

THE UNITED STATES OF AMERICA

No. 27564548

CERTIFICATE OF



NATURALIZATION

Personal description of holder
as of date of naturalization:

INS Registration No. [REDACTED]

Date of birth [REDACTED]

I certify that the description given is true, and that the photograph affixed
hereto is a likeness of me.

Sex: FEMALE

Ghislaine Noelle Maxwell
(Complete and true signature of holder)

Height: 5 feet 8 inches

Marital status: SINGLE

Be it known that, pursuant to an application filed with the Attorney General

Country of former nationality:
FRANCE

at: ST. THOMAS, VIRGIN ISLANDS

The Attorney General having found that:

GHISLAINE NOELLE MAXWELL

then residing in the United States, intends to reside in the United States when so
required by the Naturalization Laws of the United States, and had in all other
respects complied with the applicable provisions of such naturalization laws and was
entitled to be admitted to citizenship, such person having taken the oath of allegiance
in a ceremony conducted by the

US INS CHARLOTTE AMALIE ST. THOMAS USVI

at: ST. THOMAS, VIRGIN ISLANDS

on: NOV 27 2002

that such person is admitted as a citizen of the United States of America.



IT IS PUNISHABLE BY U. S. LAW TO COPY,
PRINT OR PHOTOGRAPH THIS CERTIFICATE,
WITHOUT LAWFUL AUTHORITY.

James A. Grogan
Commissioner of Immigration and Naturalization

DEPARTMENT OF JUSTICE

Application for Naturalization

Print clearly or type your answers using CAPITAL letters. Failure to print clearly may delay your application. Use black or blue ink.

Part 1. Your Name (The Person Applying for Naturalization)

A. Your current legal name.

Family Name (Last Name)

Maxwell

Given Name (First Name)

Ghislaine

Full Middle Name (If applicable)

NOELLE

B. Your name exactly as it appears on your Permanent Resident Card.

Family Name (Last Name)

Maxwell

Given Name (First Name)

Ghislaine

Full Middle Name (If applicable)

N.

C. If you have ever used other names, provide them below.

Family Name (Last Name)

Given Name (First Name)

Middle Name

D. Name change (optional)

Please read the Instructions before you decide whether to change your name.

1. Would you like to legally change your name? ☐ Yes ☒ No

2. If "Yes," print the new name you would like to use. Do not use initials or abbreviations when writing your new name.

Family Name (Last Name)

Given Name (First Name)

Full Middle Name

--	--

Part 2. Information About Your Eligibility (Check Only One)

I am at least 18 years old AND

- A. ☒ I have been a Lawful Permanent Resident of the United States for at least 5 years.
- B. ☐ I have been a Lawful Permanent Resident of the United States for at least 3 years, AND I have been married to and living with the same U.S. citizen for the last 3 years, AND my spouse has been a U.S. citizen for the last 3 years.
- C. ☐ I am applying on the basis of qualifying military service.
- D. ☐ Other (Please explain) _____

Write your INS "A" number here:

FOR INS USE ONLY

Bar Code

02/09/2002 ESC-000184141 ESC5000763740



Date Stamp

RECEIVED
CENTER DIRECTOR
2001 DEC 31
INS/VSC
ST ALBANS, VT 05479-0001
260
INS/VSC
2002 FEB -1, AM 6:59
RECEIVED
CENTER DIRECTOR
2002 FEB -1, AM 6:59
INS/VSC
ST ALBANS, VT 05479-0001
260

Remarks

3/6/02
NCC seen
returned
9/10/02
B3

Action

APPROVED
SAJ DISTRICT DIRECTOR

AUG 29 2002

RECEIVED
SAJ DISTRICT DIRECTOR

CHA

6672

negative IBIS
SA 11-26-02 negative IBIS
SA 8-29-02

Part 3. Information About You

Write your INS "A" number here:

A. Social Security Number

B. Date of Birth (Month/Day/Year)

C. Date You Became a Permanent Resident (Month/Day/Year)

D. Country of Birth

E. Country of Nationality

F. Are either of your parents U.S. citizens? (If yes, see Instructions)

☐ Yes

☒ No

G. What is your current marital status?

☒ Single, Never Married

☐ Married

☐ Divorced

☐ Widowed

☐ Marriage Annulled or Other (Explain) _____

H. Are you requesting a waiver of the English and/or U.S. History and Government requirements based on a disability or impairment and attaching a Form N-648 with your application?

☐ Yes

☒ No

I. Are you requesting an accommodation to the naturalization process because of a disability or impairment? (See Instructions for some examples of accommodations.)

☐ Yes

☒ No

If you answered "Yes", check the box below that applies:

☐ I am deaf or hearing impaired and need a sign language interpreter who uses the following language: _____

☐ I use a wheelchair.

