

**Email to Mark Silverman
mark@ilrc.org**

**or fax to Mark Silverman
(415) 255-9792**

Family Unity Application Delay Questionnaire

Attorney Information

Your name: _____.

Name of your firm/service provider: _____.

Your address: _____.

Your phone, fax and e-mail: _____.

Applicant Information

Applicant's name: _____.

Applicant's city and state of residence: _____.

A number: _____.

When was the I-817 Family Unity application filed? _____.

In which service center was the I-817 filed? _____.

I-817 receipt number: _____.

(If you are faxing this form, please attach a copy of the receipt notice)

Was it an initial or a renewal application? _____.

Did the applicant file the I-817 or was he/she represented? _____.

Has the INS issued a Request for Additional Information or Evidence regarding this case? _____.

Did the applicant attempt to receive interim work authorization from his or her local district office after the I-817/I-765 had been pending for more than 90 days? If so, what happened?

Please describe the specific injuries suffered by the applicant as a result of INS's delay in processing his or her Family Unity application.
