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H-1A

VISAS

H-1A VISA REQUIREMENTS TO BE SUBMITTED WITH I-129 PETITION

The following documents must be submitted with the H-1A petition:

- ___ 1. INS filing fee.
- ___ 2. The original INS form G-28 (Notice of Entry of Appearance as Attorney) signed by petitioner and/or beneficiary.
- ___ 3. INS Form I-129 with H supplement.
- ___ 4. A current copy of the DOL's notice of acceptance of the attestation for the facility on Form ETA 9029.
- ___ 5. A statement that the facility will comply with the terms of its current attestation and any other attestations issued during the alien's stay.
- ___ 6. A statement describing any limitations which the laws of the state or jurisdiction of intended employment place on the nurse's services.
- ___ 7. A statement that notice of the filing has been provided by the employer to the bargaining representative or to RNs, if there is no such representative, through posting; a copy of the notice must also be submitted.
- ___ 8. The CGFNS certificate and/or RN license for state of intended employment.
- ___ 9. A copy of the license from the country where nursing education was received.
- ___ 10. A copy of the nursing diploma or degree.

INS requires good photocopies of all supporting document and credential and has the option to request originals. There is no requirement that copies be certified by an attorney. All documents in languages other than English must have a translation into English attached.

H-1 QUESTIONNAIRE

A. INFORMATION ON THE EMPLOYER/ APPLICANT

1. NAME OF THE COMPANY.
2. ADDRESS.
3. DATE FOUNDED.
4. TELEPHONE NUMBER.
5. FAX NUMBER.
6. IF EMPLOYEE IS GOING TO WORK IN A DIFFERENT ADDRESS, PLEASE INDICATE THE ADDRESS.
7. IRS #
8. TOTAL NUMBER OF EMPLOYEES.
9. ANNUAL GROSS INCOME.
10. ANNUAL NET INCOME.
11. DESCRIBE THE TYPE OF BUSINESS.
12. NAME AND OCCUPATION OF PERSON THAT WILL SIGN THE VISA APPLICATION.
13. HAS AN APPLICATION EVER BEEN SUBMITTED TO IMMIGRATION FOR THIS APPLICANT?
NO() YES() (IF YES, EXPLAIN WHAT TYPE OF APPLICATION)

B. INFORMATION ON THE POSITION OFFERED

1. POSITION OFFERED:
2. DESCRIPTION OF THE DUTIES IN THE POSITION OFFERED.
3. TOTAL OF HOURS PER WEEK.
4. WEEKLY SALARY.
5. IF ANY OTHER TYPE OF COMPENSATION WERE RECEIVED, PLEASE EXPLAIN.
6. IF COMPENSATION WERE RECEIVED, WHICH WOULD BE THE VALUE IN DOLLARS?
7. HOW LONG WILL YOU NEED THE SERVICES OF THIS EMPLOYEE?

C. INFORMATION ON EMPLOYEE

1. FULL NAME:

LAST NAME	NAME	SECOND NAME
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2. ADDRESS.
3. CITY AND COUNTRY OF BIRTH.
4. DATE OF BIRTH.
5. COUNTRY OF CITIZENSHIP.
6. WHAT IS YOUR PROFESSION?
7. HOW MANY YEARS EXPERIENCE IN YOUR PROFESSION?
8. DO YOU HAVE UNIVERSITY LEVEL? YES () NO ()
HOW MANY YEARS DID YOU STUDY IN THE UNIVERSITY?
WHAT DID YOU STUDY?
9. IF YOU HAVE SOCIAL SECURITY INDICATE THE NUMBER.:
10. IF YOU HAVE AN IMMIGRANT NUMBER (A#), INDICATE THE NUMBER:

11. ADDRESS IN THE UNITED STATES:

12. SEX -- MASCULINE () FEMININE ()

13. MARITAL STATUS --
MARRIED () DIVORCED () WIDOWED () SINGLE ()

IF MARRIED, NAME OF YOUR SPOUSE:

SPOUSE'S PROFESSION:

DO YOU HAVE SON(S)/ DAUGHTER(S)? YES() NO ()

FULL NAME:
DATE OF BIRTH:
COUNTRY OF BIRTH:
COUNTRY OF CITIZENSHIP:

FULL NAME:
DATE OF BIRTH:
COUNTRY OF BIRTH:
COUNTRY OF CITIZENSHIP:

FULL NAME:
DATE OF BIRTH:
COUNTRY OF BIRTH:
COUNTRY OF CITIZENSHIP:

FULL NAME:
DATE OF BIRTH:
COUNTRY OF BIRTH:
COUNTRY OF CITIZENSHIP:

14. DATES WHICH YOU WERE IN THE UNITED STATES IN THE LAST 6 YEARS AND TYPE(S) OF VISA(S)

FROM:	UNTILL:	TYPE OF VISA:
_____	_____	_____
_____	_____	_____
_____	_____	_____