☐ I am blind or sight impaired.

☐ I will need another type of accommodation. Please explain: _____

Part 4. Addresses and Telephone Numbers

A. Home Address - Street Number and Name (Do NOT write a P.O. Box in this space)

Apartment Number

Little St. James Island

-

City

County

State

ZIP Code

Country

St. Thomas

U.S.V.I.

00802

USA

B. Care of

Mailing Address - Street Number and Name (If different from home address)

Apartment Number

Ghislaine Maxwell

6100 Red Hook Quarter

City

State

ZIP Code

Country

St. Thomas

U.S.V.I.

00802

USA

C. Daytime Phone Number (If any)

Evening Phone Number (If any)

E-mail Address (If any)

None

Part 5. Information for Criminal Records SearchWrite your INS "A"- number here:
[REDACTED]

Note: The categories below are those required by the FBI. See Instructions for more information.

A. Gender☐ Male ☒ Female**B. Height**

5 Feet 8 Inches

C. Weight

120.00 Pounds

D. Race☒ White ☐ Asian or Pacific Islander ☐ Black ☐ American Indian or Alaskan Native ☐ Unknown**E. Hair color**☐ Black ☒ Brown ☐ Blonde ☐ Gray ☐ White ☐ Red ☐ Sandy ☐ Bald (No Hair)**F. Eye color**☒ Brown ☐ Blue ☐ Green ☐ Hazel ☐ Gray ☐ Black ☐ Pink ☐ Maroon ☐ Other**Part 6. Information About Your Residence and Employment**

- A. Where have you lived during the last 5 years? Begin with where you live now and then list every place you lived for the last 5 years. If you need more space, use a separate sheet of paper.

Street Number and Name, Apartment Number, City, State, Zip Code and Country	Dates (Month/Year)	
	From	To
Current Home Address - Same as Part 4.A	0 7 / 2 0 0 1	Present
[REDACTED]	0 1 / 2 0 0 1	0 6 / 2 0 0 1
[REDACTED]	0 2 / 1 9 9 6	0 1 / 2 0 0 1
	— / — — — —	— / — — — —
	— / — — — —	— / — — — —

- B. Where have you worked (or, if you were a student, what schools did you attend) during the last 5 years? Include military service. Begin with your current or latest employer and then list every place you have worked or studied for the last 5 years. If you need more space, use a separate sheet of paper.

Employer or School Name	Employer or School Address (Street, City and State)	Dates (Month/Year)		Your Occupation
		From	To	
L.S.J., LLC	6100 Red Hk, St. Thom., USVI	0 8 / 2 7 0 1	Present	Manager
NES, LLC	457 Madison Ave., NY, NY	0 1 / 2 0 0 1	0 8 / 2 4 0 1	Manager
J. Epstein & Co.	457 Madison Ave., NY, NY	0 1 / 1 9 9 3	1 2 / 2 0 0 0	Manager
		— / — — — —	— / — — — —	
		— / — — — —	— / — — — —	

Form N-400 (Rev. 05/31/01)N Page 3

SDNY_GM_00000721

EFTA_00114805

EFTA01263127

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

Write your INS "A" number here:

A. How many total days did you spend outside of the United States during the past 5 years?

253 days

B. How many trips of 24 hours or more have you taken outside of the United States during the past 5 years?

39 trips

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.

See * on attachment

Date You Left the United States (Month/Day/Year)	Date You Returned to the United States (Month/Day/Year)	Did Trip Last 6 Months or More?	Countries to Which You Traveled	Total Days Out of the United States
11/18/2001	11/26/2001	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	France, Italy, United Kingdom	8
09/21/2001	10/01/2001	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	France, Italy, United Kingdom	10
07/19/2001	08/01/2001	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	United Kingdom, France	12
06/22/2001	06/29/2001	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	France	7
05/17/2001	05/20/2001	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Canada	3
03/05/2001	03/11/2001	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	France, United Kingdom	6
12/04/2000	12/09/2000	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	France, United Kingdom	5
10/25/2000	10/29/2000	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	United Kingdom	4
08/31/2000	09/04/2000	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	United Kingdom	4
07/05/2000	07/17/2000	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	France, United Kingdom	12

Part 8. Information About Your Marital History

A. How many times have you been married (including annulled marriages)?

0

If you have NEVER been married, go to Part 9.

