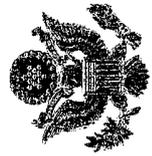


UNITED STATES OF AMERICA



No. [ ]

DEPARTMENT OF JUSTICE

OFFICE OF IMMIGRATION AND NATURALIZATION

(b)(6)

Personal description of holder as of date of naturalization:

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

INS Registration No. [ ]

Date of birth: JULY 29, 1938

Sex: MALE

Height: 6 feet 1 inches

(Complete and true signature of holder)

Marital status: MARRIED

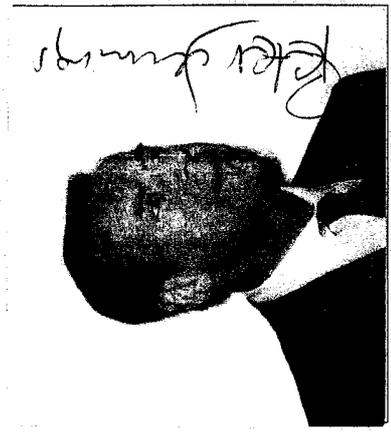
Be it known that, pursuant to an application filed with the Attorney General

Country of former nationality: CANADA

at: NEW YORK, NEW YORK

CANADA

The Attorney General having found that:



PETER JENNINGS

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

U.S. IMMIGRATION AND NATURALIZATION SERVICE

at: NEW YORK, NEW YORK

on: MAY 30, 2003

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

*Franklin D. Quirin*

Commissioner of Immigration and Naturalization

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

DEPARTMENT OF JUSTICE

AR # \_\_\_\_\_

Date 5/30/02

Peter Jennings

You are hereby notified to appear for a Naturalization Oath Ceremony on:

5/30/02

at:

26 Federal Plaza NYC

Please report promptly at \_\_\_\_\_ M.

You must bring the following with you:

- This letter, WITH ALL OF THE QUESTIONS ON THE OTHER SIDE ANSWERED IN INK OR ON A TYPEWRITER.
- Alien Registration Card.
- Reentry Permit, or Refugee Travel Document.
- Any Immigration documents you may have.
- If the naturalization application is on behalf of your child (children), bring your child (children).
- Other

Proper attire should be worn.

If you cannot come to this ceremony, return this notice immediately and state why you cannot appear. In such case, you will be sent another notice of ceremony at a later date. You must appear at an oath ceremony to complete the naturalization process.

In connection with your application for naturalization, please answer each of the questions by checking "Yes" or "No". You should answer these questions the day you are to appear for the citizenship oath ceremony. These questions refer to actions since the date you were first interviewed on your Application for Naturalization. They do not refer to anything that happened before that interview.

After you have answered every question, sign your name and fill in the date and place of signing, and provide your current address.

You must bring this completed questionnaire with you to the oath ceremony, as well as the documents indicated on the front, and give them to the Immigration employee at the oath ceremony. You may be questioned further on your answers at that time.

<b>AFTER the date you were first interviewed on your Application for Naturalization, Form N-400:</b>	<b>ANSWERS</b>
1. Have you married, or been widowed, separated, or divorced? (If "Yes" please bring documented proof of marriage, death, separation or divorce.)	1. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Have you traveled outside the United States?	2. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have you knowingly committed any crime or offense, for which you have not been arrested; or have you been arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance, including traffic violations?	3. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Have you joined any organization, including the Communist Party, or become associated or connected therewith in any way?	4. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Have you claimed exemption from military service?	5. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Has there been any change in your willingness to bear arms on behalf of the United States; to perform non-combatant service in the armed forces of the United States; to perform work of national importance under civilian direction, if the law requires it?	6. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Have you practiced polygamy; received income from illegal gambling; been a prostitute, procured anyone for prostitution or been involved in any other unlawful commercialized vice; encouraged or helped any alien to enter the United States illegally; illicitly trafficked in drugs or marijuana; given any false testimony to obtain immigration benefits; or been a habitual drunkard?	7. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

I certify that each of the answers shown above were made by me or at my direction, and that they are true and correct.

Signed at \_\_\_\_\_, on \_\_\_\_\_  
(City and State) (b)(6) (Date)

\_\_\_\_\_  
(Full Signature) \_\_\_\_\_  
(Full Address and ZIP Code)

Authority for collection of the information requested on Form N-445 is contained in Sections 101(f), 316, 332, 335 and 336 of the Immigration and Nationality Act (8 U.S.C. 1101 (f), 1427, 1443, 1446 and 1447). Submission of the information is voluntary. The principal purposes for requesting the information are to enable examiners of the Immigration and Naturalization Service to determine an applicant's eligibility for naturalization. The information requested may, as a matter of routine use, be disclosed to naturalization courts and to other federal, state, local or foreign law enforcement and regulatory agencies, the Department of Defense, including any component thereof, the Selective Service System, the Department of State, the Department of the Treasury, the Department of Transportation, Central Intelligence Agency, Interpol and individuals and organizations in the processing of any application for naturalization, or during the course of investigation to elicit further information required by the Immigration and Naturalization Service to carry out its functions. Information solicited which indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, may be referred, as a routine use, to the appropriate agency, whether federal, state, local or foreign, charged with the responsibility of investigating, enforcing or prosecuting such violations. Failure to provide all or any of the requested information may result in a denial of the application for naturalization.

Public Reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: U.S. Department of Justice, Immigration and Naturalization Service, (Room 5304), Washington, DC 20536; and to the Office of Management and Budget, Paperwork Reduction Project: OMB No. 1115-0052, Washington, DC 20503.

(C) 27170288

# 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)

Jennings

Given Name (First Name)

Peter

Full Middle Name (If applicable)

Charles

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

Family Name (Last Name)

Jennings

Given Name (First Name)

Peter

Full Middle Name (If applicable)

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

Family Name (Last Name)

None

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:

A [Redacted]

(b)(6)

FOR INS USE ONLY

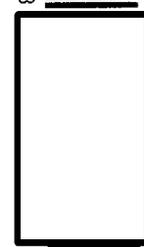
Bar Code

Date Stamp



2003 FEB -4 AM 1:22  
754015  
REMAINS

02/06/2003



(b)(6)

ARE

IBIS Check



(b)(7)(c)

(b)(7)(e)



*Rob Jennings*

**Part 3. Information About You**

Write your INS "A"- number here:  
A

A. Social Security Number      B. Date of Birth (Month/Day/Year)      C. Date You Became a Permanent Resident (Month/Day/Year)

0 7 / 2 9 / 1 9 3 8

1 1 / 2 6 / 1 9 8 5

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

City	County	State	ZIP Code	Country
New York	New York	New York	10023	USA

B. Care of      Mailing Address - Street Number and Name (If different from home address)      Apartment Number

City	State	ZIP Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

C. Daytime Phone Number (If any)      Evening Phone Number (If any)      E-mail Address (If any)

(   )

Part 5. Information for Criminal Records Search

write your INS "A"- number here:

A

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

A. Gender

Male  Female

B. Height

6 Feet 7 Inches

C. Weight

180 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	10/1998	Present
	12/1993	10/1998
	___/___	___/___
	___/___	___/___
	___/___	___/___

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	
American Broadcasting Co.	47 W. 66th Street, New York, NY	8/3 ___/1964	___/Present	Journalist
		___/___	___/___	
		___/___	___/___	
		___/___	___/___	
		___/___	___/___	

(b)(6)

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

Write your INS "A"- number here:

A

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

days

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

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.

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
/ /	/ /	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please see attached	
/ /	/ /	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
/ /	/ /	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
/ /	/ /	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
/ /	/ /	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
/ /	/ /	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
/ /	/ /	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
/ /	/ /	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
/ /	/ /	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
/ /	/ /	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

**Part 8. Information About Your Marital History**

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

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)

Freed

Katherine

Ann

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

New York

NY

10023

(b)(6)

Part 8. Information About Your Marital History (Continued)

Write your INS "A"- number here:

A

C.

D.

E.

[Large empty rectangular box for marital history information]

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. Please see attached

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

Given Name (First Name)

Full Middle Name (If applicable)

Marton

Katalyn

Ilona ✓

G.

[Large empty rectangular box for additional marital history information]

(b)(6)

**Part 9. Information About Your Children**

Write your INS "A"- number here:

A

2

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.

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)
Elizabeth Ilona Marton Jennings				
Christopher Charles Jennings				
	__ / __ / __	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)?  Yes  No
- Have you **EVER** registered to vote in any Federal, state, or local election in the United States?  Yes  No
- Have you **EVER** voted in any Federal, state, or local election in the United States?  Yes  No
- Since becoming a Lawful Permanent Resident, have you **EVER** failed to file a required Federal, state, or local tax return?  Yes  No
- Do you owe any Federal, state, or local taxes that are overdue?  Yes  No
- Do you have any title of nobility in any foreign country?  Yes  No
- Have you ever been declared legally incompetent or been confined to a mental institution within the last 5 years?  Yes  No

(b)(6)

Part 10. Additional Questions (Continued)

Write your INS "A"- number here:

A

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?

[X] 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.

Table with 2 columns: Name of Group, Name of Group. Rows 1-5 contain 'Century Club' and 'New York Athletic Club'.

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

a. The Communist Party?

[ ] Yes [X] No

b. Any other totalitarian party?

[ ] Yes [X] No

c. A terrorist organization?

[ ] Yes [X] No

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

[ ] Yes [X] 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 [X] 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?

[ ] Yes [X] No

b. Any government in any area (1) occupied by, (2) allied with, or (3) established with the help of the Nazi government of Germany?

[ ] Yes [X] No

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 [X] 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?

[ ] Yes [X] No

14. Have you EVER failed to file a Federal, state, or local tax return because you considered yourself to be a "nonresident"?

[ ] Yes [X] 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?
16. Have you EVER been arrested, cited, or detained by any law enforcement officer (including INS and military officers) for any reason?
17. Have you EVER been charged with committing any crime or offense?
18. Have you EVER been convicted of a crime or offense?
19. Have you EVER been placed in an alternative sentencing or a rehabilitative program (for example: diversion, deferred prosecution, withheld adjudication, deferred adjudication)?
20. Have you EVER received a suspended sentence, been placed on probation, or been paroled?
21. Have you EVER been in jail or prison?

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.

Table with 4 columns: 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?
b. been a prostitute, or procured anyone for prostitution?
c. sold or smuggled controlled substances, illegal drugs or narcotics?
d. been married to more than one person at the same time?
e. helped anyone enter or try to enter the United States illegally?
f. gambled illegally or received income from illegal gambling?
g. failed to support your dependents or to pay alimony?
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?
24. Have you EVER lied to any U.S. government official to gain entry or admission into the United States?

Part 10. Additional Questions (Continued)

Write your INS "A"- number here:

A

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 8. Information About Your Marital History (Continued)**

Write your INS "A"- number here:  
A

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)

Mallouf

Given Name (First Name)

Anne

Full Middle Name (If applicable)

Emile

**Part 8. Information About Your Marital History (Continued)**

Write your INS "A"- number here:  
A

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)

Godsoe

Given Name (First Name)

Valerie

Full Middle Name (If applicable)

G

(b)(6)

Peter Jennings		A [REDACTED]		
Trips Outside the U.S.				
Date Left the U.S.	Date Returned	Trip Last 6 mos or more	Countries to Which Traveled	Total Days Outside U.S.
(Month/Day/Year)	(Month/Day/Year)			
7/20/2002	8/17/2002	No	Canada	27
3/26/2002	3/29/2002	No	Lebanon	2
1/25/2002	1/27/2002	No	British Virgin Islands	1
8/19/2001	8/29/2001	No	Canada	9
8/6/2001		No	England	
6/19/2001	6/20/2001	No	Canada	0
6/11/2001	6/17/2001	No	Israel; Italy	5
3/16/2001	3/18/2001	No	Mexico	1
3/8/2001	3/11/2001	No	British Virgin Islands	2
2/8/2001	2/9/2001	No	Canada	0
	12/3/2000			
8/6/2000	8/12/2000	No	Canada	5
6/17/2000	6/19/2000	No	Canada	1
3/31/2001	4/6/2001	No	Hungary	5
3/9/2000	3/25/2000	No	Lebanon; Jordan; Israel; India; Pakistan; Israel	15
2/4/2000	2/6/2000	No	Canada	1
10/26/1999	11/1/1999	No	India & Pakistan	4
10/17/1999	10/18/1999	No	Canada	0
10/9/1999	10/11/1999	No	Canada	1
8/15/1999	8/28/1999	No	England	12
7/31/1999	8/14/1999	No	Canada	13
6/3/1999	6/12/1999	No	Israel	8
2/19/1999	2/22/1999	No	Canada	2
12/26/1998	1/2/1999	No	British Virgin Islands	6
12/5/1998	12/6/1998	No	Canada	0
10/9/1998	10/12/1998	No	England	2
8/9/1998	8/24/1998	No	Canada	14
7/30/1998	8/9/1998	No	Turkey	9
6/12/1998	6/20/1998	No	Israel & China	7
2/19/1998	2/22/1998	No	Canada	2
1/19/1998	1/21/1998	No	Cuba (Pope's Visit)	5
12/26/1997	1/2/1998	No	St. Lucia	6
10/30/1997	11/3/1997	No	Israel	2
9/11/1997	9/14/1997	No	India	2
9/5/1997	9/8/1997	No	England	2
9/1/1997	9/2/1997	No	England	0
8/23/1997	8/29/1997	No	Canada	5
7/25/1997	8/18/1997	No	South Africa, Botswana, Zimbabwe	23
6/24/1997	7/7/1997	No	Hong Kong, China, Canada	12
6/2/1997	6/3/1997	No	Canada	0
5/17/1997	5/18/1997	No	Canada	0
5/5/1997	5/6/1997	No	Mexico	0

(b)(6)

Peter Jennings		A		
Trips Outside the U.S.				
			Trip Last	Total Days
			6 mos or	Outside
Date Left the U.S.	Date Returned		more	U.S.
(Month/Day/Year)	(Month/Day/Year)			
			Countries to Which Traveled	
12/13/1996	12/16/1996	No	Israel	2
12/5/1996	12/8/1996	No	France	2
10/2/1996	10/6/1996	No	Israel	3
7/21/1996	8/5/1996	No	Canada	14
5/14/1996	5/15/1996	No	Canada	0
4/30/1996	5/1/1996	No	Cuba	0
3/2/1996	3/4/1996	No	England	1
12/15/1995	12/16/1995	No	England	0
11/24/1995	11/28/1995	No	St. Lucia	3
10/6/1995	10/9/1995	No	Canada	2
8/1/1995	8/31/1995	No	Canada	29
6/8/1995	6/11/1995	No	Switzerland	2
5/26/1995	5/29/1995	No	Bermuda	2
5/4/1995	5/16/1995	No	Russia, England, Iran	11
3/24/1995	4/2/1995	No	Canada	8
2/14/1995	2/15/1995	No	England	0
10/23/1994	10/28/1994	No	Jordan	4
7/30/1994	8/20/1994	No	Canada	20
7/11/1994	7/12/1994	No	Haiti	0
6/28/1994	7/4/1994	No	Turks & Caicos Islands	5
5/30/1994	6/8/1994	No	England & France	8
5/5/1994	5/9/1994	No	England	3
4/22/1994	4/30/1994	No	South Africa	7
4/3/1994	4/9/1994	No	Canada	5
2/4/1994	2/7/1994	No	Bosnia & England	2
1/7/1994	1/16/1994	No	Russia	8
12/23/1993	1/2/1994	No	France	9
11/12/1993	11/14/1993	No	Canada	1
6/16/1993	6/20/1993	No	Canada	3
3/18/1993	3/30/1993	No	Egypt	11
7/3/1992	7/7/1992	No	England, Austria & Hungary	3
10/22/1992	10/23/1992	No	Canada	0
12/5/1991	12/9/1991	No	Bolivia	3
10/24/1991	11/2/1991	No	Israel, Mideast & Spain	8
8/2/1991	8/31/1991	No	France	28
3/8/1991	3/10/1991	No	Canada	1

