TYPE: _____
PASSPORT/TRAVEL DOCUMENT NUMBER: _____
PASSPORT BOOK NUMBER: _____
COUNTRY/AUTHORITY THAT ISSUED PASSPORT/TRAVEL DOCUMENT: _____
CITY WHERE ISSUED: _____
STATE/PROVINCE WHERE ISSUED: _____
COUNTRY/REGION WHERE ISSUED: _____
ISSUANCE DATE: _____
EXPIRATION DATE: _____
HAVE YOU EVER LOST A PASSPORT OR HAD ONE STOLEN? _____

TRAVEL INFORMATION

PURPOSE OF TRIP TO THE U.S. _____
SPECIFY: _____
HAVE YOU MADE SPECIFIC TRAVEL PLANS? _____
INTENDED DATE OF ARRIVAL: _____
INTENDED LENGTH OF STAY IN U.S.: _____

ADDRESS WHERE YOU WILL STAY IN THE U.S. (CITY, STATE, POSTAL/ZIP CODE):

_____

PERSON/ENTITY PAYING FOR YOUR TRIP (IF OTHER THAN YOURSELF; PLEASE PROVIDE COMPLETE NAME, CONTACT NUMBER AND RELATIONSHIP TO YOU):

_____

TRAVEL COMPANIIONS INFORMATION

PERSONS TRAVELING WITH YOU _____
NAME (1): _____
RELATIONSHIP TO YOU: _____

PREVIOUS U.S TRAVEL INFORMATION

HAVE YOU EVER BEEN IN THE U.S.? IF YES, PROVIDE INFORMATION ON YOUR LAST FIVE VISITS:

DATE ARRIVED (1): _____
LENGTH OF STAY: _____

DATE ARRIVED (2): _____
LENGTH OF STAY: _____

DATE ARRIVED (3): _____
LENGTH OF STAY: _____

DATE ARRIVED (4): _____
LENGTH OF STAY: _____

DATE ARRIVED (5): _____
LENGTH OF STAY: _____

DO YOU OR DID YOU EVER HOLD A U.S. DRIVER'S LICENSE? _____
HAVE YOU EVER BEEN ISSUED A U.S. VISA? _____
DATE LAST VISA WAS ISSUED: _____

VISA NUMBER (VISA NUMBER IS THE 8 DIGITS RED FONT ON THE LOWER RIGHT PART OF THE VISA): _____

ARE YOU APPLYING FOR THE SAME TYPE OF VISA? _____

ARE YOU APPLYING IN THE SAME COUNTRY OR LOCATION WHERE THE VISA ABOVE WAS ISSUED, AND IS THIS COUNTRY OR LOCATION YOUR PLACE OF PRINCIPAL OF RESIDENCE?

_____

HAVE YOU BEEN TEN-PRINTED? _____
HAS YOUR U.S. VISA EVER BEEN LOST OR STOLEN? _____
HAS YOUR U.S. VISA EVER BEEN CANCELLED OR REVOKED? _____

HAVE YOU EVER BEEN REFUSED A U.S. VISA, OR BEEN REFUSED ADMISSION TO THE UNITED STATES, OR WITHDRAWN YOUR APPLICATION FOR ADMISSION AT THE PORT OF ENTRY?

_____

HAS ANYONE EVER FILED AN IMMIGRANT PETITION ON YOUR BEHALF WITH THE UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES? *(PLEASE GIVE DETAILS ABOUT THE PROCESS)*

_____
_____
_____
_____

U.S CONTACT INFORMATION

CONTACT PERSON NAME IN THE U.S.: _____
ORGANIZATION NAME IN THE U.S.: _____
RELATIONSHIP TO YOU: _____
U.S. CONTACT ADDRESS (CITY, STATE, POSTAL/ZIP CODE):

_____

PHONE NUMBER: _____
EMAIL ADDRESS: _____

FAMILY INFORMATION

FATHER'S SURNAMES: _____
FATHER'S GIVEN NAMES: _____
FATHER'S DATE OF BIRTH: _____
IS YOUR FATHER IN THE U.S.? _____
STATUS: _____

MOTHER'S SURNAMES: _____
MOTHER'S GIVEN NAMES: _____
MOTHER'S DATE OF BIRTH: _____
IS YOUR MOTHER IN THE U.S.? _____

DO YOU HAVE ANY IMMEDIATE RELATIVES, NOT INCLUDING PARENTS IN THE U.S.?
RELATIVE NAME (1): _____
RELATIONSHIP TO YOU: _____
STATUS (CITIZEN/PERMANENT RESIDENT/NONIMMIGRANT/DO NOT KNOW):

_____

SPOUSE'S FULL NAME: _____
SPOUSE'S DATE OF BIRTH: _____
SPOUSE'S COUNTRY/REGION OF ORIGIN (NATIONALITY): _____
SPOUSE'S CITY OF BIRTH: _____
SPOUSE'S COUNTRY/REGION OF BIRTH: _____
SPOUSE'S ADDRESS: _____