B. If you are now married, give the following information about your spouse:

1. Spouse's Family Name (Last Name)

Given Name (First Name)

Full Middle Name (If applicable)

2. Date of Birth (Month/Day/Year)

3. Date of Marriage (Month/Day/Year)

4. Spouse's Social Security Number

5. Home Address - Street Number and Name

Apartment Number

City

State

ZIP Code

Part 8. Information About Your Marital History (Continued)

Write your INS "A" number here:

C. Is your spouse a U.S. citizen?

☐ Yes

☐ No

D. If your spouse is a U.S. citizen, give the following information:

1. When did your spouse become a U.S. citizen?

☒ At Birth

☐ Other

If "Other," give the following information:

2. Date your spouse became a U.S. citizen

____/____/____

3. Place your spouse became a U.S. citizen (Please see Instructions)

City and State

E. If your spouse is NOT a U.S. citizen, give the following information:

1. Spouse's Country of Citizenship

2. Spouse's INS "A" Number (If applicable)

A _____

3. Spouse's Immigration Status

☐

Lawful Permanent Resident

☐

Other

F. If you were married before, provide the following information about your prior spouse. If you have more than one previous marriage, use a separate sheet of paper to provide the information requested in questions 1-5 below.

1. Prior Spouse's Family Name (Last Name)

Given Name (First Name)

Full Middle Name (If applicable)

2. Prior Spouse's Immigration Status

☐

U.S. Citizen

☐

Lawful Permanent Resident

☐

Other

3. Date of Marriage (Month/Day/Year)

____/____/____

4. Date Marriage Ended (Month/Day/Year)

____/____/____

5. How Marriage Ended

☐

Divorce

☐

Spouse Died

☐

Other

G. How many times has your current spouse been married (including annulled marriages)?

☐

If your spouse has EVER been married before, give the following information about your spouse's prior marriage.

If your spouse has more than one previous marriage, use a separate sheet of paper to provide the information requested in questions 1 - 5 below.

1. Prior Spouse's Family Name (Last Name)

Given Name (First Name)

Full Middle Name (If applicable)

2. Prior Spouse's Immigration Status

☐

U.S. Citizen

☐

Lawful Permanent Resident

☐

Other

3. Date of Marriage (Month/Day/Year)

____/____/____

4. Date Marriage Ended (Month/Day/Year)

____/____/____

5. How Marriage Ended

☐

Divorce

☐

Spouse Died

☐

Other

Part 9. Information About Your Children

Write your INS "A" - number here:

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.

0

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 (Month/Day/Year)	INS "A" - number (if child has one)	Country of Birth	Current Address (Street, City, State & Country)
	__/__/__	A _____		
	__/__/__	A _____		
	__/__/__	A _____		
	__/__/__	A _____		
	__/__/__	A _____		
	__/__/__	A _____		
	__/__/__	A _____		
	__/__/__	A _____		

Part 10. Additional Questions

Please 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

- Have you **EVER** claimed to be a U.S. citizen (in writing or any other way)?
- Have you **EVER** registered to vote in any Federal, state, or local election in the United States?
- Have you **EVER** voted in any Federal, state, or local election in the United States?
- Since becoming a Lawful Permanent Resident, have you **EVER** failed to file a required Federal, state, or local tax return?
- Do you owe any Federal, state, or local taxes that are overdue?
- Do you have any title of nobility in any foreign country?
- Have you ever been declared legally incompetent or been confined to a mental institution within the last 5 years?

☐ Yes

☒ No

☐ Yes

☒ No

☐ Yes

☒ No

☐ Yes

☒ No

☐ Yes

☒ No

☐ Yes

☒ No

☐ Yes

☒ No

Part 10. Additional Questions (Continued)

Write your S.S. "A" number here:

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? ☐ Yes ☒ No

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 Group
1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

9. Have you **EVER** been a member of or in any way associated (either directly or indirectly) with:

- a. The Communist Party?
b. Any other totalitarian party?
c. A terrorist organization?

☐ Yes ☒ No
☐ Yes ☒ No
☐ Yes ☒ No

10. Have you **EVER** advocated (either directly or indirectly) the overthrow of any government by force or violence?

☐ Yes ☒ No

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?

☐ Yes ☒ No

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?

☐ Yes ☒ No
☐ Yes ☒ No
☐ Yes ☒ No

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"?

☐ Yes ☒ No
☐ Yes ☒ No

Part 10 Additional Questions (Continued)

Write your INS "A" number here:


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 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** 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 (Month/Day/Year)	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.)