(b)(6)

Peter Jennings		A		
Trips Outside the U.S.				
			Trip Last 6 mos or more	Total Days Outside U.S.
Date Left the U.S. (Month/Day/Year)	Date Returned (Month/Day/Year)		Countries to Which Traveled	
11/12/1990	11/24/1990	No	Jordan, Iraq, Saudi Arabia, France, England	11
11/8/1990	11/11/1990	No	Canada	2
10/19/1990	10/21/1990	No	Canada	1
8/29/1990	9/4/1990	No	Canada	5
12/21/1989	1/2/1990	No	England	11
11/26/1989	12/5/1989	No	Czechoslovakia, West Germany, Italy, Malta, Belgium & England	8
11/16/1989	11/17/1989	No	Canada	0
11/9/1989	11/14/1989	No	East Germany	4
10/3/1989	10/7/1989	No	West Germany	3
7/7/1989	7/17/1989	No	Poland & France	9
6/16/1989	6/20/1989	No	England & Canada	3
5/26/1989	6/4/1989	No	England & Belgium	8
5/13/1989	5/14/1989	No	Canada	0
2/15/1989	2/27/1989	No	Korea & Japan	11
6/29/1988	7/4/1988	No	Canada	4
5/19/1988	6/2/1988	No	Soviet Union	11
2/26/1988	2/29/1988	No	Canada	2
11/21/1987	11/24/1987	No	France	2
9/29/1987	9/30/1987	No	Canada	0
6/5/1987	6/17/1987	No	Italy, England, Bahrain & Kuwait	10
5/13/1987	5/17/1987	No	Canada	3
Total Days Spent Outside U.S.				527

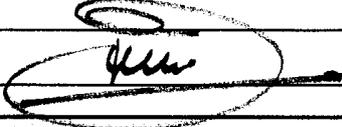
**Part 11. Your Signature**

Write your INS "A"- number here:  
A

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)



10 / 23 / 02

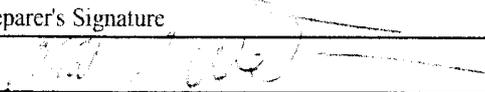
**Part 12. Signature of Person Who Prepared This Application for You (if applicable)**

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

Mark J. Weinstein



Date (Month/Day/Year)

Preparer's Firm or Organization Name (If applicable)

Preparer's Daytime Phone Number

10 / 23 / 02

Hogan & Hartson, L.L.P.

(212) 476-8269

Preparer's Address - Street Number and Name

City

State

ZIP Code

551 Fifth Avenue

New York

NY

10176

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

**Part 13. Signature at Interview**

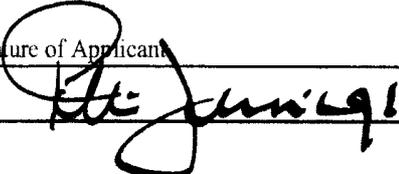
I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this application for naturalization subscribed by me, including corrections numbered 1 through  and the evidence submitted by me numbered pages 1 through , are true and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

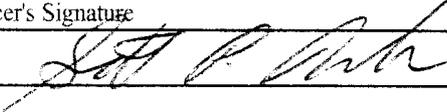
Subscribed to and sworn to (affirmed) before me Scott P. Rubin  
Officer's Printed Name or Stamp

MAY 30 2002  
Date (Month/Day/Year)

Complete Signature of Applicant

Officer's Signature





**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 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;

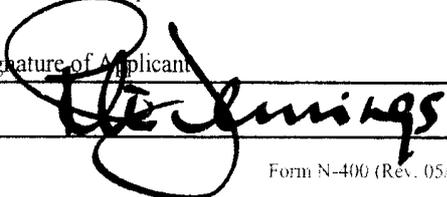
that I will perform work of national importance under civilian direction when required by the law; and

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

Peter Jennings



(b)(6)

(b)(6)

A # [Redacted]

Daytime Phone # [Redacted]

NAME ( If name Change ENTER new name):

Check box if there is a change of name:

PETER

(FIRST)

[Redacted]

(MIDDLE)

JENNINGS

(LAST)

Date of Birth: 07, 29, 1938  
Month Day Complete Year

(Check Sex)

MALE:

FEMALE:

Height: 6 1  
(Feet) (Inches)

Marital Status; ENTER "S" Single, "M" Married, "D" Divorced, or "W" Widow(er):  M

Country of Former Nationality: CANADA

(Enter Actual Name of Country)

### Oath of Allegiance

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 have heretofore been a subject or citizen; that I will support and defend the Constitution and the 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.

In acknowledgement whereof I have hereunto affixed my signature.

*Peter Jennings*

Applicant's Signature (name change)

MAY 30 2003

Date





**U.S. Department of Justice**

Immigration and Naturalization Service

A #



(b)(6)

26 Federal Plaza  
New York, NY 10278

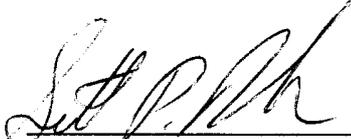
Date:5/30/03

Peter Jennings

\_\_\_\_\_  
\_\_\_\_\_

**I HEREBY WAIVE MY RIGHT TO HAVE MY ATTORNEY PRESENT AT MY INTERVIEW FOR A REPLACEMENT CERTIFICATE.**

  
\_\_\_\_\_  
Peter Jennings - Applicant

  
\_\_\_\_\_  
Scott Ruben- DAO

U.S. Department of Justice  
Immigration and Naturalization Service

Notice of Entry of Appearance  
as Attorney or Representative

**Appearance** - An appearance shall be filed on this form by the attorney or representative appearing in each case. Thereafter, substitution may be permitted upon the written withdrawal of the attorney or representative of record or upon notification of the new attorney or representative. When an appearance is made by a person acting in a representative capacity, his personal appearance or signature shall constitute a representation that under the provisions of this chapter he is authorized and qualified to represent. Further proof of authority to act in a representative capacity may be required. **Availability of Records** - During the time a case is pending, and except as otherwise provided in 8CFR 103.2(b), a party to a proceeding or his attorney or representative shall be permitted to examine the record of proceeding in a Service office. He may, in conformity with 8 CFR 103.10, obtain copies of Service records or information therefrom and copies of documents or transcripts of evidence furnished by him. Upon request, he/she may, in addition, be loaned a copy of the testimony and exhibits contained in the record of proceeding upon giving his/her receipt for such copies and pledging that it will be surrendered upon final disposition of the case or upon demand. If extra copies of exhibits do not exist, they shall not be furnished free on loan; however, they shall be made available for copying or purchase of copies as provided in 8 CFR 103.10.

In re: **Application for Naturalization (Form N-400)** of **Mr. Peter Charles JENNINGS**  
Date **1 / 1**  
File No. **A [redacted]**

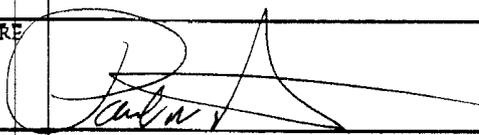
(b)(6)

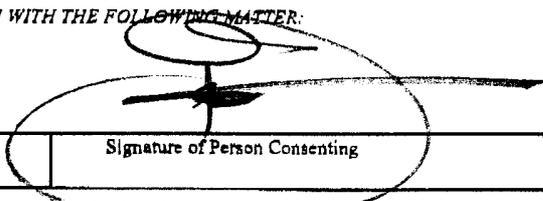
I hereby enter my appearance as attorney for (or representative of), and at the request of, the following named person(s):

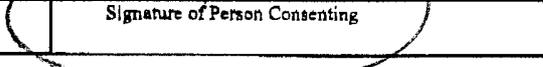
Name **Peter** **C. JENNINGS**  
 Petitioner  Applicant  
 Beneficiary  
(City) **New York** (State) **New York** (ZIP Code) **10023**  
Name  Petitioner  Applicant  
 Beneficiary  
Address (Apt. No.) (Number & Street) (City) (State) (ZIP Code)

Check applicable item(s) below:

- 1. I am an attorney and a member in good standing of the bar of the Supreme Court of the United States or of the highest court of the following State, territory, insular possession, or District of Columbia **Washington, D.C** **Court of Appeals** and am not under a court or administrative agency order suspending, enjoining, restraining, disbaring, or otherwise restricting me in practicing law. (Name of Court)
- 2. I am an accredited representative of the following named religious, charitable, social service, or similar organization established in the United States and which is so recognized by the Board:
- 3. I am associated with \_\_\_\_\_ the attorney of record who previously filed a notice of appearance in this case and my appearance is at his request. (If you check this item, also check item 1 or 4 whichever is appropriate.)
- 4. Others (Explain fully.)

SIGNATURE   
COMPLETE ADDRESS **Hogan & Hartson LLP**  
**555 13th Street, N.W.**  
**Washington DC 20004**  
NAME (Type or Print) **Paul W. Virtue**  
TELEPHONE NUMBER **202/637-5649 202/637-5810**

PURSUANT TO THE PRIVACY ACT OF 1974, I HEREBY CONSENT TO THE DISCLOSURE TO THE FOLLOWING NAMED ATTORNEY OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY IMMIGRATION AND NATURALIZATION SERVICE SYSTEM OF RECORDS:  
**Paul W. Virtue**  
(Name of Attorney or Representative)  
THE ABOVE DISCLOSURE IS IN CONNECTION WITH THE FOLLOWING MATTER:  


Name of Person Consenting **Peter C. JENNINGS**  
Signature of Person Consenting   
Date **12/02/02**

(NOTE: Execution of this box is required under the Privacy Act of 1974 where the person being represented is a citizen of the United States or an alien lawfully admitted for permanent residence.)

This form may not be used to request records under the Freedom of Information Act or the Privacy Act. The manner of requesting such records is contained in 8CFR 103.10 and 103.20 Et. SEQ.



**ROUTING AND TRANSMITTAL SLIP**

Date

TO: (Name, office symbol, room number, building, Agency/ Post)	Initials	Date
1. 14 - 2 Mobile	SK	
2. - 123		
3.		
4.		
5.		

Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

**REMARKS**

*Peter Jennings*

A

(b)(6)

*DOB: 7/28/38*

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/ Post)	Room No. — Bldg.
	Phone No.

NSN 7540-00-935-5862  
5041-103


**OPTIONAL FORM 41** (Rev. 1-94)  
 Prescribed by GSA  
 UNICOR FPI - SST

### Case Status

Application ID:  Form Number: N400

(b)(6)

**Applicant Information**

Application Number: A  Mailroom Dt: 02/03/2003 12:00:00 PM  
 Applicant Name: JENNINGS, PETER  
 Mailing Address:  MANHATTAN, NY 10023  
 Current INS Location: VERMONT  
 Naturalization Date: no data  
 Birth Date: 07/29/1938  
 Payment: no data Status: no data Fee Amount: \$0

**Attorney Information**

Attorney Name: VLRTUE, PAUL, W  
 Attorney State License #: - none -  
 INS Attorney #: - none -  
 VOLAG #: - none -  
 Address:  
 555 13TH STREET N W  
 WASHINGTON, DC 20004

**Match Information**

Name: JENNINGS, PETER C DOB: 07/29/1938 COB: CANAD FCO: NSC Last Updated: 02/18/2003

**Fingerprint Card Result**

Case	Result	User	Modified Date	Modified Result	Modified User
02/2003	Non-Ident	FD258EE			

**Name Result**

Case	Result	User	Modified Date	Modified Result	Modified User

**Status**

Priority	ID	Description	Status	State Date	Expected Start	Expected Expire
low		Creates the Application record	Inactive	02/12/2003	02/13/2003	02/13/2003
low		Schedule the Interview	Inactive	04/29/2003	04/29/2003	04/29/2003

**Activity**

ID	Description	Date/Time	End Condition
7686A	Request Initial Interview	04/29/2003 06:52 AM	PlacedInQ
low	Converted N400 Data	04/28/2003 08:52 AM	
S_DMN	Complete File Review Process	04/25/2003 04:06 PM	OK
low	FBI Name Check	04/25/2003 03:28 PM	Expired
low	Merge for initial scheduling control point	04/25/2003 03:28 PM	
S_DMN	FD-258 Card Received by the Service Center	04/02/2003 03:35 PM	
low	Check FBI	04/02/2003 02:27 PM	OK
low	Missing FBI Evidence	04/02/2003 02:27 PM	DataFound
low	Request A-File Retrieval	03/25/2003 01:28 PM	OK
low	Produce fingerprint notice	02/26/2003 01:18 AM	NtSent
S_DMN	Update fingerprinting status on External System (Claim...	02/25/2003 09:24 PM	
2533B	Schedule finger printing	02/25/2003 09:21 PM	Sched

(b)(6)

### Case Status

Application ID:  Form Number: N400

2533B	Request to Schedule Fingerprinting	02/21/2003	03:04	PM	PlacedInQ
S DMN	Extract Initial NACS data from Claims 4.0	02/21/2003	09:07	AM	OK
S DMN	Initialize Fingerprint scheduling on SID mainframe system	02/19/2003	04:28	PM	
low	Produce Initial Notice	02/19/2003	02:40	AM	NtSent
low	Start Request to schedule fingerprinting	02/18/2003	11:19	AM	Expired
low	Merge for Request to schedule fingerprinting	02/18/2003	10:14	AM	
low	Merge for Initial Notice production control point	02/18/2003	10:14	AM	
S DMN	Start Data Verification from CIS	02/18/2003	10:14	AM	OK
S DMN	Request A-Num Verification from CIS	02/13/2003	03:50	PM	OK
9407A	Data Entry	02/12/2003	12:48	PM	AnumProv
07A	Data Entry	02/12/2003	12:48	PM	FCE
407A	Data Entry	02/12/2003	12:48	PM	MissFBI
4535B	Received By Mailroom	02/06/2003	04:13	PM	

- End of Case Status report -

CIMFTD  
COMMAND:

(b)(6)

IMMIGRATION AND NATURALIZATION SERVICE  
CIS - FILE TRANSFER DISPLAY (FTD)

05/09/03  
09:29:46

A#:  NAME: JENNINGS, PETER

DOB: 07291938

PREVIOUS FCO: NRC  
CURRENT FCO: ESC  
REQUEST FCO: ESC

FCO CREATING SUB-FILE:  
SUB-FILE CREATION IND:

FILE LOCATED IND: C (FILE TRANSFER COMPLETE)

DATE FTR: 02242003 (MMDDYYYY)  
DATE FTI: 02252003  
DATE FTC: 03042003

ACCESSION NUMBER: 0000  
INS BOX NUMBER:

PERSON/ACTION: N-400

REQUEST NUMBER:  
2ND REQUEST DATE:  
3RD REQUEST DATE:

YOU MAY REQUEST A DISPLAY OF ANOTHER A-FILE BY KEYING A DIFFERENT A-NUMBER.