WORK/EDUCATION/TRAINING INFORMATION

PRIMARY OCCUPATION: _____
PRESENT EMPLOYER OR SCHOOL NAME: _____
PRESENT EMPLOYER OR SCHOOL ADDRESS: _____
CITY: _____
STATE/PROVINCE: _____
POSTAL ZONE/ZIP CODE: _____
COUNTRY/REGION: _____
START DATE: _____
WORK PHONE NUMBER: _____
MONTHLY SALARY/INCOME IN LOCAL CURRENCY: _____
BRIEFLY DESCRIBE YOUR DUTIES: _____

WERE YOU PREVIOUSLY EMPLOYED? _____
EMPLOYERS NAME: _____
EMPLOYER ADDRESS: _____
STATE/PROVINCE: _____
POSTAL ZONE/ZIP CODE: _____
COUNTRY/REGION: _____
TELEPHONE NUMBER: _____
JOB TITLE: _____
SUPERVISOR'S SURNAME _____
SUPERVISOR'S NAMES: _____
EMPLOYMENT DATE FROM: _____
EMPLOYMENT DATE TO: _____
BRIEFLY DESCRIBE YOUR DUTIES: _____

HAVE YOU ATTENDED ANY EDUCATIONAL INSTITUTIONS AT A SECONDARY LEVEL OR ABOVE? IF YES,

NAME OF INSTITUTION: _____
ADDRESS: _____
CITY: _____
STATE/ PROVINCE: _____
COUNTRY REGION: _____
COURSE OF STUDY: _____
DATE OF ATTENDANCE FROM: _____
DATE OF ATTENDANCE TO: _____

DO YOU BELONG TO A CLAN OR TRIBE? _____

PROVIDE A LIST OF LANGUAGES YOU SPEAK: _____
LANGUAGE NAME (1): _____

LANGUAGE NAME (2): _____

HAVE YOU TRAVELLED TO ANY COUNTRIES/REGIONS WITHIN THE LAST FIVE YEARS?
PROVIDE A LIST OF COUNTRIES/REGIONS VISITED: _____

COUNTRY/REGION(1): _____
COUNTRY/REGION(2): _____
COUNTRY/REGION(3): _____
COUNTRY/REGION(4): _____
COUNTRY/REGION(5): _____

HAVE YOU BELONGED TO, CONTRIBUTED TO, OR WORKED FOR ANY PROFESSIONAL, SOCIAL, OR CHARITABLE ORGANIZATION? _____
NAME OF ORGANIZATION (1): _____

DO YOU HAVE ANY SPECIALIZED SKILLS OR TRAINING, SUCH AS FIREARMS, EXPLOSIVES, NUCLEAR, BIOLOGICAL, OR CHEMICAL EXPERIENCE? _____
HAVE YOU EVER SERVED IN THE MILITARY? _____

HAVE YOU EVER SERVED IN, BEEN A MEMBER OF, OR BEEN INVOLVED WITH A PARAMILITARY UNIT, VIGILANTE UNIT, REBEL GROUP, GUERRILLA GROUP, OR INSURGENT ORGANIZATION?

_____

SECURITY & BACKGROUND INFORMATION

- DO YOU HAVE A COMMUNICABLE DISEASE OF PUBLIC HEALTH SIGNIFICANCE? (COMMUNICABLE DISEASES OF PUBLIC SIGNIFICANCE INCLUDE CHANCROID, GONORRHEA, GRANULOMA INGUINALE, INFECTIOUS LEPROSY, LYMPHOGRANULOMA VENEREUM, INFECTIOUS STAGE SYPHILIS, ACTIVE TUBERCULOSIS, AND OTHERS DISEASES AS DETERMINED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.)

  YES/NO? _____

- DO YOU HAVE A MENTAL OR PHYSICAL DISORDER THAT POSES OR IS LIKELY TO POSE A THREAT TO THE SAFETY OR WELFARE OF YOURSELF OR OTHERS?

  YES/NO? _____

- ARE YOU OR HAVE YOU EVER BEEN A DRUG ABUSER OR ADDICT?

  YES/NO? _____

- HAVE YOU EVER BEEN ARRESTED OR CONVICTED FOR ANY OFFENSE OR CRIME, EVEN THOUGH SUBJECT OF A PARDON, AMNESTY, OR OTHER SIMILAR ACTION?

  YES/NO? _____

- HAVE YOU EVER VIOLATED, OR ENGAGED IN A CONSPIRACY TO VIOLATE, ANY LAW RELATING TO CONTROLLED SUBSTANCES?