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 ☒ No
- b. been a prostitute, or procured anyone for prostitution? ☐ Yes ☒ No
- c. sold or smuggled controlled substances, illegal drugs or narcotics? ☐ Yes ☒ No
- d. been married to more than one person at the same time? ☐ Yes ☒ No
- 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 ☒ No

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 INS "A" number here:

E. Removal, Exclusion, and Deportation Proceedings

25. Are removal, exclusion, rescission or deportation proceedings pending against you? ☐ Yes ☒ No
26. Have you EVER been removed, excluded, or deported from the United States? ☐ Yes ☒ No
27. Have you EVER been ordered to be removed, excluded, or deported from the United States? ☐ Yes ☒ No
28. Have you EVER applied for any kind of relief from removal, exclusion, or deportation? ☐ Yes ☒ No

F. Military Service

29. Have you EVER served in the U.S. Armed Forces? ☐ Yes ☒ No
30. Have you EVER left the United States to avoid being drafted into the U.S. Armed Forces? ☐ Yes ☒ No
31. Have you EVER applied for any kind of exemption from military service in the U.S. Armed Forces? ☐ Yes ☒ No
32. Have you EVER deserted from the U.S. Armed Forces? ☐ Yes ☒ No

G. Selective Service Registration

33. Are you a male who lived in the United States at any time between your 18th and 26th birthdays in any status except as a lawful nonimmigrant? ☐ Yes ☒ No

If you answered "NO", go on to question 34.

If you answered "YES", provide the information below.

If you answered "YES", but you did NOT register with the Selective Service System and are still under 26 years of age, you must register before you apply for naturalization, so that you can complete the information below:

Date Registered (Month/Day/Year)

Selective Service Number

If you answered "YES", but you did NOT register with the Selective Service and you are now 26 years old or older, attach a statement explaining why you did not register.

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) your written explanation why the answer was "No" and (2) any additional information or documentation that helps to explain your answer.

34. Do you support the Constitution and form of government of the United States? ☒ Yes ☐ No
35. Do you understand the full Oath of Allegiance to the United States? ☒ Yes ☐ No
36. Are you willing to take the full Oath of Allegiance to the United States? ☒ Yes ☐ No
37. If the law requires it, are you willing to bear arms on behalf of the United States? ☒ Yes ☐ No
38. If the law requires it, are you willing to perform noncombatant services in the U.S. Armed Forces? ☒ Yes ☐ No
39. If the law requires it, are you willing to perform work of national importance under civilian direction? ☒ Yes ☐ No

Part 11. Your Signature

Write your INS "A" number here

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. I authorize the release of any information which INS needs to determine my eligibility for naturalization.

Your Signature

Date (Month/Day/Year)



12/28/2001

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

Date (Month/Day/Year)

Preparer's Firm or Organization Name (if applicable)

Preparer's Daytime Phone Number

1/1/01

()

Preparer's Address - Street Number and Name

City

State

ZIP Code

Do Not Complete Parts 13 and 14 Until an INS Officer Instructs You To Do So

Part 13. Signature at Interview

I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this application for naturalization subscribed by me, including corrections numbered 1 through _____ and the evidence submitted by me numbered pages 1 through _____, are true and correct to the best of my knowledge and belief.

Subscribed to and sworn to (affirmed) before me

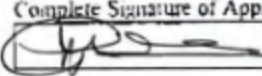
DOROTHEA BERTRAND

Officer's Printed Name or Stamp

08/29/02
Date (Month/Day/Year)

Complete Signature of Applicant

Officer's Signature

 *Christiane Noelle Maxwell*

 *Dorothea Bertrand*

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 below, 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;

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


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

CHRISTIANE MAXWELL



Noelle

Christiane Noelle Maxwell

Form N-400 (Rev. 05/31/01) Page 10

SDNY_GM_00000728

EFTA_00114812

EFTA01263134

START HERE - Please Type or Print

Part 1. Information about you.

Family Name Maxwell	Given Name Ghislaine	Middle Initial N
Address - C/O The Villard House		
Street Number and Name [REDACTED]		
City New York		
State New York		Zip Code 10022 10021
Date of Birth (month/day/year) [REDACTED]	Country of Birth France	
Social Security # [REDACTED]	A # (if any) None	
Date of Last Arrival (month/day/year) 9/19/95	A-99 # 70051451304	
Current INS Status H-1B Visa	Expires on (month/day/year) 11/4/95	

Part 2. Application Type. (check one)

I am applying for adjustment to permanent resident status because:

- a. ☐ an immigrant petition giving me an immediately available immigrant visa number has been approved (attach a copy of the approval notice), or a relative, special immigrant juvenile, or special immigrant military visa petition filed with this application will give me an immediately available visa number if approved.
- b. ☐ My spouse or parent applied for adjustment of status or was granted lawful permanent residence in an immigrant visa category which allows derivative status for spouses and children.
- c. ☐ I entered as a K-1 fiancé(e) of a U.S. citizen whom I married within 90 days of entry, or I am the K-2 child of such a fiancé(e) (attach a copy of the fiancé(e) petition approval notice and the marriage certificate).
- d. ☐ I was granted asylum or derivative asylum status as the spouse or child of a person granted asylum and am eligible for adjustment.
- e. ☐ I am a native or citizen of Cuba admitted or paroled into the U.S. after January 1, 1959, and thereafter have been physically present in the U.S. for at least 1 year.
- f. ☐ I am the husband, wife, or minor unmarried child of a Cuban described in (e) and am residing with that person, and was admitted or paroled into the U.S. after January 1, 1959, and thereafter have been physically present in the U.S. for at least 1 year.
- g. ☐ I have continuously resided in the U.S. since before January 1, 1972.
- h. ☒ Other-explain DV-96 Registration selected (see attached)