CLEAR EXIT    PF3 REFRESH    PF4 FTS MENU    PF5 HELP    PF6 CIS MAIN MENU

(b)(6)

Request for Applicant to Appear for Naturalization Initial Interview			NOTICE DATE May 22, 2003
CASE TYPE N400 Application For Naturalization			INS A# [REDACTED]
APPLICATION NUMBER [REDACTED]	RECEIVED DATE February 03, 2003	PRIORITY DATE February 03, 2003	PAGE 1 of 1
APPLICANT NAME AND MAILING ADDRESS PETER CHARLES JENNINGS [REDACTED] MANHATTAN NY 10023  [Barcode]		<b>Please come to:</b> USINS MANHATTAN CENTER 26 FEDERAL PLAZA 7TH FLOOR ROOM 7-700 MAIN ROOM NEW YORK NY 10278 <b>On (Date):</b> Friday, May 30, 2003 <b>At (Time):</b> 09:00 AM	
<p>You are hereby notified to appear for an interview on your Application for Naturalization at the date, time, and place indicated above. <b>Waiting room capacity is limited. Please do not arrive any earlier than 30 minutes before your scheduled appointment time.</b> The proceeding will take about two hours. If for any reason you cannot keep this appointment, return this letter immediately to the INS office address listed below with your explanation and a request for a new appointment; otherwise, no further action will be taken on your application.</p> <p>If you are applying for citizenship for yourself, you will be tested on your knowledge of the government and history of the United States. You will also be tested on reading, writing, and speaking English, unless on the day you filed your application, you have been living in the United States for a total of at least 20 years as a lawful permanent resident and are over 50 years old, or you have been living in the United States for a total of 15 years as a lawful permanent resident and are over 55 years old, or unless you have a medically determinable disability (you must have filed form N648 Medical Certification for Disability Exception, with your N400 Application for Naturalization).</p> <p><b>You MUST BRING the following with you to the interview:</b></p> <ul style="list-style-type: none"><li>• This letter.</li><li>• Your Alien Registration Card (green card).</li><li>• Any evidence of Selective Service Registration.</li><li>• Your passport and/or any other documents you used in connection with any entries into the United States.</li><li>• Those items noted below which are applicable to you:</li></ul> <p>If applying for NATURALIZATION AS THE SPOUSE of a United States Citizen;</p> <ul style="list-style-type: none"><li>• Your marriage certificate.</li><li>• Proof of death or divorce for each prior marriage of yourself or spouse.</li><li>• Your spouse's birth or naturalization certificate or certificate of citizenship.</li></ul> <p>If applying for NATURALIZATION as a member of the United States Armed Forces;</p> <ul style="list-style-type: none"><li>• Your discharge certificate, or form DD 214.</li></ul> <p>If copies of a document were submitted as evidence with your N400 application, the originals of those documents should be brought to the interview.</p> <p><b>PLEASE keep this appointment, even if you do not have all the items indicated above.</b></p>			
If you have any questions or comments regarding this notice or the status of your case, please contact our office at the below address or customer service number. You will be notified separately about any other cases you may have filed.			
<b>INS Office Address:</b> US IMMIGRATION AND NATURALIZATION SERVICE 7TH FLOOR ROOM 7-700 26 FEDERAL PLAZA NEW YORK NY 10278-		<b>INS Customer Service Number:</b> (802) 527-4913  APPLICANT COPY [Barcode]	

# IN THE DIVORCE REGISTRY

Matrimonial cause proceeding in the Divorce Registry  
treated by virtue of Section 4 of the Matrimonial Causes  
Act 1967 as pending in a divorce county court.

Between ANNE EMILE (otherwise ANNE) JENNINGS Petitioner  
and PETER CHARLES JENNINGS Respondent  
and KATALIN ILONA MARTON Co-Respondent

Referring to the decree made in this cause

on the 23<sup>RD</sup> day of AUGUST 19 79

whereby it was decreed that the marriage solemnised

on the 13<sup>TH</sup> day of SEPTEMBER 19 73

at New York N.Y. in the United States of  
America

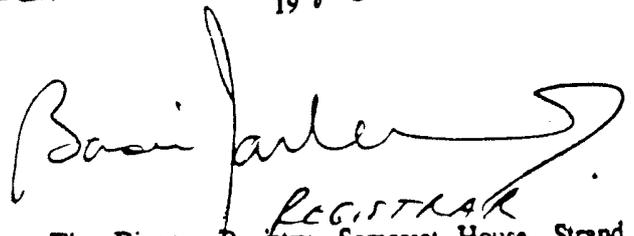
between ANNE EMILE (otherwise ANNE) JENNINGS the petitioner  
and PETER CHARLES JENNINGS the respondent

be dissolved unless sufficient cause be shown to the court within six weeks from the making  
thereof why the said decree should not be made absolute, and no such cause having been  
shown, it is hereby certified that the said decree was

on the 11<sup>TH</sup> day of SEPTEMBER 19 79

made final and absolute and that the said marriage was thereby dissolved.

Dated this 3<sup>RD</sup> day of MARCH 19 80

  
REGISTRAR

Address all communications for the Court to The Divorce Registry, Somerset House, Strand,  
London, WC2R 1LP quoting the number in the top right hand corner of this form. The Court  
Office at the Divorce Registry is open from 10 a.m. till 4.30 p.m. Mondays to Fridays.

D.241

THE HON., CARLOS LOZCOYA ALARCON, SECRETARY OF THE SECOND CIVIL COURT OF THE DISTRICT OF BRAVOS, STATE OF CHIHUAHUA, REPUBLIC OF MEXICO,

C E R T I F I E S :

That in the suit for absolute divorce instituted by VALERIE JENNINGS against PETER JENNINGS, the following records are filed in this Court:

J U D G M E N T : City of Juarez, Chihuahua, December 18, 1970.

WHEREAS: There was called for hearing and final determination the suit for absolute divorce instituted by VALERIE JENNINGS against PETER JENNINGS (File 3972/970). The following were the findings:

By complaint dated in this City on the 12th., of September 1970, VALERIE JENNINGS, submitting herself expressly to the jurisdiction of this Court filed suit for absolute divorce against her husband, PETER JENNINGS, alleging as grounds: incompatibility of temperaments, declaring: that the marriage was contracted on the 21st., of September 1963, in Toronto, County of York, Ontario, Canada, as it appears from the proper certificate submitted with translation into Spanish. That there are no children issue of the marriage; the parties have entered into a Separation Agreement on the 28th., of June 1967 and an amendment to the same (ratified) the 12th., of June 1970 and the 28th., of August 1970; praying that they be incorporated in the decree by reference, but they shall not be merged therein, but shall survive the decree and shall be binding and conclusive on the parties at all times.

The suit was entered and notification to the defendant was ordered and as the plaintiff VALERIE JENNINGS, appeared in person in this Court to file her complaint before the presiding Judge, she was notified of said order and she then declared; that she ratifies her divorce complaint in all its parts including her express submission to the jurisdiction of this Court and exhibited the certificate of her registration in the Municipal Registry of this City.

Through his motion dated the 18th., inst., Attorney Carlos Monges Caldera, appeared in Court as attorney-in-fact for the defendant PETER JENNINGS, answered the complaint entered into a confession of judgment.

submit his consent expressly to the jurisdiction of this Court asking for decision which is now rendered by virtue of the fact that all the legal requirements have been complied with including the payment for publication of same as per certificate No. 35-4146, issued by the Collector of Revenue of this City;

WHEREAS: This Court is competent to determine the present case pursuant to Articles 22 and 24 of the Divorce Law, because the plaintiff proved to be registered in the Municipal Registry of this City and in accordance with Article 23 of the same Law, because both parties submitted expressly to the jurisdiction of this Court.

The existing marriage was substantiated by the proper certificate submitted with translation into Spanish in conformity with Article 28 of the said Law.

Plaintiff alleged as grounds for divorce: incompatibility of temperaments as provided by Section XIX of Article 3 of the Divorce Law, and as the defendant entered into a confession of all the allegations of the complaint, the aforesaid grounds were duly proven in accordance with Article 370 of the Code of Civil Procedures.

It was stated in the complaint that there are no children issue of the marriage, hence nothing can be resolved in this respect and the Separation Agreement entered into between the parties and the Amendment of same, is hereby incorporated in this decree in such terms as requested.

THEREFORE, based on Articles 1, 2, 10, 37, 43, 44 and 45 of the Divorce Law, IS DECREED:

FIRST: The marriage contracted by PETER JENNINGS and VALERIE JENNINGS, on the 21st., of September 1963, in Toronto, County of York, Ontario, Canada, is hereby declared dissolved with all its legal consequences. Both parties are now free to remarry.

SECOND: The Separation Agreement entered into between the parties on the 14th., of June 1967 and Amendment of the same (ratified) on June 12, and August 12, 1970, are hereby incorporated in this decree by reference, but they are not recorded herein but shall survive the decree and shall be binding and conclusive on the parties at all times.

THIRD: This judgment is to be registered and published and certified copies

supplied to the parties concerned as requested and the records are to be filed in due course.

Thus this final judgment of the Hon., Leticia Barragan Jaramillo, Judge of the Second Civil Court of the District of Bravos.- I certify.- L. Barragan J.- C. Lozoya A.- Scrolls.

O R D E R : City of Juarez, Chihuahua, December 18, 1970.

Whereas, in view of the fact that PETER JENNINGS and VALERIE JENNINGS, the parties within this action accepted expressly the foregoing judgment which dissolved the bonds of their marriage, the said judgment is now declared final and conclusive in accordance with the Law. It was ruled and signed by the Hon., Judge of the Second Civil Court of the District of Bravos.- I certify.- L. Barragan J.- C. Lozoya A.- Scrolls.

THIS IS A TRUE AND EXACT COPY OF ITS ORIGINAL, IT IS ISSUED ON ONE LEGAL PAGE TO THE INTERESTED PARTIES AND AFTER HAVING BEEN DULY COMPARED WITH ITS ORIGINAL, IT IS AUTHORIZED AND SIGNED ON THE 19TH., DAY OF DECEMBER 1970, IN THE CITY OF JUAREZ, CHIHUAHUA, MEXICO.- I CERTIFY.-

THE SECRETARY:-

/s/ Carlos Lozoya Alarcon.

EL CIUDADANO CARLOS LÓPEZ ALARCON, SECRETARIO DEL JUZGADO SEGUNDO DE LO CIVIL DEL DISTRITO BRAVOS, ESTADO DE CHIHUAHUA, REPUBLICA MEXICANA, CERTIFICA que en el juicio de divorcio necesario promovido por la señora VALERIE JENNINGS en contra del señor PETER JENNINGS, obran las siguientes constancias: - - - -

**R E S O L U C I O N** :- Ciudad Juárez, Chihuahua, a dieciocho de diciembre de mil novecientos setenta. - - - -

VIESTO para resolver en definitiva el juicio de divorcio necesario promovido por la señora VALERIE JENNINGS, en contra del señor PETER JENNINGS (Expediente 3972/970); y, - - - -

**R E S U L T A N D O** :- Por escrito fechado en esta Ciudad el día doce de septiembre del año en curso, la señora VALERIE JENNINGS, sometiéndose expresamente a la jurisdicción de este Juzgado, promovió juicio de divorcio necesario en contra de su esposo el señor PETER JENNINGS, alegando como causa la incompatibilidad de caracteres y exponiendo además: que el matrimonio fue contraído el día 21 de Septiembre de 1963 en Toronto, Condado de York, Ontario, Canada, como consta del certificado respectivo que obran autos con su traducción al castellano; que de dicho matrimonio no existen hijos y que las partes han celebrado un convenio de separación con fecha 28 de junio de 1967 y enmienda al mismo (ratificado) con fechas 12 de junio de 1970 y 28 de agosto de 1970, los cuales se piden se incorporen por referencia a dicha sentencia; no obstante no correrá la suerte del fallo, sino que subsistirá siendo obligatorio y definitivo para las partes en todo tiempo. - - - -

SE DIO ENTRADA A LA DEMANDA mandándose emplazar al demandado en la forma solicitada y habiendo comparecido personalmente ante el suscrito Juez la actora señora VALERIE JENNINGS, a presentar su demanda, se le notificó el acuerdo que dió entrada a aquella y dijo: se ratifica en todas sus partes la demanda, incluso en lo que se refiere a la sumisión expresa que hace a la jurisdicción de este Juzgado y exhibió el certificado de su inscripción en el registro Municipal de esta Ciudad. - Por escrito fechado el día dieciocho de los corrientes, el señor Licenciado Carlos Monges Caldera, como apoderado jurídico del demandado señor PETER JENNINGS, contestó la demanda entablada en contra de éste, confesándola en todas sus partes, manifestando que lo somete expresamente a la jurisdicción de este Juzgado y pidiendo la resolución que hoy se dicta en atención a que se han satisfecho todos los requisitos legales, inclusive el del pago de la publicación de la misma según certificado número 35-4146 expedido por la Recaudación de Rentas de esta Ciudad; y, - - - -

**C O N S I D E R A N D O** :- Es competente este Juzgado para resolver en el presente

JUZGADO SEGUNDO DE LO CIVIL  
DISTRITO BRAVOS  
CIUDAD DE JUÁREZ, CHIHUAHUA

NOTAJADO

nio de Separación celebrado entre los cónyuges el día 28 de Junio de 1967 y anulado al mismo (ratificado) con fechas 12 de Junio y 28 de Agosto de 1970, no obstante no corrará la sueta del fallo sino que subsistirá, siendo obligatorio y definitivo para las partes en todo tiempo.

TERCERO.- Regístrese la presente resolución, publíquese, dense a los interesados las copias certificadas que soliciten y en su oportunidad archívense los autos.

Así definitivamente juzgando lo sentenció y firma el C. Licenciado Leticia Barragán Jaramillo, Juez Segundo de lo Civil del Distrito Bravos que actúa con el Secretario que dá fé.  
L. Barragán J.- C. Lozoya A.- Rúbricas "

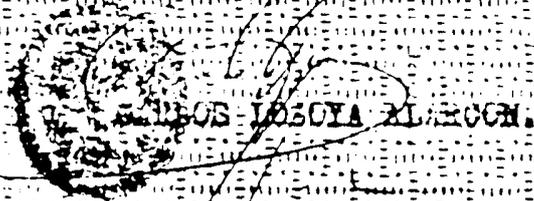
A C U E R D O - Ciudad Juárez, Chihuahua, a dieciocho de diciembre de mil novecientos setenta.

Vista la expresa conformidad de las partes con la sentencia dictada en este juicio el día de hoy por la cual quedó disuelto el vínculo matrimonial que unía a los señores PETER JAMMINGS con VALERIE JAMMINGS, se declara que dicha sentencia ha causado ejecutoria conforme a la Ley.

Lo acordó y firma el C. Juez Segundo de lo Civil del Distrito Bravos.- Doy fé.- L. Barragán J.- C. Lozoya A.- Rúbricas "

ES COPIA FIEL Y EXACTA SACADA DE SUS ORIGINALES PARA PARTE TERCERA SACADA EN UNA HOJA UTIL, DABIDAMENTE COMENDADA, SE AUTORIZA Y FIRMA EN CIUDAD JUAREZ, CHIHUAHUA, MEXICO, A LOS DIECINUEVE DIAS DEL MES DE DICIEMBRE DE MIL NOVECIENTOS SETENTA, DOY FÉ

EL SECRETARIO.

  
CARLOS LOZOYA ALARCON.

JUZGADO SEGUNDO DE LO CIVIL  
DISTRITO BRAVOS  
CIUDAD JUAREZ, CHIHUAHUA

MOORE

STATE OF CHIHUAHUA )  
CONSULATE OF THE UNITED )  
STATES OF AMERICA ) ss:  
AT CIUDAD JUAREZ )

I, Louis Villalovos, Consul of the United States of America at Ciudad Juarez, Chihuahua, Mexico, duly commissioned and qualified, do hereby certify that

CARLOS LOZOYA ALARCON-----  
whose true signature (s) and official seal (s) are respectively subscribed and affixed to the annexed document was (were respectively) on the 19 day of DECEMBER 1970, the date thereof, Secretary of the Second Civil Court, ( Secretario del Juzgado Segundo de lo-Civil, ), Eravos District, Ciudad Juarez, Chihuahua, Mexico, ---

duly commissioned and qualified, to whose official acts, faith and credit are due.

For the contents of the annexed document, the Consulate assumes no responsibility, nor for the validity of this document, or for its acceptability in any state in the United States.

