

9 FAM 41.81 Exhibit II

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41.81 – EXHIBIT II FORM OF-221 – TWO-WAY VISA ACTION REQUEST AND RESPONSE

<div style="border: 1px solid black; width: 100px; height: 15px; margin: 0 auto;"></div>		Post/Dept.	Date
TWO-WAY VISA ACTION REQUEST & RESPONSE		Alien Registration Number	Last Previous Communication
TO <input type="checkbox"/> Visa Office (VO) Department of State <input type="checkbox"/> Immigration & Naturalization Service at:			
ACTION REQUESTED (Check one only) If 212(d)(3)(A) Waiver, SHOW WHETHER: Basis for Recommendation:			
<input type="checkbox"/> Security Advisory Opinion <input type="checkbox"/> Security—212(s)(28) <input type="checkbox"/> Humanitarian <input type="checkbox"/> 212(d)(3)(A) Waiver <input type="checkbox"/> Other—212(a) <input type="checkbox"/> Educational <input type="checkbox"/> Name Check Only <input type="checkbox"/> NOT Recommended by Consular Officer <input type="checkbox"/> Facilitative of International Exchange <input type="checkbox"/> Other			
1. NAME OF APPLICANT (Incl. aliases, maiden name, previous married name, etc.)		2. Date of Birth	3. Place of Birth (Incl. city)
4. Present Address		5. Sex 6. Marital Status, Date and Place of Marriage, Spouses Name	
7. Occupation	8. Name and Address of Employer		
9. Nationality (Incl. former)	10. Passport Type	11. Passport No.	12. Issued By
14. Father's Full Name			13. Dated
15. Mother's Full Maiden Name			
16. Residences of 6 Months or More for Past Five Years (Years, cities, countries)			
17. Relatives in U.S. (Names, relationships, street addresses, cities, states) or Primary Destination in U.S.			
18. Visa Classification Contemplated:	19. No. of Entries	20. Valid Until	21. Planned time of arrival, port of entry and length of stay in U.S.
22. Purpose of entry	23. Facts occasioning ineligibility, name check, or SAO request		24. Date of any prior U.S. visit.
26. Remarks/Continuation of above items			25. in VLOS? <input type="checkbox"/> YES <input type="checkbox"/> NO
_____ <i>Consular Officer's Signature</i>			
FROM: Department of State (VO) TO: <input type="checkbox"/> Above-named Post <input type="checkbox"/> INS Date: _____ Washington Agency name checks on the above person(s): <input type="checkbox"/> Reveal no derogatory information <input type="checkbox"/> Reveal no derogatory information since the communication referenced at top right <input type="checkbox"/> Reveal the attached information dated: <input type="checkbox"/> Have been initiated. Your office will be notified if there is any derogatory information			
_____ Signed:			
FROM: Immigration and Naturalization Service at: _____ TO: Post/Dept. Date: _____ It is ordered that the application be granted for the above indicated purpose, subject to revocation at any time, valid as set forth below. ENTRY: _____ PERIOD OF TEMPORARY STAY: _____			
_____ Signature and Title			
PART I—ADDRESSEE'S COPY 221-104	SEE INSTRUCTIONS ON REVERSE OF LAST PAGE		OPTIONAL FORM 221 (Rev. 7-76) (Formerly FS-493) Dept. of State

OF-221- TWO-WAY VISA ACTION REQUEST AND RESPONSE (continued)

OF 221 (back)

INSTRUCTIONS

For name check only, send original and six copies to VO.

For "Parakeet" name check (APPA 22 CFR 41/42.90 Note 7), security advisory opinion, or 212(d)(3)(A) waiver action, send original and six copies to VO. (To request "Parakeet," or other special checks which may, from time to time, be instituted, use blank space under "Action Requested".)

For 212(d)(3)(A) waiver actions directed to INS abroad, send original and copies 4 thru 7 to INS; send remaining copies to VISA office for Washington Agency name checks.

Use additional sheet (in number of copies specified above) for any item for which insufficient space is provided.

In security advisory opinion or 212(d)(3)(A) waiver requests, attach a narrative statement (TO VO: original and three copies; TO INS abroad: original and one copy.) which should include the pertinent items listed below:

I. Security Advisory Opinion Cases:

- a. Give full summary and evaluation of pertinent information obtained through clearances, investigations and interview. Indicate source of information, reference or file number, if pertinent, and any limitation on use of information.
For "meaningful" membership see 22 CFR 41/42.91(a)(28) Note 5 and p.n. 1.2.
For "involuntary" membership see 22 CFR 41/42.91(a)(28) Note 7 and p.n. 1.3.
For "defector" cases, see 22 CFR 41/42.91(a)(28) Note 9 and p.n. 1.4. (Note: If time factors are pressing, an alien who appears to qualify for defector status may be recommended for 212(d)(3)(A) action.)
- b. Indicate political, economic, public relations factors, if any, and any special interest at post (Political Section, Economic Section, USIS, etc.).
- c. In nonimmigrant cases, state whether consular officer is satisfied that the alien has a residence abroad which he has no intention of abandoning, if required, and that he is properly classifiable as a nonimmigrant.
- d. Give a clear recommendation as to final decision, with reasons therefor.

II. 212(d)(3)(A) Waiver Cases:

- a. Indicate political, economic, public relations factors, if any, and any special interest at post (Political Section, Economic Section, USIS, etc.).
- b. State whether consular officer is satisfied that alien has a residence abroad which he has no intention of abandoning, if required, and that he is properly classifiable as a nonimmigrant.
- c. Give reasons for consular officer's recommending or not recommending a waiver (if not covered completely on face of form).
- d. Give details as to purpose of visit (Item 22 on Form), including names and addresses of persons in the United States to be visited.
- e. If consular officer recommends more than one entry, give reasons therefor. (See 22 CFR 41.95, Note 7.)
- f. In security cases give the information outlined in section I (a) above.
- g. In cases involving convictions give the designation of the crime, the date and place of its commission and of the conviction, and the sentence or other judgment of the court.
- h. In medical cases:
 1. Describe the disease, defect or disability. If pertinent, give examining physician's findings including whether "communicable" or "non-communicable" if alien has tuberculosis. If "communicable," state whether alien will comply with "Sanitary Measures for Travel of Aliens with Tuberculosis."
 2. If alien is seeking admission for treatment indicate:
 - i. What arrangements have been made for treatment including where and from whom treatment will be received.
 - ii. What financial arrangements have been made for payment of hospital and other expenses.
 - iii. Whether a bond will be available if required by the Attorney General.
- i. In other cases describe the circumstances on which the finding of ineligibility was based.