I am already a permanent resident and am applying to have the date I was granted permanent residence adjusted to the date I originally arrived in the U.S. as a nonimmigrant or parolee, or as of May 2, 1964, whichever is later, and: (Check one)

- i. ☐ I am a native or citizen of Cuba and meet the description in (e), above.
- j. ☐ I am the husband, wife or minor unmarried child of a Cuban, and meet the description in (f), above.

FOR INS USE ONLY

Returned	Receipt
Resubmitted	RECEIVED INFORMATION OCT 12 1995 Immigration and Naturalization Service New York, N.Y.
Reloc Sent	RECEIVED 3rd FLOOR CASHIER OCT 12 1995 Immigration and Naturalization Service New York, N.Y.
Reloc Rec'd	
<input checked="" type="checkbox"/> Applicant Interviewed	
2-96	
Section of Law	
<input type="checkbox"/> Sec. 209(b), INA <input type="checkbox"/> Sec. 13, Act of 9/11/57 <input checked="" type="checkbox"/> Sec. 245, INA <input type="checkbox"/> Sec. 249, INA <input type="checkbox"/> Sec. 1 Act of 11/2/66 <input type="checkbox"/> Sec. 2 Act of 11/2/66 <input type="checkbox"/> Other	
Country Chargeable	
France	
Eligibility Under Sec. 245	
<input type="checkbox"/> Approved Visa Petition <input type="checkbox"/> Dependent of Principal Alien <input type="checkbox"/> Special Immigrant <input checked="" type="checkbox"/> Other	
Preference	
D/V6.	
Action Block	
APPROVED INS DISTRICT DIRECTOR FEB 05 1996 Recommended by: NYC 10812	
To Be Completed by Attorney or Representative, if any	
<input type="checkbox"/> Fill in box if G-28 is attached to represent the applicant	
VOLAG#	
ATTY State License # SDNY_GM_00000729	

Part 3. Processing Information.

A. City/Town/Village of birth Maison Laffitte		Current occupation Investment Liaison	
Your mother's first name Elizabeth		Your father's first name Robert	
Give your name exactly how it appears on your Arrival /Departure Record (Form I-94) Maxwell, Ghislaine			
Place of last entry into the U.S. (City/State) New York, New York		In what status did you last enter? (Visitor, Student, exchange alien, crewman, temporary worker, without inspection, etc.) H-1B	
Were you inspected by a U.S. Immigration Officer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Nonimmigrant Visa Number [REDACTED]		Consulate where Visa was issued London	
Date Visa was Issued (month/day/year) 1/15/93	Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Have you ever before applied for permanent resident status in the U.S? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (give date and place of filing and final disposition):			

B. List your present husband/wife, all of your sons and daughters (if you have none, write "none". If additional space is needed, use separate paper).

Family Name NONE	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of birth	Relationship	A #	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of birth	Relationship	A #	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of birth	Relationship	A #	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of birth	Relationship	A #	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of birth	Relationship	A #	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No

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 any other place since your 16th birthday. Include any foreign military service in this part. If none, write "none". Include the name of organization, location, dates of membership from and to, and the nature of the organization. If additional space is needed, use separate paper.

NONE

Part 3. Processing Information. (Continued)

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

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?
 - b. been arrested, cited, charged, indicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations?
 - c. been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action?
 - 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 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 10 years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future?
 - b. engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling?
 - c. knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the U.S. illegally?
 - d. illicitly trafficked in any controlled substance, or knowingly assisted, abetted or colluded in the illicit trafficking of any controlled substance?

☐ 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?

☐ Yes ☒ No
5. Do you intend to engage in the U.S. in:
 - a. espionage?
 - 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?
 - 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?

☐ Yes ☒ No
7. Did you, during the period 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?

☐ 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
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 Act for use of fraudulent 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 other immigration benefit?

☐ Yes ☒ No
11. Have you ever left the U.S. to avoid being drafted into the U.S. Armed Forces?

☐ Yes ☒ No
12. Have you ever been a J nonimmigrant exchange visitor who was subject to the 2 year foreign residence requirement and not yet complied with that requirement or obtained a waiver?

☐ Yes ☒ No
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.?