IN WITNESS THEREOF I have hereunto set my hand and affixed the seal of this Consulate at Ciudad Juarez, Chihuahua, Mexico, this 26 day of JANUARY 1971.

  
Louis Villalovos  
Consul of the United States  
of America.

Fee \$2.50  
Item no. 48

Sworn to before me this 28th.,  
day of December 1970.-

Notary Public for the State of Texas  
In and for El Paso County, Texas  
My commission expires June 1, 1971

STATE OF TEXAS        )  
                          ) ss. ;  
COUNTY OF EL PASO)

Concepcion A. Hopper, being duly sworn, deposes  
and says;

I have good and sufficient knowledge of both the English and the Spanish languages, I have many years of experience in making translations of legal instruments from the English into the Spanish and vice-versa; the foregoing translation taken from the original certified copy of the final divorce decree rendered in the case of;

VALERIE JENNINGS vs.  
PETER JENNINGS

by the Hon., Judge of the Second Civil Court of the District of Bravos, Cnihuahua, Mexico, on the 18th., of December 1970, is true and correct.



  
Sworn to before me this 28th.,  
day of December 1970.-

Juan J. Imadori, Notary Public  
in and for El Paso County, Texas  
My commission expires June 1, 1971



Pamela I. Anderson  
Managing Director

January 31, 2003

Paul W. Virtue, Esq.  
Hogan & Hartson  
555 Thirteenth Street N.W.  
Washington, DC 20004

Re: Peter Jennings

Dear Mr. Virtue,

My name is Pamela Anderson. I am a Managing Director in the JPMorgan Private Bank. I have personally managed Peter Jennings' relationship for the past eight years.



(b)(6)

I hope this information is satisfactory.

Should you require additional information, please do not hesitate to contact me at 212-464-0742.

Sincerely,

cc: Mark J. Weinstein, Esq.

George & Company  
P.O. Box 465  
Hudson, MA. 01749-0465

December 20, 2002

U.S. Department of Justice  
Immigration and Naturalization Service  
Washington, D.C.

Re: Peter Charles Jennings (b)(6)  
INS A [REDACTED]  
Application for Naturalization  
Payment of Child Support

Dear Sir or Madam:

Every year at the end of the year since 1995, Mark Weinstein, a partner of Squadron. Ellenoff, Plesent & Sheinfeld now a part of Hogan & Hartson, received a list of clothing expenses from Mr. Jennings former spouse, Kati Marton. He forwarded the bill to me, an employee of the firm from September 1990 – April 2002, I verified the accuracy of the amount, and obtained his approval to pay it. I then requested that Chase Manhattan Bank, now J.P. Morgan Chase, transfer the amount due from Mr. Jennings' account to Ms. Marton's. The bills ranged in cost from [REDACTED] per annum.

Very truly yours,

(b)(6)



Susan R. George

VENDOR: IMMIGRATION & NATURALIZATION

CHECK NO. 342565

OUR REF. NO.	YOUR INV. NO.	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN	NET CHECK AMOUNT
875052	FEE	01/30/03	188.00	188.00	.00	188.00

CHECK NO. | CHECK DATE | VENDOR NO.  
 342565 | 01/31/03 | I10013

**HOGAN & HARTSON L.L.P.**

ATTORNEYS AT LAW  
 555 13TH STREET, N.W.  
 WASHINGTON, D.C. 20004

CHECK NO. 342565

BANK OF AMERICA  
 WASHINGTON, D.C.

15-11  
540

CHECK AMOUNT

188.00

ONE HUNDRED EIGHTY-EIGHT AND 00/100

PAY  
 TO THE  
 ORDER OF IMMIGRATION & NATURALIZATION  
 SERVICE

*Jamell K. Kessler*  
 AMOUNTS OVER \$500. REQUIRE TWO SIGNATURES  
 AUTHORIZED SIGNATURE

⑈ 342565 ⑈ ⑆056001201⑆ 001830002012⑈

VENDOR: IMMIGRATION & NATURALIZATION

CHECK NO. 342562

OUR REF. NO.	YOUR INV. NO.	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN	NET CHECK AMOUNT
875054 FEE		01/30/03	50.00	50.00	.00	50.00

CHECK NO.	CHECK DATE	VENDOR NO.
342562	01/31/03	I10013

**HOGAN & HARTSON L.L.P.**  
 ATTORNEYS AT LAW  
 555 13TH STREET, N.W.  
 WASHINGTON, D.C. 20004

CHECK NO. 342562

BANK OF AMERICA  
 WASHINGTON, D.C. 15-12  
540

CHECK AMOUNT  
 50.00

FIFTY AND 00/100

PAID TO THE ORDER OF IMMIGRATION & NATURALIZATION SERVICE

AMOUNTS OVER \$500 REQUIRE TWO SIGNATURES  
 AUTHORIZED SIGNATURE

⑈ 342562 ⑈ ⑆05400⑆204⑆ 001920082012⑈

At an I.A.S. Part of the  
Supreme Court of the State  
of New York, held in and  
for the County of New York,  
at the Courthouse located  
at 60 Centre Street, New  
York, New York, on the  
day of ~~March~~ 1995.

APR 13 1995

P R E S E N T :

PHYLLIS GANCEL-JACOB  
J.S.C.

HONORABLE

J U S T I C E .

-----X

KATALIN MARTON,

Plaintiff,

JUDGMENT OF DIVORCE

-against-

Index No. 95-300365

PETER JENNINGS,

Defendant.

-----X

The Plaintiff having brought this action for a Judgment of Divorce in favor of Plaintiff as against Defendant dissolving the marriage heretofore existing between the parties by reason of the constructive abandonment of Plaintiff by Defendant and a Summons with notice, bearing the notation "Action for Divorce" and a statement of any ancillary relief demanded having been duly served personally upon Defendant within the State of New York, and Defendant, by Affidavit sworn to on the 13th day of January, 1995, having waived his right to interpose an answer to Plaintiff's Verified Complaint, and Plaintiff having appeared by her counsel ~~W. E. ...~~ (Louis I. Newman, Esq., of counsel)

and Defendant having appeared by his counsel, Franklin Weinrib Rudell and Vassallo, P.C. (John Vassallo, Esq., of counsel), and the parties having settled all outstanding issues herein pursuant to a Separation Agreement, dated as of December 30, 1994, (the "Agreement"), and Plaintiff having applied to the Court on due notice to Defendant for judgment for the relief demanded in Plaintiff's Verified Complaint, and this matter having been set down before me, and Plaintiff having presented Plaintiff's written proof in support of the essential allegations of Plaintiff's Verified Complaint, to wit: that the Defendant constructively abandoned Plaintiff by refusing, for a period in excess of one year

(b)(6)

and said proof having been heard and considered by me, I decide and find as stated in the separate Findings of Fact and Conclusions of Law under even date herewith:

#### JUDGMENT

NOW, on motion of Wohl, Newman, Zich & Entwistle, attorneys for Plaintiff, it is

ORDERED, ADJUDGED AND DECREED that the marriage between Katalin Marton, Plaintiff, and Peter Jennings, Defendant, be and the same is hereby dissolved by reason of the constructive abandonment of Plaintiff by Defendant in or about September, 1993 and continuing for a period in excess of one year prior to the commencement of this action (DRL § 170(2)); and it is further

ORDERED, ADJUDGED AND DECREED that the Agreement, a copy of which is annexed hereto and incorporated in this Judgment by reference, shall survive and shall not be merged in this Judgment, and the parties are hereby directed to comply with every legally enforceable term and provision of said Agreement, as if such terms and provisions were set forth in their entirety herein, and this Court retains jurisdiction of this matter concurrently with the Family Court for the purposes of specifically enforcing such of those provisions of the Agreement as are capable of specific enforcement, to the extent permitted by law, and of making such further judgment with respect to maintenance, support, custody or visitation as it finds appropriate under the circumstances existing at the time the application for that purpose is made to it, or both; and it is further

(b)(6) ORDERED, ADJUDGED AND DECREED that the Parties are awarded custody of the infant issue of the marriage, to wit: Elizabeth Jennings, born [REDACTED] and Christopher Jennings, born [REDACTED] in accordance with the "Co-Parenting Agreement" set forth in Article VIII of the Agreement, and it is further

(b)(6) ORDERED AND ADJUDGED that the Defendant, during his lifetime, shall pay to the Plaintiff, as and for the support of each of the Children until each respective child's emancipation, as "emancipation" is defined in Article XVI of the Agreement, when the Defendant's obligation of child support for such respective child shall cease, the sum of [REDACTED] [REDACTED] commencing o

January 1, 1995, and continuing on the first day of each and every

(b)(6)



with both the Plaintiff and Defendant, the full child support payable to the Plaintiff shall resume, and it is further

**ORDERED AND ADJUDGED** that the Defendant shall, in addition to the provisions for support contained herein, until each child's emancipation as defined in Article XVI of the Agreement:

- a) Pay directly to the provider of such services or goods, all medical, dental, optometrist, ophthalmological, orthodontic, hospital, health care, psychiatric, psychological, surgical, nursing, rehabilitative, pharmaceutical and related expenses of the Children.
- b) Pay directly the Children's school (defined herein as Middle, Secondary and College) expenses, including, but not limited to, tuition, room, board, books, school supplies, laboratory and other fees, tutoring, personal computers, counselling, admission preparatory courses, admission testing and the Children's actual costs related to visiting and/or interviewing at schools preparatory to or part of the application/ admissions procedures.
- c) Pay to the Plaintiff the costs of the Children's clothing (up to a maximum of  per year per child). Such sum or any portion(s) thereof shall be reimbursed to the

(b)(6)

Plaintiff in accordance with subparagraph i) hereof. The selection and purchase of clothing contemplated by this subparagraph shall be in the Plaintiff's sole discretion. The Defendant shall not (i) question or challenge any such purchase(s) or (ii) refuse or delay in reimbursing the Plaintiff in accordance herewith.

- d) Pay directly for the Children's camp, organized after-school activities, transportation to and from school and after school activities, transportation to and from college.
- e) Pay directly all costs relating to the ownership of a horse in the New York area, including, but not limited to, Elizabeth's riding clothing, stable, horse feed, veterinarian, grooming, care, equipment & saddles and attending and participating in horse shows which participation shall in each case (except shows on Long Island, New York for which no prior approval is required) be approved in advance by the Defendant, whose approval shall not be unreasonably withheld.
- f) Unless the Plaintiff shall accompany the Children, in which event she shall pay for same (except when she is present to chaperon organized activities in which the child or Children participate), pay directly all entertainment expenses incurred for or on behalf of the Children, including, but not limited to, shows, movies, theater, concerts, sports events and trips with friends.
- g) Unless the Plaintiff shall accompany the Children, in which event she shall pay for same, pay directly the expenses of the Children's summer and winter vacations.

- h) Pay directly the Children's expenses for hobbies and non academic recreational activities including, but not limited to, cosmetics, music, dance, sports (i.e. tennis, horsebackriding) and similar lessons or activities, and
  
- i) Whenever practicable, the Plaintiff shall cause the party to whom payment is due to transmit invoices to the Defendant, c/o Gretchen Babarovic, ABC News, 47 West 66th Street, New York, New York 10023-6298, or to such other person or persons as the Defendant may, from time to time, designate. Any other expenditures on behalf of the Children for which the Defendant is responsible under paragraph B of this Article, and for which the Plaintiff shall seek payment or reimbursement, shall be communicated to the Defendant by memorandum indicating the amount due, the purpose therefor, to whom payment is to be made, and when available, accompanied by appropriate invoice, receipt or proof of payment, as applicable. Whenever possible, all such requests for payment or reimbursement shall be submitted at one time and within three (3) weeks following the month in which the invoice was received or the expenditure made, whichever is applicable. Failure to include any specific request for payment or reimbursement within three (3) weeks after the end of the month in which the invoice was received or such expense was incurred shall not affect the subsequent submission and payment of any such item when submitted. Payments shall be made by the Defendant within seven (7) days of the date of receipt and forwarded to the person or entity as the Plaintiff may, from time to

time, designate. No invoices or requests for reimbursement or checks in payment thereof shall be transmitted by or through the Children, who shall not be asked to deliver any such materials, and it is further

ADJUDGED that:

a) the parties have voluntarily provided in the Agreement for child support exceeding the basic child support obligation provided in DRL §240(1-b) and said Agreement reciting, in compliance with DRL §240(1-b), that the parties have been advised of the provisions of DRL §240 (1-b); and

b) the amount of child support agreed to therein deviates from the basic child support obligation, for the following reasons:

i. although the parties have agreed to a Co-Parenting arrangement of the Children, the Husband has agreed to (b)(6) pay  per year per child for his child support obligation for the parties' Children;

ii. the parties have agreed that the Husband shall pay all expenses incurred in providing for the Children's secondary and college education and all school expenses;

iii. the parties have agreed that the Husband shall pay all medical and health care expenses incurred for or by the Children;

(b)(6) iv. the parties have agreed that the Husband shall pay: (i) up to  per child per year for their clothing allowance, (ii) for the Children's camp and related expenses, (iii) all horse and horse related expenses, (iv) all entertainment, (v) vacation, (vi) hobbies, and (vii) non academic recreational activities.

v. the share of the parties' marital assets which each party will be receiving pursuant to this Agreement combined with the amounts to be paid by the Husband for the support and maintenance of the Children pursuant to this Agreement will permit the Children to maintain the standard of living which they enjoyed before the parties separated.

And the Court having found the parties Agreement to deviate from the basic child support obligation is approved for the reasons set forth above, and it is further

**ORDERED AND ADJUDGED** that the Defendant shall maintain the Children and the Plaintiff as beneficiaries of his existing life insurance, set forth in Schedule B to the Agreement, during the minority of the children to fund, as if he was living, all of his obligations of child support under this Judgment and the Agreement in the event of his death, and if existing life insurance is inadequate for such purpose, he shall make, and shall keep in force during his lifetime, a Last Will and Testament or an intervivos trust bequeathing sufficient sums, outright or in trust, which together with said life insurance, shall provide sufficient funds

to satisfy the obligations of ~~child~~ support prior to an event of Emancipation as defined in the Agreement, and it is further

ORDERED, ADJUDGED AND DECREED that the Plaintiff is authorized to resume the use of her maiden name or other former surname, to wit: Katalin Marton.

The County Clerk of N.Y. County is respectfully directed to enter the judgment of divorce forthwith.

J.S.C.

PHYLLIS GANGEL-JACOB  
J.S.C.

ENTER :

J.S.C.

Norman Hood  
Clerk

FILED  
APR 13 1995  
COUNTY CLERK'S OFFICE  
NEW YORK

## Information Regarding Interview

Date/Time: Friday, May 30, 2003 at 10:00 a.m.

