

U.S. Department of State National Visa Center 32 Rochester Avenue Portsmouth, NH 03801 –2909

<DATE HERE>

<BARCODE HERE>
<NAME HERE>

ACL

<ADDRESS HERE>

#### Dear Applicant:

We have received from the Citizenship and Immigration Services (CIS-formerly known as the INS) the immigrant visa petition that has been filed on your behalf. Before we can continue processing, you must provide certain essential information.

#### 1. Complete the enclosed Choice of Agent and Address form.

This form tells us how to contact you during your immigrant visa processing. Your agent can be your petitioner, another relative, a friend, an attorney, or a charitable organization, such as a church or other immigrant assistance organization. Mail delivery is often unreliable in many parts of the world, so we **strongly** recommend that you choose someone who has an address in the United States.

- If you wish to name an agent to receive your mail, please give the name and address of that person in the spaces provided on the enclosed form.
- If you do not wish to name an agent and want us to contact you directly, please check the box that says that you do not appoint an agent or attorney to receive letters on your behalf, and write your own address on the lines below that box on the form.
- 2. Mail your Choice of Agent and Address form to the National Visa Center at this address:

National Visa Center ATTN: ACL 32 Rochester Avenue Portsmouth, NH 03801-2909 United States of America

Be sure the envelope has enough postage for delivery to the U.S. *Until we receive this form from you, we cannot process your case.* 

When we receive your completed Choice of Agent and Address form, we will send you or your agent further instructions and forms to be completed and returned to the Department of State.

You or your agent should receive that packet four to six weeks after you return this signed form. If neither you nor your agent receives the packet in six weeks, please write to the National Visa Center at the above address and tell us so that we can send you another packet. Until we receive your completed Choice of Agent and Address form, we will not be able to forward your file to the appropriate U.S. Embassy or Consulate for further processing.

You can obtain general information about the immigrant visa application process by visiting our Website at http://travel.state.gov and clicking on the "Visa Services" link.

You can also find out if the U.S. Embassy or Consulate in your area has a Website and further visa processing information by visiting http://travel.state.gov and clicking on the "U.S. Embassy and Consulate Websites Worldwide" link.

When contacting the National Visa Center or any U.S. Embassy or Consulate about your case, please include the following information:

Name of Visa Applicant:

<APPLICANT NAME HERE> <PETITIONERS NAME HERE>

Name of Petitioner

Case Number:

<CASE NUMBER HERE>

Sincerely yours,

Director, National Visa Center

Enclosures:

Choice of Agent and Address Form Immigrant Visa Process Roadmap

## **Department of State** National Visa Center **Case Inquiry Information**

**Mailing address:** 

Do NOT send fee payments or documents to the address below.

ONLY case inquiries

National Visa Center 32 Rochester Avenue

ATTN: WC

Portsmouth, NH 03801-2909

Telephone number: You will need your case number or CIS receipt number from your approval notice when calling

(603) 334-0700

Automated Voice Response-24/7 Operator hours-Monday-Friday 7:30am to 8:45pm Eastern time

**E-mail Address:** 

Please follow the e-mail instructions to ensure timely processing of your inquiry

### NVCINQUIRY@state.gov

#### **E-mail Instructions:**

- \* Limit one case per e-mail
- \* Provide case number on subject line
- \* Provide Beneficiary's name & date of birth
- \* Provide Petitioner's name & date of birth
- \* Provide detailed description of case inquiry

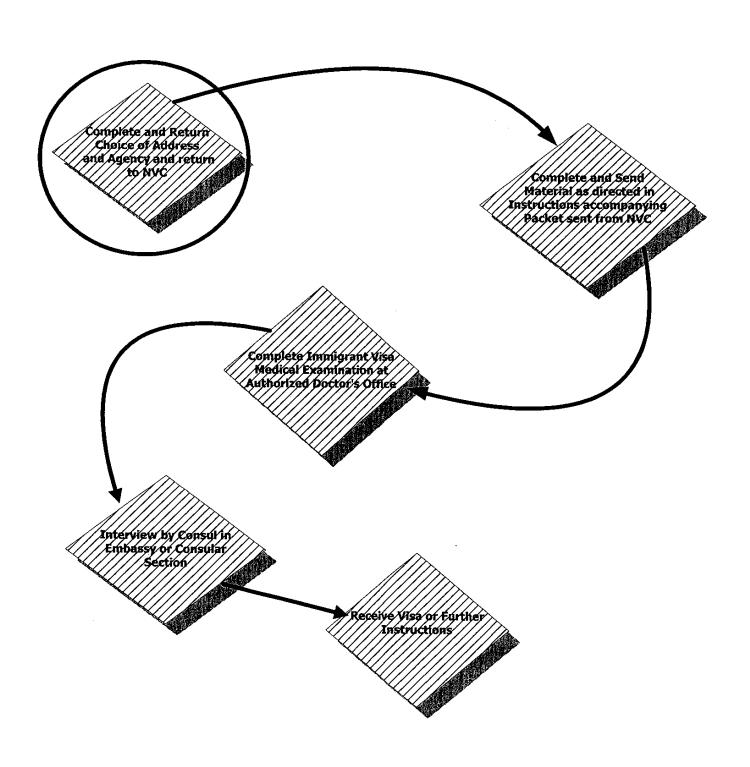
e.g. case status questions pertaining to case address updates, etc.

Fax Number:

(603) 334-0791

## **IMMIGRANT VISA PROCESS**

YOUR CURRENT PLACE IN THE PROCESS IS CIRCLED



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EXPIRATION DATE: 12/31/2006

**ESTIMATED BURDEN: 30 minutes** 

Make sure the address is complete and correct. We will use this address for future mailings <BARCODE HERE>

<CASE NUMBER HERE> \*\*\*

# U.S. Department of State CHOICE OF AGENT AND ADDRESS For Immigrant Visa Applicants

		Print or type your full name		
heck	one box only to the left of the s	statement that is your choice.		
[]	I appoint:			
	as my agent or attorney to receive mail about my application. Mail from the U.S. Department of State concerning my immigrant visa application should be sent to:			
	Name of the	person who will act as your agent or attorney	for receipt of mail	
	Street address (	where my agent or attorney will receive mail	about my application)	
	City	State/Province	Postal Code	Country
[]	I do not appoint an agent o	State/Province r an attorney to receive mail abou rning my immigrant visa application	t my application. M	Iail from the U.S
[]	I do not appoint an agent o	r an attorney to receive mail abou	t my application. Mon should be sent to	Iail from the U.S
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	I do not appoint an agent of Department of State concer  City  I have already legally immig	r an attorney to receive mail about ming my immigrant visa application.  Street address (include "in care of" if need  State/Province  grated to the U.S. and do not need rough the	t my application. Non should be sent to ed)  Postal Code to apply for an imm	fail from the U.S me at:  Country  Country
[]	I do not appoint an agent of Department of State concerning City  I have already legally immigreceived my Green Card the A# is	r an attorney to receive mail about ming my immigrant visa application.  Street address (include "in care of" if need state/Province grated to the U.S. and do not need rough the  r an immigrant visa.	t my application. Non should be sent to ed)  Postal Code to apply for an imm	fail from the U.S me at:  Country  Country

#### PAPERWORK REDUCTION ACT

Public reporting burden for this collection of information is estimated to average 30 minutes per response. Persons are not required to provide this information in the absence of a valid OMB approval number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: U.S. Department of State (A/RPS/DIR) Washington, DC 20520-1849.

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