☐ Yes ☒ No

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 Immigration and Naturalization Service needs to determine eligibility for the benefit I am seeking.

Signature

Print Your Name

Date

Daytime Phone Number

Ghislaine Maxwell

10/6/95

Portable phone

Please Note: If you do not completely fill out this form, or fail to submit required documents listed found eligible for the requested document 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.

Signature

Print Your Name

Date

Day time Phone Number

Firm Name
and Address

START HERE - Please Type or Print

Part 1. Information about you.

Family Name	Maxwell	Given Name	Ghislaine	Middle Initial	N
Address - C/O					
Street Number and Name			Apt. # 12A		
City		State or Province		NY	
Country		USA		ZIP/Postal Code 10021	
Date of Birth (Month/Day/Year)		Country of Birth France			
Social Security #		A #			

Part 2. Application Type (check one).

- a. ☐ I am a permanent resident or conditional resident of the United States and I am applying for a Reentry Permit.
- b. ☐ I now hold U.S. refugee or asylee status and I am applying for a Refugee Travel Document.
- c. ☐ I am a permanent resident as a direct result of refugee or asylee status, and am applying for a Refugee Travel Document.
- d. ☒ I am applying for an Advance Parole to allow me to return to the U.S. after temporary foreign travel.
- e. ☐ I am outside the U.S. and am applying for an Advance Parole.
- f. ☐ I am applying for an Advance Parole for another person who is outside the U.S. Give the following information about that person: N/A

Family Name	Given Name	Middle Initial
Date of Birth (Month/Day/Year)	Country of Birth	

Foreign Address - C/O

Street Number and Name		Apt. #
City	State or Province	
Country	ZIP/Postal Code	

Part 3. Processing Information.

Date of Intended departure (Month/Day/Year)	Expected length of trip
10/31/95	1 week to 10 days
Are you, or any person included in this application, now in exclusion or deportation proceedings?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, at (give office name)	
If applying for an Advance Parole Document, skip to Part 7.	
Have you ever before been issued a Reentry Permit or Refugee Travel Document?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (give the following for the last document issued to you)	
Date Issued	Disposition (attached, lost, etc.)
N/A	

FOR INS USE ONLY

Returned	Receipt
Resubmitted	Reloc Sent
Reloc Rec'd	Reloc Rec'd
<input type="checkbox"/> Applicant Interviewed on	
Document Issued: <input type="checkbox"/> Reentry Permit <input type="checkbox"/> Refugee Travel Document <input type="checkbox"/> Single Advance Parole <input type="checkbox"/> Multiple Advance Parole	
Validity to	
If Reentry Permit or Refugee Travel Document: <input type="checkbox"/> Mail to Address in Part 2 <input type="checkbox"/> Mail to American Consulate <input type="checkbox"/> Mail to INS overseas office AT	
Remarks: <input type="checkbox"/> Document Hand Delivered On By	
Action Block Denied Issued as expected 10/17/95 NYC 10/18/95 (10)	
To Be Completed by Attorney or Representative, if any <input type="checkbox"/> Fill in box if G-28 is attached to represent the applicant	
VOLAG#	
ATTY State Isom_00000733	

Part 3. Processing Information. (continued)

Where do you want this travel document sent? (check one) N/A

- a. ☐ Address in Part 2, above
b. ☐ American Consulate at (give City and Country, below)
c. ☐ INS overseas office at (give City and Country, below)

City

Country

If you checked b. or c., above, give your overseas address:

Part 4. Information about the Proposed Travel. N/A

Purpose of trip. If you need more room, continue on a separate sheet of paper.

List the countries you intend to visit.

Part 5. Complete only if applying for a Reentry Permit. N/A

Since becoming a Permanent Resident (or during the past five years, whichever is less) how much total time have you spent outside the United States?

- ☐ less than 6 months ☐ 2 to 3 years
☐ 6 months to 1 year ☐ 3 to 4 years
☐ 1 to 2 years ☐ more than 4 years

Since you became a Permanent Resident, have you ever filed a federal income tax return as a nonresident, or failed to file a federal return because you considered yourself to be a nonresident? (if yes, give details on a separate sheet of paper).

- ☐ Yes ☐ No

Part 6. Complete only if applying for a Refugee Travel Document. N/A

Country from which you are a refugee or asylee:

If you answer yes to any of the following questions, explain on a separate sheet of paper.

Do you plan to travel to the above-named country?

- ☐ Yes ☐ No

Since you were accorded Refugee/Asylee status, have you ever: returned to the above-named country; applied for an/or obtained a national passport, passport renewal, or entry permit into this country; or applied for an/or received any benefit from such country (for example, health insurance benefits)?