Location: USINS Manhattan Center  
26 Federal Plaza  
7<sup>th</sup> Floor Room 7-700  
Main Room  
New York, NY 10278

**\*Enter at Duane Street side entrance.**

Point of Contact: Mrs. Crosby  
Telephone: (212) 264-0369

(b)(6)

Request for Applicant to Appear for Naturalization Initial Interview			NOTICE DATE May 21, 2003
CASE TYPE N400 Application For Naturalization			INS # A [REDACTED]
APPLICATION NUMBER [REDACTED]	RECEIVED DATE February 03, 2003	PRIORITY DATE February 03, 2003	PAGE 1 of 1
APPLICANT NAME AND MAILING ADDRESS PETER CHARLES JENNINGS c/o PAUL W VLRTUE HOGAN & HARTSON LLP 555 13TH STREET N W WASHINGTON DC 20004  ••••••••••••••••		<b>Please come to:</b> USINS MANHATTAN CENTER 26 FEDERAL PLAZA 7TH FLOOR ROOM 7-700 MAIN ROOM NEW YORK NY 10278 <b>On (Date):</b> Friday, May 30, 2003 <b>At (Time):</b> 09:00 AM	
<p>You are hereby notified to appear for an interview on your Application for Naturalization at the date, time, and place indicated above. <b>Waiting room capacity is limited. Please do not arrive any earlier than 30 minutes before your scheduled appointment time.</b> The proceeding will take about two hours. If for any reason you cannot keep this appointment, return this letter immediately to the INS office address listed below with your explanation and a request for a new appointment; otherwise, no further action will be taken on your application.</p> <p>If you are applying for citizenship for yourself, you will be tested on your knowledge of the government and history of the United States. You will also be tested on reading, writing, and speaking English, unless on the day you filed your application, you have been living in the United States for a total of at least 20 years as a lawful permanent resident and are over 50 years old, or you have been living in the United States for a total of 15 years as a lawful permanent resident and are over 55 years old, or unless you have a medically determinable disability (you must have filed form N648 Medical Certification for Disability Exception, with your N400 Application for Naturalization).</p> <p><b>You MUST BRING the following with you to the interview:</b></p> <ul style="list-style-type: none"><li>• This letter.</li><li>• Your Alien Registration Card (green card).</li><li>• Any evidence of Selective Service Registration.</li><li>• Your passport and/or any other documents you used in connection with any entries into the United States.</li><li>• Those items noted below which are applicable to you:</li></ul> <p>If applying for NATURALIZATION AS THE SPOUSE of a United States Citizen:</p> <ul style="list-style-type: none"><li>• Your marriage certificate.</li><li>• Proof of death or divorce for each prior marriage of yourself or spouse.</li><li>• Your spouse's birth or naturalization certificate or certificate of citizenship.</li></ul> <p>If applying for NATURALIZATION as a member of the United States Armed Forces:</p> <ul style="list-style-type: none"><li>• Your discharge certificate, or form DD 214.</li></ul> <p>If copies of a document were submitted as evidence with your N400 application, the originals of those documents should be brought to the interview.</p> <p><b>PLEASE keep this appointment, even if you do not have all the items indicated above.</b></p>			
If you have any questions or comments regarding this notice or the status of your case, please contact our office at the below address or customer service number. You will be notified separately about any other cases you may have filed.			
<b>INS Office Address:</b> US IMMIGRATION AND NATURALIZATION SERVICE 7TH FLOOR ROOM 7-700 26 FEDERAL PLAZA NEW YORK NY 10278-		<b>INS Customer Service Number:</b> (802) 527-4913  REPRESENTATIVE COPY	
			



Finger Print Receipt Notification

**THIS IS NOT A BILL**

NOTICE DATE  
02/20/2003

CASE TYPE

FD-258 FingerPrint Notice

APPLICATION NUMBER

(b)(6)

APPLICANT NAME

PETER C JENNINGS

MAILING ADDRESS

PETER C JENNINGS  
c/o

Manual Receipt Notice

Amount collected \$238.00

We have collected the fees listed below.

Fingerprint Fee     I-751     I-765     I-821     I-90     I-90A

N400

If you have any questions or comments regarding this notice or the status of your case, please contact our office at the below address or customer service number. You will be notified separately about any other cases you may have filed.

**INS Office Address:**

US IMMIGRATION AND NATURALIZATION SERVICE  
75 LOWER WELDEN STREET  
ST. ALBANS, VT 05479-0001

**INS Customer Service Number:**

1-(800) 375-5283

APPLICANT COPY



(b)(6)

Receipt			NOTICE DATE February 19, 2003
CASE TYPE N400 Application For Naturalization			INS # A [REDACTED]
APPLICATION NUMBER [REDACTED]	RECEIVED DATE February 03, 2003	PRIORITY DATE February 03, 2003	PAGE 1 of 1

APPLICANT NAME AND MAILING ADDRESS  
 PETER CHARLES JENNINGS  
 c/o PAUL W VLRTUE  
 HOGAN & HARTSON LLP  
 555 13TH STREET N W  
 WASHINGTON DC 20004

PAYMENT INFORMATION:

Single Application Fee:

•••••

The above application has been received by our office and is in process. Our records indicate your personal information is as follows:

Date of Birth: July 29, 1938  
 Address Where You Live: [REDACTED]  
 MANHATTAN NY 10023

Please verify your personal information listed above and immediately notify our office at the address or phone number listed below if there are any changes.

You will be notified of the date and place of your interview when you have been scheduled by the local INS office. You should expect to be notified within 540 days of this notice.

If you have any questions or comments regarding this notice or the status of your case, please contact our office at the below address or customer service number. You will be notified separately about any other cases you may have filed.

If you have other questions about possible immigration benefits and services, filing information, or INS forms, please call the INS National Customer Service Center (NCSC) at 1-800-375-5283. If you are hearing impaired, please call the NCSC TDD at 1-800-767-1833.

If you have access to the Internet, you can also visit INS at [www.ins.usdoj.gov](http://www.ins.usdoj.gov). Here you can find valuable information about forms and filing instructions, and about general immigration services and benefits. At present, this site does not provide case status information.

**INS Office Address:**  
 US IMMIGRATION AND NATURALIZATION SERVICE  
 75 LOWER WELDEN STREET  
 ST ALBANS VT 05479-

**INS Customer Service Number:**  
 (802) 527-4913

REPRESENTATIVE COPY



## Document Checklist

**All applicants must send the following 3 things with their N-400 application:**

1. A photocopy of both sides of your Permanent Resident Card (formerly known as the Alien Registration Receipt Card or "Green Card"). If you have lost the card, submit a photocopy of the receipt of your Form I-90, Application to Replace Alien Registration Receipt Card;
2. Two (2) identical color photographs, with your name and "A" number written lightly in pencil on the back of each. For details about the photo requirements, see part 5 of *A Guide to Naturalization* and the Form M-378 instructions distributed with your application. Do not wear eyeglasses or earrings for the photo. Note that if your religion requires you to wear a head covering, your facial features and your right ear must still be exposed in the photo for purposes of identification; AND
3. A check or money order for the application fee and the fingerprinting fee, as stated in the M-479 Current Naturalization Fees enclosure in the *Guide*. (Applicants 75 years of age or older are exempted from fingerprinting and the fingerprinting fee). Write your "A" number on the back of the check or money order.

**Send COPIES of the following documents, unless we ask for an original.**

**If an attorney or accredited representative is acting on your behalf, send:**

- A completed original Form G-28, "Notice of Entry of Appearance as Attorney or Representative."

**If your current legal name is different from the name on your Permanent Resident Card, send:**

- The document(s) that legally changed your name (marriage certificate, divorce decree, or court document).

**If you are applying for naturalization on the basis of marriage to a U.S. citizen, send the following 4 things:**

1. Evidence that your spouse has been a U.S. citizen for the last 3 years:
  - birth certificate (if your spouse never lost citizenship since birth), OR
  - naturalization certificate, OR
  - certificate of citizenship, OR
  - the inside of the front cover and signature page of your spouse's current U.S. passport, OR
  - Form FS240, "Report of Birth Abroad of a Citizen of the United States of America"
2. Your current marriage certificate; AND
3. Proof of termination of ALL prior marriages of your spouse (divorce decree(s), annulment(s), or death certificate(s)); AND
4. Documents referring to you and your spouse:
  - tax returns, bank accounts, leases, mortgages, or birth certificates of children, OR
  - IRS-certified copies of the income tax forms that you both filed for the past 3 years, OR
  - an IRS tax return transcript for the last 3 years.

**If you were married before, send:**

- Proof that ALL earlier marriages ended (divorce decree(s), annulment(s), or death certificate(s)).

**If you were previously in the U.S. military service, send:**

- A completed original Form G-325B, "Biographic Information."

**If you are currently in U.S. military service AND are seeking citizenship based on that service, send:**

- A completed original Form N-426, "Request for Certification of Military or Naval Service;" AND

- A completed original Form G-325B, "Biographic Information."

**If you have taken any trip outside of the United States that lasted for 6 months or more since becoming a Permanent Resident, send evidence that you (and your family) continued to live, work, and/or keep ties to the United States, such as:**

- An IRS tax return "transcript" or an IRS-certified tax return listing tax information for the last 5 years (or for the last 3 years if you are applying on the basis of marriage to a U.S. citizen)
- Rent or mortgage payments and pay stubs.

**If you have a dependent spouse or children who do not live with you, send:**

- Any court or government order to provide financial support; AND
- Evidence of your financial support (including evidence that you have complied with any court or government order), such as:
  - cancelled checks
  - money order receipts
  - a court or agency printout of child support payments
  - evidence of wage garnishments
  - a letter from the parent or guardian who cares for your children

**If you answer "Yes" to any of questions 1 through 15 in Part 7, send:**

- A written explanation on a separate sheet of paper.

**If you answer "No" to any of questions 1 through 5 in Part 8, send:**

- A written explanation on a separate sheet of paper.

**If you have ever been arrested or detained by any law enforcement officer for any reason, and no charges were filed, send:**

- An original official statement by the arresting agency or applicable court confirming that no charges were filed.

**If you have ever been arrested or detained by any law enforcement officer for any reason, and charges were filed, send:**

- An original or court-certified copy of the complete arrest record and disposition for each incident (dismissal order, conviction record, OR acquittal order).

**If you have ever been convicted or placed in an alternative sentencing program or rehabilitative program (such as a drug treatment or community service program), send:**

- An original or court-certified copy of the sentencing record for each incident; AND
- Evidence that you completed your sentence:
  - An original or certified copy of your probation or parole record, OR
  - Evidence that you completed an alternative sentencing program or rehabilitative program

**If you have ever had any arrest or conviction vacated, set aside, sealed, expunged, or otherwise removed from your record, send:**

- An original or court-certified copy of the court order vacating, setting aside, sealing, expunging, or otherwise removing the arrest or conviction, OR an original statement from the court that no record exists of your arrest or conviction.

**If you have ever failed to file an income tax return since you became a Permanent Resident, send:**

- All correspondence with the Internal Revenue Service (IRS) regarding your failure to file.

**If you have any federal, state, or local taxes that are overdue, send:**

- A signed agreement from the IRS or state or local tax office showing that you have filed a tax return and arranged to pay the taxes you owe; AND
- Documentation from the IRS or state or local tax office showing the current status of your repayment program.

**If you are applying for a disability exception to the testing requirement, send:**

- An original Form N-648, "Medical Certification for Disability Exceptions," completed less than 6 months ago by a licensed medical or osteopathic doctor or licensed clinical psychologist.

**If you did not register with the Selective Service and you 1) are male, 2) are 26 years old or older, and 3) lived in the United States in a status other than as a lawful nonimmigrant between the ages of 18 and 26, send:**

- A "Status Information Letter" from the Selective Service (Call 1-847-688-6888 for more information).

**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)**

Write your INS "A" number here:  
A

A. Your current legal name.

Family Name (Last Name)

Given Name (First Name)

Full Middle Name (If applicable)

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

Family Name (Last Name)

Given Name (First Name)

Full Middle Name (If applicable)

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

Family Name (Last Name)

Given Name (First Name)

Middle Name

Family Name (Last Name)	Given Name (First Name)	Middle Name
None		

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) \_\_\_\_\_

**FOR INS USE ONLY**

Bar Code	Date Stamp
Remarks	
Action	

Part 3. Information About You

Write your INS "A" number here

A [Redacted]

A. Social Security Number

[Redacted]

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

07/29/1938

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

11/26/1985

D. Country of Birth

Canada

E. Country of Nationality

Canada

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

[Redacted]

City

New York

County

New York

State

New York

ZIP Code

10023

Country

USA

B. Care of

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

Apartment Number

[Redacted]

[Redacted]

[Redacted]

City

[Redacted]

State

[Redacted]

ZIP Code

[Redacted]

Country

[Redacted]

C. Daytime Phone Number (If any)

[Redacted]

Evening Phone Number (If any)

( )

E-mail Address (If any)

[Redacted]

**Part 5. Information for Criminal Records Search**

Write your INS "A" - number here:  
A

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

A. Gender

Male  Female

B. Height

C. Weight

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	<u>1 0 / 1 9 9 8</u>	Present
<input type="text"/>	<u>1 2 / 1 9 9 3</u>	<u>1 0 / 1 9 9 8</u>
	__ / __ / __	__ / __ / __
	__ / __ / __	__ / __ / __
	__ / __ / __	__ / __ / __

(b)(6)

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	
American Broadcasting Co.	47 W. 66th Street New York, NY	8/3 __ / <u>1 9 6 4</u>	__ / Present	Journalist
		__ / __ / __	__ / __ / __	
		__ / __ / __	__ / __ / __	
		__ / __ / __	__ / __ / __	
		__ / __ / __	__ / __ / __	

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

Write your INS "A" number here:

A

527 days

29 trips

- A. How many total days did you spend outside of the United States during the past 5 years?
- B. How many trips of 24 hours or more have you taken outside of the United States during the past 5 years?
- 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.

Date You Left the United States <i>(Month/Day/Year)</i>	Date You Returned to the United States <i>(Month/Day/Year)</i>	Did Trip Last 6 Months or More?		Countries to Which You Traveled	Total Days Out of the United States
/ /	/ /	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please see attached	
/ /	/ /	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
/ /	/ /	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
/ /	/ /	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
/ /	/ /	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
/ /	/ /	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
/ /	/ /	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
/ /	/ /	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
/ /	/ /	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
/ /	/ /	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

**Part 8. Information About Your Marital History**

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

Freed

Katherine

Ann

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

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

4. Spouse's Social Security Number

[Redacted]

5. Home Address - Street Number and Name

Apartment Number

[Redacted]

City

State

ZIP Code

New York

NY

10023

**Part 8. Information About Your Marital History (Continued)**

Write your INS "A"- number here:  
A

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. Please see attached

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

Given Name (First Name)

Full Middle Name (If applicable)

(b)(6)

Part 8. Information About Your Marital History (Continued)

Write your DMC "A" number here:

A

--	--	--

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

Given Name (First Name)

Full Middle Name (If applicable)

Mallouf

Anne

Emile

--	--	--

Part 8. Information About Your Marital History (Continued)

Write your INS "A"- number here:

A

--

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

Given Name (First Name)

Full Middle Name (If applicable)

Godsoe

Valerie

--

**Part 9. Information About Your Children**

write your INS "A"- number here

(b)(6)

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.

2

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)
Elizabeth Ilona Marton Jennings				
Christopher Charles Jennings				
	__/__/__	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**

1. Have you **EVER** claimed to be a U.S. citizen (in writing or any other way)?  Yes  No
2. Have you **EVER** registered to vote in any Federal, state, or local election in the United States?  Yes  No
3. Have you **EVER** voted in any Federal, state, or local election in the United States?  Yes  No
4. Since becoming a Lawful Permanent Resident, have you **EVER** failed to file a required Federal, state, or local tax return?  Yes  No
5. Do you owe any Federal, state, or local taxes that are overdue?  Yes  No
6. Do you have any title of nobility in any foreign country?  Yes  No
7. Have you ever been declared legally incompetent or been confined to a mental institution within the last 5 years?  Yes  No

Part 10. Additional Questions (Continued)

Write your INS "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? [X] 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.

Table with 2 columns: Name of Group, Name of Group. Rows 1-5 contain: 1. Century Club, 2. New York Athletic Club, 3., 4., 5.