YES/NO? _____

- ARE YOU COMING TO THE UNITED STATES TO ENGAGE IN PROSTITUTION OR UNLAWFUL COMMERCIALIZED VICE OR HAVE YOU BEEN ENGAGED IN PROSTITUTION OR PROCURING PROSTITUTES WITHIN THE PAST 10 YEARS?

YES/NO? _____

- HAVE YOU EVER BEEN INVOLVED IN, OR DO YOU SEEK TO ENGAGE IN, MONEY LAUNDERING?

YES/NO? _____

- HAVE YOU EVER COMMITTED OR CONSPIRED TO COMMIT A HUMAN TRAFFICKING OFFENSE IN THE UNITED STATES OR OUTSIDE THE UNITED STATES?

YES/NO? _____

- ARE YOU THE SPOUSE, SON, OR DAUGHTER OF AN INDIVIDUAL WHO HAS COMMITTED OR CONSPIRED TO COMMIT A HUMAN TRAFFICKING OFFENSE IN THE UNITED STATES OR OUTSIDE THE UNITED STATES AND HAVE YOU WITHIN THE LAST FIVE YEARS, KNOWINGLY BENEFITED FROM THE TRAFFICKING ACTIVITIES?

YES/NO? _____

- HAVE YOU KNOWINGLY AIDED, ABETTED, ASSISTED OR COLLUDED WITH AN INDIVIDUAL WHO HAS COMMITTED OR CONSPIRED TO COMMIT A SEVERE HUMAN TRAFFICKING OFFENSE IN THE UNITED STATES OR OUTSIDE THE UNITED STATES?

YES/NO? _____

- DO YOU SEEK TO ENGAGE IN ESPIONAGE, SABOTAGE, EXPORT CONTROL VIOLATIONS, OR ANY OTHER ILLEGAL ACTIVITY WHILE IN THE UNITED STATES?

YES/NO? _____

- DO YOU SEEK TO ENGAGE IN TERRORIST ACTIVITIES WHILE IN THE UNITED STATES OR HAVE YOU EVER ENGAGED IN TERRORIST ACTIVITIES?

YES/NO? _____

- HAVE YOU EVER OR DO YOU INTEND TO PROVIDE FINANCIAL ASSISTANCE OR OTHER SUPPORT TO TERRORISTS OR TERRORIST ORGANIZATIONS?

YES/NO? _____

- ARE YOU A MEMBER OR REPRESENTATIVE OF A TERRORIST ORGANIZATION?

YES/NO? _____

- HAVE YOU EVER ORDERED, INCITED, COMMITTED, ASSISTED, OR OTHERWISE PARTICIPATED IN GENOCIDE?

YES/NO? _____

- HAVE YOU EVER COMMITTED, ORDERED, INCITED, ASSISTED, OR OTHERWISE PARTICIPATED IN TORTURE?

YES/NO? _____

- HAVE YOU COMMITTED, ORDERED, INCITED, ASSISTED, OR OTHERWISE PARTICIPATED IN EXTRAJUDICIAL KILLINGS, POLITICAL KILLINGS, OR OTHER ACTS OF VIOLENCE?

YES/NO? _____

- HAVE YOU EVER ENGAGED IN THE RECRUITMENT OR THE USE OF THE CHILD SOLDIERS?

YES/NO? _____

- HAVE YOU, WHILE SERVING AS A GOVERNMENT OFFICIAL, BEEN RESPONSIBLE FOR OR DIRECTLY CARRIED OUT, AT ANY TIME, PARTICULARLY SEVERE VIOLATIONS OF RELIGIOUS FREEDOM?

YES/NO? _____

- **HAVE YOU EVER BEEN DIRECTLY INVOLVED IN THE ESTABLISHMENT OR ENFORCEMENT OF THE POPULATION CONTROLS FORCING A WOMAN TO UNDERGO AN ABORTION AGAINST HER FREE CHOICE OR A MAN OR A WOMAN TO UNDERGO STERILIZATION AGAINST HIS OR HER FREE WILL?**

  YES/NO? _____

- **HAVE YOU EVER BEEN DIRECTLY INVOLVED IN THE COERCIVE TRANSPLANTATION OF HUMAN ORGANS OR BODILY TISSUE?**

  YES/NO? _____

- **HAVE YOU EVER SOUGHT TO OBTAIN OR ASSIST OTHERS TO OBTAIN A VISA, ENTRY INTO THE UNITED STATES, OR ANY OTHER UNITED STATES IMMIGRATION BENEFIT BY FRAUD OR WILLFUL MISREPRESENTATION OR OTHER UNLAWFUL MEANS?**

  YES/NO? _____

- **HAVE YOU EVER WITHHELD CUSTODY OF A U.S. CITIZEN CHILD OUTSIDE THE UNITED STATES FROM A PERSON GRANTED LEGAL CUSTODY BY A U.S. COURT?**

  YES/NO? _____