- ☐ Yes ☐ No

Since being accorded Refugee/Asylee status, have you, by any legal procedure or voluntary act, re-acquired the nationality of the above-named country, acquired a new nationality, or been granted refugee or asylee status in any other country?

- ☐ Yes ☐ No

Part 7. Complete only if applying for an Advance Parole.

On a separate sheet of paper, please explain how you qualify for an Advance Parole and what circumstances warrant issuance of Advance Parole. Include copies of any documents you wish considered. (See instructions.)

For how many trips do you intend to use this document?

- ☐ 1 trip ☒ More than 1 trip

If outside the U.S., at right give the U.S. Consulate or INS office you wish notified if this application is approved.

Part 8. Signature. Read the information on penalties in the instructions before completing this section. You must file this application while in the United States if filing for a reentry permit or refugee travel document.

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

Signature

Date

Daytime Telephone #

10/6/95

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 document and this application will have to be denied.

Part 9. 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.

Signature

Print Your Name

Date

Firm Name
and Address

Daytime Telephone #

()

☆ U.S. GPO: 1994-301-164/92741
SDNY_GM_00000734

EFTA_00114818

EFTA01263140

Part 3. Processing Information. (continued)

Where do you want this travel document sent?

:k one) N/A

- a. ☐ Address in Part 2, above
b. ☐ American Consulate at (give City and Country, below)
c. ☐ INS overseas office at (give City and Country, below)
City Country

If you checked b. or c., above, give your overseas address:

Part 4. Information about the Proposed Travel. N/A

Purpose of trip. If you need more room, continue on a separate sheet of paper.

List the countries you intend to visit.

Part 5. Complete only if applying for a Reentry Permit. N/A

Since becoming a Permanent Resident (or during the past five years, whichever is less) how much total time have you spent outside the United States?

- ☐ less than 6 months ☐ 2 to 3 years
☐ 6 months to 1 year ☐ 3 to 4 years
☐ 1 to 2 years ☐ more than 4 years

Since you became a Permanent Resident, have you ever filed a federal income tax return as a nonresident, or failed to file a federal return because you considered yourself to be a nonresident? (if yes, give details on a separate sheet of paper).

- ☐ Yes ☐ No

Part 6. Complete only if applying for a Refugee Travel Document. N/A

Country from which you are a refugee or asylee:

If you answer yes to any of the following questions, explain on a separate sheet of paper.

Do you plan to travel to the above-named country?

- ☐ Yes ☐ No

Since you were accorded Refugee/Asylee status, have you ever: returned to the above-named country; applied for and/or obtained a national passport, passport renewal, or entry permit into this country; or applied for and/or received any benefit from such country (for example, health insurance benefits)?

- ☐ Yes ☐ No

Since being accorded Refugee/Asylee status, have you, by any legal procedure or voluntary act, re-acquired the nationality of the above-named country, acquired a new nationality, or been granted refugee or asylee status in any other country?

- ☐ Yes ☐ No

Part 7. Complete only if applying for an Advance Parole.

On a separate sheet of paper, please explain how you qualify for an Advance Parole and what circumstances warrant issuance of Advance Parole. Include copies of any documents you wish considered. (See instructions.)

For how many trips do you intend to use this document?

- ☐ 1 trip ☒ More than 1 trip

If outside the U.S., at right give the U.S. Consulate or INS office you wish notified if this application is approved.

Part 8. Signature.

Read the information on penalties in the instructions before completing this section. You must file this application while in the United States if filing for a reentry permit or refugee travel document.

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

Signature

Date

10/6/95

Daytime Telephone #

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 document and this application will have to be denied.**Part 9. 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.

Signature

Print Your Name

Date

Firm Name
and AddressDaytime Telephone #
()

☆ U.S. GPO: 1994-301-164/92741

SDNY_GM_00000735

EFTA_00114819

EFTA01263141



SDNY_GM_00000736

EFTA_00114820

EFTA01263142

START HERE - Please Type or Print

Part 1. Information about you.

Family Name Maxwell	Given Name Chislaine	Middle Initial N
Address - C/O		
Street Number and Name [REDACTED]	Apt. # 8A	
City New York	State or Province NY	
Country USA	ZIP/Postal Code 10021	
Date of Birth (Month/Day/Year) [REDACTED]	Country of Birth France	
Social Security # [REDACTED]	A # [REDACTED]	

Part 2. Application Type (check one).

- a. ☐ I am a permanent resident or conditional resident of the United States and I am applying for a Reentry Permit.
- b. ☐ I now hold U.S. refugee or asylee status and I am applying for a Refugee Travel Document.
- c. ☐ I am a permanent resident as a direct result of refugee or asylee status, and am applying for a Refugee Travel Document.
- d. ☒ I am applying for an Advance Parole to allow me to return to the U.S. after temporary foreign travel.
- e. ☐ I am outside the U.S. and am applying for an Advance Parole.
- f. ☐ I am applying for an Advance Parole for another person who is outside the U.S. Give the following information about that person:

Family Name	Given Name	Middle Initial
Date of Birth (Month/Day/Year)	Country of Birth	

Foreign Address - C/O

Street Number and Name	Apt. #
City	State or Province
Country	ZIP/Postal Code

Part 3. Processing Information.