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

- a. The Communist Party? [ ] Yes [X] No
b. Any other totalitarian party? [ ] Yes [X] No
c. A terrorist organization? [ ] Yes [X] No

10. Have you EVER advocated (either directly or indirectly) the overthrow of any government by force or violence? [ ] Yes [X] 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 [X] 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? [ ] Yes [X] No
b. Any government in any area (1) occupied by, (2) allied with, or (3) established with the help of the Nazi government of Germany? [ ] Yes [X] No
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 [X] 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? [ ] Yes [X] No

14. Have you EVER failed to file a Federal, state, or local tax return because you considered yourself to be a "nonresident"? [ ] Yes [X] No

Part 10. Additional Questions (Continued)

Write your INS "A" number here

A

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?
16. Have you EVER been arrested, cited, or detained by any law enforcement officer (including INS and military officers) for any reason?
17. Have you EVER been charged with committing any crime or offense?
18. Have you EVER been convicted of a crime or offense?
19. Have you EVER been placed in an alternative sentencing or a rehabilitative program (for example: diversion, deferred prosecution, withheld adjudication, deferred adjudication)?
20. Have you EVER received a suspended sentence, been placed on probation, or been paroled?
21. Have you EVER been in jail or prison?

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.

Table with 4 columns: 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?
b. been a prostitute, or procured anyone for prostitution?
c. sold or smuggled controlled substances, illegal drugs or narcotics?
d. been married to more than one person at the same time?
e. helped anyone enter or try to enter the United States illegally?
f. gambled illegally or received income from illegal gambling?
g. failed to support your dependents or to pay alimony?
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?
24. Have you EVER lied to any U.S. government official to gain entry or admission into the United States?

**Part 10. Additional Questions (Continued)**

Write your INS "A" - number here:

A

**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:

A

[Redacted]

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)

[Handwritten Signature]

10/23/02

**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

Mark J. Weinstein

[Redacted]

Date (Month/Day/Year)

Preparer's Firm or Organization Name (If applicable)

Preparer's Daytime Phone Number

10/23/02

Hogan & Hartson, L.L.P.

(212) 476-8269

Preparer's Address - Street Number and Name

City

State

ZIP Code

551 Fifth Avenue

New York

NY

10176

**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

Officer's Printed Name or Stamp

Date (Month/Day/Year)

Complete Signature of Applicant

Officer's Signature

[Redacted]

[Redacted]

**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 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

[Redacted]

[Redacted]

(b)(6)

Peter Jennings A <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span>				
Trips Outside the U.S.				
Date Left the U.S. (Month/Day/Year)	Date Returned (Month/Day/Year)	Trip Last	Countries to Which Traveled	Total Days
		6 mos or more		Outside U.S.
7/20/2002	8/17/2002	No	Canada	27
3/26/2002	3/29/2002	No	Lebanon	2
1/25/2002	1/27/2002	No	British Virgin Islands	1
8/19/2001	8/29/2001	No	Canada	9
8/6/2001		No	England	
6/19/2001	6/20/2001	No	Canada	0
6/11/2001	6/17/2001	No	Israel; Italy	5
3/16/2001	3/18/2001	No	Mexico	1
3/8/2001	3/11/2001	No	British Virgin Islands	2
2/8/2001	2/9/2001	No	Canada	0
	12/3/2000			
8/6/2000	8/12/2000	No	Canada	5
6/17/2000	6/19/2000	No	Canada	1
3/31/2001	4/6/2001	No	Hungary	5
3/9/2000	3/25/2000	No	Lebanon; Jordan; Israel; India; Pakistan; Israel	15
2/4/2000	2/6/2000	No	Canada	1
10/26/1999	11/1/1999	No	India & Pakistan	4
10/17/1999	10/18/1999	No	Canada	0
10/9/1999	10/11/1999	No	Canada	1
8/15/1999	8/28/1999	No	England	12
7/31/1999	8/14/1999	No	Canada	13
6/3/1999	6/12/1999	No	Israel	8
2/19/1999	2/22/1999	No	Canada	2
12/26/1998	1/2/1999	No	British Virgin Islands	6
12/5/1998	12/6/1998	No	Canada	0
10/9/1998	10/12/1998	No	England	2
8/9/1998	8/24/1998	No	Canada	14
7/30/1998	8/9/1998	No	Turkey	9
6/12/1998	6/20/1998	No	Israel & China	7
2/19/1998	2/22/1998	No	Canada	2
1/19/1998	1/21/1998	No	Cuba (Pope's Visit)	5
12/26/1997	1/2/1998	No	St. Lucia	6
10/30/1997	11/3/1997	No	Israel	2
9/11/1997	9/14/1997	No	India	2
9/5/1997	9/8/1997	No	England	2
9/1/1997	9/2/1997	No	England	0
8/23/1997	8/29/1997	No	Canada	5
7/25/1997	8/18/1997	No	South Africa, Botswana, Zimbabwe	23
6/24/1997	7/7/1997	No	Hong Kong, China, Canada	12
6/2/1997	6/3/1997	No	Canada	0
5/17/1997	5/18/1997	No	Canada	0
5/5/1997	5/6/1997	No	Mexico	0

(b)(6)

Peter Jennings		A [REDACTED]		
Trips Outside the U.S.				
		Trip Last		Total Days
		6 mos or		Outside
Date Left the U.S.	Date Returned	more	Countries to Which Traveled	U.S.
(Month/Day/Year)	(Month/Day/Year)			
12/13/1996	12/16/1996	No	Israel	2
12/5/1996	12/8/1996	No	France	2
10/2/1996	10/6/1996	No	Israel	3
7/21/1996	8/5/1996	No	Canada	14
5/14/1996	5/15/1996	No	Canada	0
4/30/1996	5/1/1996	No	Cuba	0
3/2/1996	3/4/1996	No	England	1
12/15/1995	12/16/1995	No	England	0
11/24/1995	11/28/1995	No	St. Lucia	3
10/6/1995	10/9/1995	No	Canada	2
8/1/1995	8/31/1995	No	Canada	29
6/8/1995	6/11/1995	No	Switzerland	2
5/26/1995	5/29/1995	No	Bermuda	2
5/4/1995	5/16/1995	No	Russia, England, Iran	11
3/24/1995	4/2/1995	No	Canada	8
2/14/1995	2/15/1995	No	England	0
10/23/1994	10/28/1994	No	Jordan	4
7/30/1994	8/20/1994	No	Canada	20
7/11/1994	7/12/1994	No	Haiti	0
6/28/1994	7/4/1994	No	Turks & Caicos Islands	5
5/30/1994	6/8/1994	No	England & France	8
5/5/1994	5/9/1994	No	England	3
4/22/1994	4/30/1994	No	South Africa	7
4/3/1994	4/9/1994	No	Canada	5
2/4/1994	2/7/1994	No	Bosnia & England	2
1/7/1994	1/16/1994	No	Russia	8
12/23/1993	1/2/1994	No	France	9
11/12/1993	11/14/1993	No	Canada	1
6/16/1993	6/20/1993	No	Canada	3
3/18/1993	3/30/1993	No	Egypt	11
7/3/1992	7/7/1992	No	England, Austria & Hungary	3
10/22/1992	10/23/1992	No	Canada	0
12/5/1991	12/9/1991	No	Bolivia	3
10/24/1991	11/2/1991	No	Israel, Mideast & Spain	8
8/2/1991	8/31/1991	No	France	28
3/8/1991	3/10/1991	No	Canada	1

(b)(6)

Peter Jennings				
Trips Outside the U.S.				
Date Left the U.S. (Month/Day/Year)	Date Returned (Month/Day/Year)	Trip Last	Countries to Which Traveled	Total Days
		6 mos or more		Outside U.S.
11/12/1990	11/24/1990	No	Jordan, Iraq, Saudi Arabia, France, England	11
11/8/1990	11/11/1990	No	Canada	2
10/19/1990	10/21/1990	No	Canada	1
8/29/1990	9/4/1990	No	Canada	5
12/21/1989	1/2/1990	No	England	11
11/26/1989	12/5/1989	No	Czechoslovakia, West Germany, Italy, Malta, Belgium & England	8
11/16/1989	11/17/1989	No	Canada	0
11/9/1989	11/14/1989	No	East Germany	4
10/3/1989	10/7/1989	No	West Germany	3
7/7/1989	7/17/1989	No	Poland & France	9
6/16/1989	6/20/1989	No	England & Canada	3
5/26/1989	6/4/1989	No	England & Belgium	8
5/13/1989	5/14/1989	No	Canada	0
2/15/1989	2/27/1989	No	Korea & Japan	11
6/29/1988	7/4/1988	No	Canada	4
5/19/1988	6/2/1988	No	Soviet Union	11
2/26/1988	2/29/1988	No	Canada	2
11/21/1987	11/24/1987	No	France	2
9/29/1987	9/30/1987	No	Canada	0
6/5/1987	6/17/1987	No	Italy, England, Bahrain & Kuwait	10
5/13/1987	5/17/1987	No	Canada	3
Total Days Spent Outside U.S.				527



**RESIDENT ALIEN**

U.S. DEPARTMENT OF JUSTICE, IMMIGRATION AND NATURALIZATION SERVICE

**JENNINGS, PETER**

NAME

**07 29 38**

DOB

A

ALIEN NUMBER

**03 24 04**

CARD EXPIRES

*Peter Jennings*



(b)(6)



# HOGAN & HARTSON

L.L.P.

PAUL W. VIRTUE  
PARTNER  
(202) 637-5649  
PWVIRTUE@HHLAW.COM

COLUMBIA SQUARE  
555 THIRTEENTH STREET, NW  
WASHINGTON, DC 20004-1109  
TEL (202) 637-5600  
FAX (202) 637-5910  
WWW.HHLAW.COM

February 3, 2003

VIA OVERNIGHT MAIL

U.S. Immigration and Naturalization Service  
Vermont Service Center  
Attn: N-400 Unit  
75 Lower Welden Street  
St. Albans, VT 05479-0001

**Re: Application for Naturalization of Mr. Peter JENNINGS**

Dear Sir or Madam:

Enclosed for filing is the Application for Naturalization (Form N-400) of our client, Mr. Peter Jennings, a Canadian national. Mr. Jennings has been in valid permanent resident status since November 26, 1985. He has resided in the United States continuously since becoming a permanent resident and, with the exception of brief trips, he has been continuously physically present since that time. Mr. Jennings is a person of good moral character and has never been arrested or convicted of a crime. As such, Mr. Jennings is eligible for naturalization in the United States.

In support of Mr. Jennings' application, enclosed are the following documents:

1. Form N-400, Application for Naturalization, of Peter Jennings;
2. Two recent INS-style photographs of Peter Jennings with his name and alien registration number on the back;
3. Copy (front and back) of Peter Jennings' Resident Alien Card;
4. Copy of Judgment for Divorce, dated April 13, 1995, evidencing Mr. Jennings' divorce from Katalin Marton;

Immigration and Naturalization Service

February 3, 2003

Page 2

5. Copy of Divorce Registry, dated March 3, 1980, evidencing Mr. Jennings' divorce from Anne Emile Jennings (formerly Mallouf);
6. Copy of Final Divorce Decree, judgement dated December 18, 1970, evidencing Mr. Jennings' divorce from Valerie Jennings (formerly Godsoe);
7. Letter from Pamela I. Anderson, Managing Director, JPMorgan

(b)(6)



8. Letter from Susan R. George, former employee of Squadron, Ellenoff, Plesent & Sheinfeld (now Hogan & Hartson), evidencing the payment of clothing expenses by Mr. Jennings to Ms. Morton for their children;
9. Check in the amount of \$188, made payable to "Immigration and Naturalization Service," for the filing fee;
10. Check in the amount of \$50, made payable to "Immigration and Naturalization Service," for fingerprinting services; and
11. Form G-28, Notice of Appearance of Attorney or Representative, of Paul W. Virtue.

HOGAN & HARTSON L.L.P.

Immigration and Naturalization Service  
February 3, 2003  
Page 3

If you have any questions or need additional information, please do not hesitate to contact the undersigned.

Sincerely,

A handwritten signature in black ink, appearing to read "Paul W. Virtue", with a long horizontal flourish extending to the right.

Paul W. Virtue

Enclosures

cc: Mark J. Weinstein (w/enclosures)  
Peter Jennings (w/enclosures)

# TER

Call 1-800-PICK-UPS (1-800-742-5877) or visit our Web site at www.ups.com

### Save Space

Tracking Label and your address label  
on your Shipping Document  
for Worldwide Waybill



**UPS Next Day Air**  
**UPS Worldwide Express**  
Shipping Document

WEIGHT	WEIGHT LTR	DIMENSIONAL WEIGHT	
--------	---------------	--------------------	--

The shipper authorizes UPS to act as forwarding agent for export control and customs purposes.  
The shipper certifies that these commodities, technology or software were exported from the United States in accordance with the Export Administration Regulations. Diversion contrary to U.S. law is prohibited.

- EXPRESS (INTL)  
 DOCUMENTS ONLY

1

**SATURDAY DELIVERY**

EXPORT 1 EXPORT 2 DELIVERY 1  
UPS USE FOR INTERNATIONAL SHIPMENTS

**SHIPMENT FROM**  
UPS ACCOUNT NO. **294286**

REFERENCE NUMBER

TELEPHONE  
202-637-5826

Jacqueline Vargas

HOGAN & HARTSON

555 13TH ST NW

WASHINGTON DC 20004-1109

**DELIVERY TO**  
TELEPHONE

U.S. Immigration & Naturalization Service

Vermont Service Center

75 Lower Welden St

St. Albans, VT 05476-0001

Residence:



1Z 294 286 22 1015 274 4

1Z 294 286 22 1015 274 4



1Z 294 286 22 1015 274 4

BILL RECEIVER

**ups UPS Next Day Air**  
EXTREMELY URGENT

1

1Z 294 286 22 1015 274 4



1Z 294 286 22 1015 274 4

TRACKING NUMBER

DATE OF SHIPMENT

SHIPMENT ID NUMBER **2942 867B SX3**



0101911202609 6/99 W

United Parcel Service, Louisville, KY

DELIVERY 2

UNITED STATES DEPARTMENT OF JUSTICE

IMMIGRATION AND NATURALIZATION SERVICE

# COVER SHEET

## RECORD OF PROCEEDING

This is a permanent record of the Immigration and Naturalization Service. Any part of this record that is removed **MUST BE RETURNED** after it has served its purpose.

### INSTRUCTIONS

1. Place a separate cover sheet on the top of each Record of Proceeding.
2. Each Record of Proceeding is to be fastened on the inner left side of the file jacket in chronological order.
3. Any person temporarily removing any part of this record must make, date, and sign a notation to this effect which is to be retained in this record, below the cover sheet. The signer is responsible for replacing the removed material as soon as it has served its purpose.
4. See AM 2710 for detailed instructions.

SECRET



FILTER JENNINGS

## NOTICE OF ENTRY OF APPEARANCE AS ATTORNEY OR REPRESENTATIVE

In re: I-130 Immediate Relative Petition of Katalin Ilona Marton on behalf of Peter Charles JENNINGS	DATE December 18, 1985
FILE No.	

I hereby enter my appearance as attorney for (or representative of), and at the request of, the following named person(s):

NAME Katalin Ilona Marton (b)(6)	<input checked="" type="checkbox"/> Petitioner <input type="checkbox"/> Applicant <input type="checkbox"/> Beneficiary <input type="checkbox"/>
ADDRESS (City, State, ZIP Code) [Redacted] Street (City) (State) (ZIP Code) [Redacted] New York, NY 10024	
NAME Peter Charles JENNINGS	<input type="checkbox"/> Petitioner <input type="checkbox"/> Applicant <input checked="" type="checkbox"/> Beneficiary <input type="checkbox"/>
ADDRESS (City, State, ZIP Code) [Redacted] Street (City) (State) (ZIP Code) [Redacted] New York, NY 10024	

Check Applicable Item(s) below:

<input checked="" type="checkbox"/>	1. I am an attorney and a member in good standing of the bar of the Supreme Court of the United States or of the highest court of the following State, territory, insular possession, or District of Columbia  <u>          New York          </u> and am not under a <small>(Name of Court)</small> court or administrative agency order suspending, enjoining, restraining, disbaring, or otherwise restricting me in practicing law.
<input type="checkbox"/>	2. I am an accredited representative of the following named religious, charitable, social service, or similar organization established in the United States and which is so recognized by the Board:
<input type="checkbox"/>	3. I am associated with _____, the attorney of record who previously filed a notice of appearance in this case and my appearance is at his request. (If you check this item, also check item 1 or 2 whichever is appropriate.)
<input type="checkbox"/>	4. Others (Explain fully.)

SIGNATURE 	COMPLETE ADDRESS 515 Madison Avenue New York, NY 10022
NAME (Type or Print) Fragomen, Del Rey & Bernsen, P.C.	TELEPHONE NUMBER (212) 688-8555

PURSUANT TO THE PRIVACY ACT OF 1974, I HEREBY CONSENT TO THE DISCLOSURE TO THE FOLLOWING NAMED ATTORNEY OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY IMMIGRATION AND NATURALIZATION SERVICE SYSTEM OF RECORDS _____ <small>(Name of Attorney or Representative)</small>		
THE ABOVE CONSENT TO DISCLOSE IS IN CONNECTION WITH THE FOLLOWING MATTER:		
NAME OF PERSON CONSENTING	SIGNATURE OF PERSON CONSENTING	DATE

**(NOTE: Execution of this box is required under the Privacy Act of 1974 where the person being represented is a citizen of the United States or an alien lawfully admitted for permanent residence.)**

## NOTICE OF ENTRY OF APPEARANCE AS ATTORNEY OR REPRESENTATIVE

In re: Section 245 Application of Peter Charles JENNINGS	DATE December 18, 1985
FILE No.	

I hereby enter my appearance as attorney for (or representative of), and at the request of, the following named person(s):

NAME Peter Charles JENNINGS	<input type="checkbox"/> Petitioner <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Beneficiary <input type="checkbox"/>
ADDRESS (Apt. No.)    (Number & Street)    (City)    (State)    (ZIP Code) [Redacted]    New York, NY    10024	
(b)(6)	<input type="checkbox"/> Petitioner <input type="checkbox"/> Applicant <input type="checkbox"/> Beneficiary <input type="checkbox"/>
ADDRESS (Apt. No.)    (Number & Street)    (City)    (State)    (ZIP Code)	

Check Applicable Item(s) below:

<input checked="" type="checkbox"/>	1. I am an attorney and a member in good standing of the bar of the Supreme Court of the United States or of the highest court of the following State, territory, insular possession, or District of Columbia  <u>          New York          </u> and am not under a <small>(Name of Court)</small> court or administrative agency order suspending, enjoining, restraining, disbaring, or otherwise restricting me in practicing law.
<input type="checkbox"/>	2. I am an accredited representative of the following named religious, charitable, social service, or similar organization established in the United States and which is so recognized by the Board:
<input type="checkbox"/>	3. I am associated with _____, the attorney of record who previously filed a notice of appearance in this case and my appearance is at his request. (If you check this item, also check item 1 or 2 whichever is appropriate.)
<input type="checkbox"/>	4. Others (Explain fully.)

SIGNATURE 	COMPLETE ADDRESS 515 Madison Avenue New York, NY 10022
NAME (Type or Print) Fragomen, Del Rey & Bernsen, P.C.	TELEPHONE NUMBER (212) 688-8555

PURSUANT TO THE PRIVACY ACT OF 1974, I HEREBY CONSENT TO THE DISCLOSURE TO THE FOLLOWING NAMED ATTORNEY OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY IMMIGRATION AND NATURALIZATION SERVICE SYSTEM OF RECORDS _____ <small>(Name of Attorney or Representative)</small>		
THE ABOVE CONSENT TO DISCLOSE IS IN CONNECTION WITH THE FOLLOWING MATTER:		
NAME OF PERSON CONSENTING	SIGNATURE OF PERSON CONSENTING	DATE
(NOTE: Execution of this box is required under the Privacy Act of 1974 where the person being represented is a citizen of the United States or an alien lawfully admitted for permanent residence.)		

U.S. DEPARTMENT OF JUSTICE  
Immigration and Naturalization Service

Memorandum of Creation of Record  
of Lawful Permanent Residence

(b)(6)

Place	NYC
File No	A [Redacted]

Status as a lawful permanent resident of the United States is accorded:

Name in Care Of Street Address Apt. No City, State, Zip	Peter C. JENNINGS [Redacted] New York, New York 10024		Sex 1 <input checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female	Date of Birth (Month/Day/Year) 7/29/38	
	[Redacted]		City of Birth TORONTO	Country of Birth CANADA	
[Redacted]		Country of Nationality CANADA	Country of Last Residence ENGLAND		
Marital Status	1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married 3 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Separated	Occupation SER	N/I Class at time of Adj H-1	Year Adm. to U.S. or Year of Change to Present N/I Class (whichever most recent) 85	
Priority Date (Month/Day/Year)	NA	Preference (If any) IR-6	Country to Which Chargeable (If any) NA		
Section 212 (a) (14) Labor Certification	1 <input type="checkbox"/> Applicable-Submitted 3 <input checked="" type="checkbox"/> Not Applicable	Mother's First Name Elizabeth	Father's First Name Charles		
Last NIV Issued at (U.S. Consulate Post) TORONTO, CANADA	Date of Issuance of Last NIV 11/26/85	Number of Last NIV NA	Classification of Last NIV H-1		
Under the following provision of law					
<input type="checkbox"/> Public Law 95-412		<input type="checkbox"/> Sec. 209 (a) of the I & N Act		<input type="checkbox"/> Sec. 249 of the I & N Act	
<input type="checkbox"/> Public Law 96-212		<input type="checkbox"/> Sec. 209 (b) of the I & N Act		<input type="checkbox"/> Sec. 1 of the Act of 11/2/66	
<input type="checkbox"/> Private Law No. _____ of the _____ Congress _____ Session		<input type="checkbox"/> Sec. 244 ( ) ( ) of the I & N Act		<input type="checkbox"/> Sec. 13 of the Act of 9/11/57	
		<input checked="" type="checkbox"/> Sec. 245 of the I & N Act		<input type="checkbox"/> Sec. 214 (d) of the I & N Act	
As of 2 (Month) 20 (Day) 86 (Year)		at NYC PORT OF ENTRY FOR PERMANENT RESIDENCE			
Class of admission (Insert Symbol)		IR-6			
REMARKS					
RECOMMENDED BY (Immigration Officer) [Signature]		(Date) 1/20/86		DATE OF ACTION JAN 20 1986	
				DD [Signature]	
		DISTRICT			
<b>FOR USE BY VISA CONTROL OFFICE</b>					
Date _____					
Foreign State _____					
Preference Category _____					
Number _____					
Month of Issuance _____					
Signed _____ <small>(Visa Office Dept. of State)</small>					

CC: Page 2 Master Index copy sent on 1/2/86

CC: Page 3 ADIT and Statistical report copy sent on \_\_\_\_\_

APPLICATION FOR STATUS AS PERMANENT RESIDENT

FEE STAMP  
RECEIVED  
INFORMATION  
DEC 19 1985  
Sp

File No. \_\_\_\_\_  
APPLICATION FOR THE BENEFITS OF SECTION:  
 Sec. 209(b), I&N Act  
 Sec. 245, I&N Act  
 Sec. 214(d), I&N Act  
 Sec. 249, I&N Act  
 Sec. 15, Act of 9-11-57

(DO NOT WRITE ABOVE THIS LINE.) (SEE INSTRUCTIONS) IDENTIFY EACH ANSWER WITH THE NUMBER OF THE CORRESPONDING QUESTION. FILL IN WITH TYPEWRITER OR PRINT IN BLOCK LETTERS IN INK.

I hereby apply for the status of a lawful permanent resident. (Check one of the boxes below.)

A.  As a person granted asylum under Section 207(a) to whom an immigrant visa is immediately available (Section 209(b), I&N Act). (No fee required.)

B.  As a person who entered the U.S. with a visa issued to me as the fiancée or fiancé of a U.S. citizen whom I married within 90 days after my entry, or as a child of such fiancée or fiancé (Sec. 214(d), I&N Act)

C.  As a former government official, or as a member of the immediate family of such official (Section 13, Act of September 17, 1957).

D.  As a person to whom an immigrant visa is immediately available, other than one described above (Section 245, I&N Act).

E.  As a person who has resided in the United States continuously since prior to July 1, 1924 (Section 249, I&N Act).

F.  As a person who has resided in the United States continuously since a date on or after July 1, 1924, but before June 30, 1949 (Section 249, I&N Act).

G.  As a motion to reopen or to reconsider my case in deportation proceedings before an immigration judge. (The fee for this request is \$50.00.)

2. My name is (family in capital letters) (First Given) (Middle) (Last)

JENNINGS Peter Charles

3. Sex  Male  Female

Phone number \_\_\_\_\_

4. I reside in the United States at \_\_\_\_\_ of (Apt. No.) (No. and Street) \_\_\_\_\_ (b)(6)

5. Have you ever applied before for permanent resident status in the U.S.?  No  Yes  
(If "Yes", give the date and place of filing and final disposition.)  
September, 1964, granted, subsequently abandoned

6. My file number is A- \_\_\_\_\_

7. I am a citizen of (Country) Canada

8. Date of Birth (Month) (Day) (Year) 7/29/38

9. Place of Birth (City or Town) (County, Province, or State) (Country)  
Toronto Ontario Canada

10. Name as appears on nonimmigrant document (Form I-94)  
Jennings, Peter

I last arrived in the United States at the port of (City and State) Washington on (Month) (Day) (Year) 11/21/85

as a (visitor, student, crewman, parolee, etc.) H-1

11. My nonimmigrant visa, number N/A was issued by the United States Consul at (City) (Country) Canadian Citizen in (Month) (Day) (Year) Nov. 26/85

12. I am  single  married  divorced  widowed

13. I have been married 3 times, including my present marriage, if now married. (If you are now married give the following.)

a. Number of times my husband or wife has been married Two

b. Name of husband or wife (Wife give maiden name) Katalin Ilona Marton

c. My husband or wife resides  with me  apart from me at Address (Apt. No.) No. & Street (Town or City) (Province or State) (Country)

14. a. I have 2 sons or daughters as follows: (Complete all columns as to each son or daughter; if living with you state "with me" in last column; otherwise give city and state or country of son's or daughter's residence).

Name	Sex	Place of Birth	Date of Birth	Now living at
Elizabeth Ilona Marton	F			
Christopher Charles	M			
(Both have the last name of JENNINGS)				

b. The following members of my family are also applying for permanent resident status:  
None

RECEIVED	TRANS IN	BETH TRANS OUT	COMPLETED

15. List below all organizations, societies, clubs, and associations, past or present, in which I have been membership in the United States or a foreign country, and the period and places of such membership. (If you have never been a member of any organization, state "No.")

16. I  have not  have been treated for a mental disorder, drug addiction or alcoholism. (If you have been, explain.)

17. I  have not  have been arrested, convicted or confined in a prison. (If you have been, explain.)

18. I  have not  have been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action. (If you have been, explain.)

**19. APPLICANTS FOR STATUS AS PERMANENT RESIDENTS MUST ESTABLISH THAT THEY ARE ADMISSIBLE TO THE UNITED STATES, EXCEPT AS OTHERWISE PROVIDED BY LAW. ALIENS WITHIN ANY OF THE FOLLOWING CLASSES ARE NOT ADMISSIBLE TO THE UNITED STATES AND ARE THEREFORE INELIGIBLE FOR STATUS AS PERMANENT RESIDENTS.**

Aliens who have committed or who have been convicted of a crime involving moral turpitude (does not include minor traffic violations); aliens who have been engaged in or who intend to engage in any commercialized sexual activity; aliens who are or at any time have been, anarchists, or members of or affiliated with any Communist or other totalitarian party, including any subdivision or affiliate thereof; aliens who have advocated or taught, either by personal utterance, or by means of any written or printed matter, or through affiliation with an organization, (i) opposition to organized government, (ii) the overthrow of government by force or violence, (iii) the assaulting or killing of government officials because of their official character, (iv) the unlawful destruction of property, (v) sabotage, or (vi) the doctrines of world communism, or the establishment of a totalitarian dictatorship in the United States; aliens who intend to engage in prejudicial activities or unlawful activities of a subversive nature; aliens who have been convicted of violation of any law or regulation relating to narcotic drugs or marijuana, or who have been illicit traffickers in narcotic drugs or marijuana; aliens who have been involved in assisting any other alien to enter the United States in violation of law; aliens who have applied for exemption or discharge from training or service in the Armed Forces of the United States on the ground of alienage and who have been relieved or discharged from such training or service; medical graduates (other than those for whom Relative petitions have been approved) coming principally to perform service as members of the medical profession, unless they have passed Parts I and II of the National Board of Medical Examiners' Examination (or an equivalent examination as determined by the Secretary of the Department of Health and Human Services) and who are competent in oral and written English.

Do any of the foregoing classes apply to you?  No  Yes (If answer is Yes, explain.)

**20. (COMPLETE THIS BLOCK ONLY IF YOU CHECKED BOX "A", "B", "C" or "D" OF BLOCK 1)**

**APPLICANTS WHO CHECKED BOX "A", "B", "C" OR "D" OF BLOCK 1 IN ADDITION TO ESTABLISHING THAT THEY ARE NOT MEMBERS OF ANY OF THE INADMISSIBLE CLASSES DESCRIBED IN BLOCK 16 ABOVE MUST, EXCEPT AS OTHERWISE PROVIDED BY LAW, ALSO ESTABLISH THAT THEY ARE NOT WITHIN ANY OF THE FOLLOWING INADMISSIBLE CLASSES:**

Aliens who are mentally retarded, insane, or have suffered one or more attacks of insanity; aliens afflicted with psychopathic personality, sexual deviation, mental defect, narcotic drug addiction, chronic alcoholism or any dangerous contagious disease; aliens who have a physical defect, disease or disability affecting their ability to carry a living; aliens who are paupers, professional beggars or vagrants; aliens who are polygamists or advocate polygamy; aliens who intend to perform skilled or unskilled labor and who have not been certified by the Secretary of Labor (see Instruction 10); aliens likely to become a public charge; aliens who have been excluded from the United States within the past year, or who at any time have been deported from the United States, or who at any time have been removed from the United States at Government expense; aliens who have procured or have attempted to procure a visa by fraud or misrepresentation; aliens who have departed from, or remained outside the United States to avoid military service in time of war or national emergency; aliens who are former exchange visitors who are subject to but have not complied with the two-year foreign residence requirement.

Do any of the foregoing classes apply to you?  No  Yes (If answer is Yes, explain.)

21. I  do not  do intend to seek gainful employment in the United States. If you intend to seek gainful employment in the United States, state the occupation you intend to follow:

Journalist

22. Complete this block only if you checked box F of Block 1.

a. I have a priority on the consular waiting list at the American Consulate at \_\_\_\_\_ of \_\_\_\_\_ Date: \_\_\_\_\_

b. A visa petition according to  immediate relative  preference status was approved by the district director at New York being filed simultaneously  
(City and State) (Date)

c. A visa petition has not been approved in my behalf but I claim eligibility for preference status because  my spouse  my parent is the beneficiary of a visa petition approved by the district director at \_\_\_\_\_ (City and State) (Date)

d. A visa petition in my behalf accompanies this application.

e. Other (Explain):

I-130 Petition attached

23. Complete this box only if you checked Box E or F of Block 1.

A. I first arrived in the United States at (Port) \_\_\_\_\_ on (Date) \_\_\_\_\_ by means of (Name of vessel) or other means of travel: \_\_\_\_\_

I  was  was not inspected by an immigration officer \_\_\_\_\_

B. I entered the U.S. under the name (Name at time of entry) \_\_\_\_\_

and I was destined to (City and State) \_\_\_\_\_

I was coming to join (Name and relationship) \_\_\_\_\_

C. Since my first entry I  have not  have been absent from the United States. (If you have been absent, attach a separate statement listing the port, date and means of each departure from and return to the U.S.)