Date of Intended departure (Month/Day/Year) 10/17/95	Expected length of trip 1 week to 10 days
Are you, or any person included in this application, now in exclusion or deportation proceedings? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, at (give office name)	
If applying for an Advance Parole Document, skip to Part 7.	
Have you ever before been issued a Reentry Permit or Refugee Travel Document? <input type="checkbox"/> No <input type="checkbox"/> Yes (give the following for the last document issued to you)	
N/A	Date Issued
Disposition (attached, lost, etc.)	

Form I-131 (Rev. 12/10/91) N

Continued on back.

FOR INS USE ONLY

Returned	Receipt
Resubmitted	
Reloc Sent	RECEIVED 3rd FLOOR CASHIER OCT 17 1995
Reloc Rec'd	Immigration and Naturalization Service New York, N. Y.
<input type="checkbox"/> Applicant Interviewed on	
Document Issued <input type="checkbox"/> Reentry Permit <input type="checkbox"/> Refugee Travel Document <input type="checkbox"/> Single Advance Parole <input checked="" type="checkbox"/> Multiple Advance Parole Validity to OCT 17, 1996	
If Reentry Permit or Refugee Travel Document <input type="checkbox"/> Mail to Address in Part 2 <input type="checkbox"/> Mail to American Consulate <input type="checkbox"/> Mail to INS overseas office AT	
Remarks: <input type="checkbox"/> Document Hand Delivered On By	
Action Block APPROVED OCT 17 1995 NYC 5389	
To Be Completed by Attorney or Representative, if any <input type="checkbox"/> Fill in box if G-28 is attached to represent the applicant	
VOLAG#	
ATTY State [REDACTED] 00000737	

EFTA_00114821

EFTA01263143

Part 3. Processing Information. (continued)

Where do you want this travel document sent? (check one) N/A

- a. ☐ Address in Part 2, above
b. ☐ American Consulate at (give City and Country, below)
c. ☐ INS overseas office at (give City and Country, below)

City

Country

If you checked b. or c., above, give your overseas address:

Part 4. Information about the Proposed Travel. N/A

Purpose of trip. If you need more room, continue on a separate sheet of paper.

List the countries you intend to visit.

Part 5. Complete only if applying for a Reentry Permit. N/A

Since becoming a Permanent Resident (or during the past five years, whichever is less) how much total time have you spent outside the United States?

- | | |
|---|--|
| <input type="checkbox"/> less than 6 months | <input type="checkbox"/> 2 to 3 years |
| <input type="checkbox"/> 6 months to 1 year | <input type="checkbox"/> 3 to 4 years |
| <input type="checkbox"/> 1 to 2 years | <input type="checkbox"/> more than 4 years |

Since you became a Permanent Resident, have you ever filed a federal income tax return as a nonresident, or failed to file a federal return because you considered yourself to be a nonresident? (if yes, give details on a separate sheet of paper).

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Part 6. Complete only if applying for a Refugee Travel Document. N/A

Country from which you are a refugee or asylee:

If you answer yes to any of the following questions, explain on a separate sheet of paper.

Do you plan to travel to the above-named country?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Since you were accorded Refugee/Asylee status, have you ever: returned to the above-named country; applied for an/or obtained a national passport, passport renewal, or entry permit into this country; or applied for an/or received any benefit from such country (for example, health insurance benefits)?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Since being accorded Refugee/Asylee status, have you, by any legal procedure or voluntary act, re-acquired the nationality of the above-named country, acquired a new nationality, or been granted refugee or asylee status in any other country?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Part 7. Complete only if applying for an Advance Parole.

On a separate sheet of paper, please explain how you qualify for an Advance Parole and what circumstances warrant issuance of Advance Parole. Include copies of any documents you wish considered. (See instructions.)

For how many trips do you intend to use this document?

☐ 1 trip☒ More than 1 trip

If outside the U.S., at right give the U.S. Consulate or INS office you wish notified if this application is approved.

Part 8. Signature.

Read the information on penalties in the instructions before completing this section. You must file this application while in the United States if filing for a reentry permit or refugee travel document.

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

Signature

Date

10/16/95

Daytime Telephone #

(212) 750-9895

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 document and this application will have to be denied.**Part 9. 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.

Signature

Print Your Name

Date

Firm Name
and Address

Daytime Telephone #

()