24.  Completed Form G-325A (Biographic Information) is attached as part of this application.

Completed Form G-325A (Biographic Information) is not attached as applicant is under 14 years of age.

25. IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET BELOW.

Signature of Applicant: [Signature]

Date of Signature: 12/2/85

26. (SIGNATURE OF PERSON PREPARING FORM, IF OTHER THAN APPLICANT.) I declare that this document was prepared by me at the request of the applicant and is based on all information on which I have any knowledge.

Address of person preparing form, if other than applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Occupation: \_\_\_\_\_

Application not to be signed below until applicant appears before an officer of the Immigration and Naturalization Service for examination.

[Signature] JENNINGS

I, the undersigned, affirm that I know the content of this application subscribed to by me including the attached documents, that the same are true to the best of my knowledge, and that corrections numbered 1 to 10 were made by me or at my request, and that this application was signed by me with my full, true name.

[Signature]  
Signature and true signature of applicant

Subscribed and sworn to before me by the above-named applicant at \_\_\_\_\_

26 86  
(Month) (Day) (Year)

[Signature]  
(Signature and true signature of officer)



UNITED STATES OF AMERICA

IMMIGRANT VISA AND ALIEN REGISTRATION

(b)(6)

OF:

(Family name)

(First name)

(Middle name)

JENNINGS

Peter

Charles Archibald Ewart



PORT OF

ROU 076

ACTION OF SPECIAL INQUIRY OFFICER

I certify that the immigrant named herein arrived in the United States at this port on

(Name of vessel or flight No. of aircraft)

and was inspected by me and IMM. & NATZ. SERVICE ROUSES POINT, N. Y. 108 ADMITTED

SEP 7 1964

CLASS 0-1

detained for further inquiry by special officer under Symbol

Section of the Immigration and Nationality Act

Immigrant Inspector.

The immigrant herein was (admitted) (excluded) and {no appeal taken} {appeal taken} under

Symbol

Section of the Immigration and Nationality Act.

Special Inquiry Officer.

ACTION ON APPEAL

ADMITTED

EXCLUDED

DATE

This visa is issued under Section 221 of the Immigration and Nationality Act, and upon the basis of the facts stated in the application.

IMMIGRANT CLASSIFICATION

NONQUOTA (Symbol)

QUOTA (Symbol)

0-1

VISA PETITION NO., IF ANY

IMMIGRANT VISA NO.

QUOTA

ROU 752

ISSUED ON

(Day)

(Month)

(Year)

19th August 1964

THE VALIDITY OF THIS VISA EXPIRES MIDNIGHT AT THE END OF

(Day)

(Month)

(Year)

18th December 1964

NATIONALITY (If stateless, so state, and give previous nationality)

CANADIAN

PASSPORT

NO.

OR OTHER TRAVEL DOCUMENTS (Describe)

ISSUED

TO Mr. Peter Charles Archibald Ewart JENNINGS,

BY

The Dept. of External Affairs, Ottawa, Canada.

ON 24th July 1961

EXPIRES

24th July 1966

AMERICAN

CONSULATE GENERAL

MONTREAL, CANADA.

AT

Lyman W. Jones

Vice Consul of the

United States of America

of the United States of America.



UNITED STATES OF AMERICA

FOREIGN SERVICE

UNITED STATES OF AMERICA

Service No.

Tariff Item No.

Fee Paid \$20

Local Cy equiv.

STATISTICS

DEPARTMENT OF STATE  
FOREIGN SERVICE OF THE UNITED STATES OF AMERICA

APPLICATION FOR IMMIGRANT VISA AND ALIEN REGISTRATION

INSTRUCTIONS: This form must be filled out in DUPLICATE by typewriter, or if by hand in legible block letters. ALL questions must be answered, if applicable. Questions which are not applicable should be so marked. If there is insufficient room on the form, answer on separate sheets, in duplicate using the same numbers as appear on the form. Attach the sheets to the forms. DO NOT SIGN this form until instructed to do so by the consular officer. The fee for filing this application for an immigrant visa is \$5.00. The fee should be paid in United States dollars or local currency equivalent or by bank draft, when you appear before the consular officer.

WARNING: Any false statement or concealment of a material fact may result in your permanent exclusion from the United States. Even though you should be admitted to the United States, a fraudulent entry could be ground for your prosecution and/or deportation.

I hereby apply for an immigrant visa and alien registration at the United States Consulate ~~General~~ at \_\_\_\_\_ and state the following facts:

1. My family name is Jennings My first name is Peter My middle name is Charles Archibald Ewart

2. My full name in native alphabet (If other than Roman letters are used) is n/a

3. Other names I have used or by which I have been known are (If married woman, give maiden name) none

4. The date of my birth is (Day) 29 (Month) 11 (Year) 38 5. My place of birth is (City or town) Toronto (Province) Ontario (Country) Canada

6. My age is 26 7. My present calling or occupation is news commentator

8. My present address is [Redacted] Ottawa Ontario Canada

9. My sex is (b)(6)  Male  Female 10. My marital status is  Single (never married)  Married  Widowed  Divorced  Separated Including my present marriage, I have been married 1 times.

11. My nationality is Canadian

12. My personal description is (a) Color of hair Brown (b) Color of eyes Brown (c) Height 6 feet 2 inches (d) Complexion Fair 13. I have the following visible marks of identification none

14. My purpose in going to the United States is I shall be employed by the American Broadcasting Company (news commentator)

15. I intend to remain in the United States permanently or (Give length of time) 5 years minimum 16. I intend to enter the United States at the port of any legal port of entry

17. I (Do) (Do Not) have a ticket to my final destination Do Not

18. (a) I am going to the United States to join the following person (Give name and address and relationship, if any) no one None 18. (b) I am sponsored by the following person and/or organization (Give address if different from (a)) American Broadcasting Company 7 W. 68th St., New York 23, N.Y.

19. My final address in the United States is [Redacted] New York City, New York ~~Washington D.C.~~

20. My personal financial resources are (a) Cash \$500.00 (b) Bank deposits \$2,500.00 (c) Real estate (value) None (d) Other \$2000.00 (Cash Bonds - Funds \$500)

21. I am submitting the following personal documents in support of and as part of my application

Birth certificate       Military record       Promise of employment  
 Police certificate(s)       Evidence of support or own resources       Medical record(s)  
 Other (describe)

(b)(6)

22. Name and present residence of my wife/husband is (Give maiden name of wife)

Valerie Elizabeth Godsoe  Ottawa Ontario Canada

23. The names and addresses of my children under 21 years of age are

None

24. The names of members of my family who are immigrating with me are

Spouse:- Valerie Elizabeth Godsoe

25. The name and address of my father is (If deceased, so state, giving date)

Charles William Jennings  
Quebec Canada

26. T  state, giving date) Elizabeth Ewart Osborne  
Quebec Canada

27. T  (father) Charles William Jennings  
Quebec Canada

28. Since my sixteenth birthday my places of residence for 6 months or more have been

City or town	Province	Country	Dates (From-To)	Calling or occupation
Toronto	Ontario	Canada	Sept 48 June 52	Student
Aylmer	Quebec	Canada	June 52 May 58	student--banker
Brockville	Ontario	Canada	May 58 May 59	announcer
Montreal	Quebec	Canada	May 59 Sept 60	announcer
Aylmer	Quebec	Canada	Sept 60 May 62	announcer
Toronto	Ontario	Canada	May 62 sept 62	announcer
Ottawa	Ontario	Canada	Sept 62 aug 64	newsman

29. Since my sixteenth birthday I am or have been a member or affiliate of the following political, professional, vocational or social organizations

Name and address	Dates (From-To)	Type of membership and office held, if any
Junior Chamber of Commerce	1956 1958	
Orpheus Operatic Society	1956 1961	Director
Canadian Mental Health Association	1959-1962	
National Press Club	1963 present	
Parliamentary Press Gallery	1962 present	

30. I speak, read, write the following languages (Include your native language)

Language	Speak	Read	Write
English	yes	yes	yes
French	yes		yes

31. I have previously been in the United States during the following periods (Give year and type of visa or status) (If never, so state)

SHORT VISITS ONLY      Never

Give the correct answer to the following questions by circling "Yes" or "No"

(1) (a) Have you ever been... (b) Have you ever been... (c) Have you ever been...

31. I have previously been in the United States during the following periods (Give year and type of visa or status) (If never, so state)

SHORT VISITS ONLY

Never

are unable to answer any of these questions please explain your inability fully on a separate sheet of paper which you should attach to this form. Please bear in mind that whatever the nature of your answers to these questions, you are not necessarily ineligible to receive a visa. For example, if you were arrested and/or convicted for a minor offense, and the consular officer is able to establish that such offense was in fact a misdemeanor, your arrest and/or conviction would not necessarily make you ineligible for a visa.

Give the correct answer to the following questions by circling "Yes" or "No"

(1) (a) Have you ever been arrested for, charged with, indicted for, or convicted of, a crime or other offense?	Yes	<input type="radio"/> No
(b) Have you ever been confined in a civilian prison or jail?	Yes	<input type="radio"/> No
(c) Have you ever been confined in a military prison or jail?	Yes	<input type="radio"/> No
(d) Have you ever been engaged in illicit buying, selling or handling of narcotic drugs?	Yes	<input type="radio"/> No
(e) Have you ever been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action? (If so, explain)	Yes	<input type="radio"/> No
(2) (a) Have you ever been placed in an almshouse (poorhouse or charitable institution)?	Yes	<input type="radio"/> No
(b) Are you a pauper, professional beggar or vagrant?	Yes	<input type="radio"/> No
(c) Are you now afflicted with a physical defect, disease or disability which may affect your ability to earn a living?	Yes	<input type="radio"/> No
(d) Will you be able to support yourself financially in the United States?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
(3) (a) Have you ever had one or more attacks of insanity?	Yes	<input type="radio"/> No
(b) Are you now or have you ever been afflicted with psychopathic personality, epilepsy, mental defect, fits, fainting spells, convulsions or a nervous breakdown?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
(c) Are you now or have you ever been a narcotic or drug addict or chronic alcoholic?	Yes	<input type="radio"/> No
(d) Have you ever been treated in a hospital, institution or elsewhere for insanity or other mental disorder or for drug or narcotic addiction or alcoholism?	Yes	<input type="radio"/> No
(e) Have you ever had any of the following:		
(A) Tuberculosis in any form?	Yes	<input type="radio"/> No
(B) Leprosy?	Yes	<input type="radio"/> No
(C) Any other dangerous contagious disease?	Yes	<input type="radio"/> No
(4) (a) Are you a polygamist, do you practice polygamy, or do you advocate the practice of polygamy?	Yes	<input type="radio"/> No
(b) Are you or have you ever been a prostitute, procurer, or supported wholly or in part from the proceeds of prostitution?	Yes	<input type="radio"/> No
(c) Are you going to the United States to engage in an immoral sexual act, in prostitution, or other unlawful commercialized vice?	Yes	<input type="radio"/> No
(5) (a) Have you previously applied for a visa to enter the United States either as an immigrant or as a nonimmigrant? (If answer is Yes, state where and when, whether you applied for a nonimmigrant or an immigrant visa and whether the visa was issued)	Yes	<input type="radio"/> No
(b) Have you been refused admission to the United States during the last twelve months? (If the answer is Yes submit evidence that the Attorney General has consented to your reapplying for admission into the United States)	Yes	<input type="radio"/> No
(c) Have you ever been		
(A) arrested and deported from the United States?	Yes	<input type="radio"/> No
(B) voluntarily removed from the United States at United States Government expense as a person who fell into distress?	Yes	<input type="radio"/> No
(C) removed from the United States as an alien enemy?	Yes	<input type="radio"/> No
(D) removed from the United States at Government expense in lieu of deportation?	Yes	<input type="radio"/> No
(If the answer to any of the above questions is Yes, submit evidence that the Attorney General has consented to your reapplying for admission into the United States.)		
(6) (a) Have you ever attempted to obtain by fraud or willful misrepresentation a visa or other documentation to enter the United States?	Yes	<input type="radio"/> No
(b) Have you ever obtained by fraud or willful misrepresentation a visa or other documentation to enter the United States?	Yes	<input type="radio"/> No
(7) (a) Have you ever registered with a draft board under the selective service laws of the United States? (If answer is Yes, give date, place and classification)	Yes	<input type="radio"/> No
(b) Have you ever applied for relief from training and service in the Armed Forces of the United States? (If answer is Yes, furnish details)	Yes	<input type="radio"/> No
(c) Have you ever departed from or remained outside of the United States to avoid or evade military service in time of war or national emergency?	Yes	<input type="radio"/> No
(8) Can you, if you are over sixteen, read and understand some language or dialect?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
(9) Have you for gain ever assisted another alien to enter the United States or try to enter the United States in violation of the laws of the United States?	Yes	<input type="radio"/> No
(10) Are you a former exchange visitor who has not resided abroad for two years following your departure from the United States?	Yes	<input type="radio"/> No
(11) Are you now or have you ever been		
(a) an anarchist?	Yes	<input type="radio"/> No
(b) an advocate of opposition to all organized government?	Yes	<input type="radio"/> No
(c) an advocate of Communism?	Yes	<input type="radio"/> No
(d) a member of, or affiliated with, the Communist Party or affiliated organization, an organization advocating Communism or a Communist-dominated or controlled organization or an organization advocating the overthrow by force of all organized government or any other similar organization?	Yes	<input type="radio"/> No
(If the answer to any of the above questions is Yes, explain, giving dates and nature of the offense.)		

32. (Continued)

(12) Do you intend to enter the United States from Canada, Mexico or an island adjacent to the United States within two years after arrival in such country or island? (If answer is Yes, give the name of transportation company by which you entered or intend to enter such country or island)

Yes  No

33. Were you assisted in completing this application? (If so, give name and address of person or persons assisting you indicating whether relative, friend, attorney, travel agent, or other)

Name

Address

DO NOT WRITE BELOW THE FOLLOWING LINE  
The consular officer will assist you in answering the following parts 34 and 35

34. I claim to be exempt from ineligibility to receive a visa and exclusion under item \_\_\_\_\_ in part 32 for the following reason.

N/A

35. I claim to be a

preference quota immigrant under the \_\_\_\_\_ quota.

Nonquota immigrant.

My claim is based on the following facts:

I was born in Canada.

although my name on the birth certificate appears as Charles Archibald Earl Jamieson, I have always been known as: Peter Jamieson.

I understand that I am required to surrender my visa to the United States Immigration Officer at the place where I apply to enter the United States, and that the possession of a visa does not entitle me to enter the United States if at that time I am found to be inadmissible under the immigration laws.

I understand that any willfully false or misleading statement or willful concealment of a material fact made by me herein may subject me to permanent exclusion from the United States and, if I am admitted to the United States, may subject me to criminal prosecution and/or deportation.

I, the undersigned applicant for a United States immigrant visa, do solemnly swear (or affirm) that all statements which appear in this application have been made by me, including the encircling of items in part 32, and are true and complete to the best of my knowledge and belief. I do further swear (or affirm) that, if admitted into the United States, I will not engage in activities which would be prejudicial to the public interest, or endanger the welfare, safety, or security of the United States; in activities which would be prohibited by the laws of the United States relating to espionage, sabotage, public disorder, or in other activities subversive to the national security; in any activity a purpose of which is the opposition to, or the control, or overthrow of, the Government of the United States, by force, violence, or other unconstitutional means; or join, affiliate with, or participate in the activities of any organization which is registered or required to be registered under Section 7 of the Subversive Activities Control Act of 1950. I understand all the foregoing statements, having asked for and obtained an explanation on every point which was not clear to me.

Sp: 19th August 1964  
Montreal, Canada.

*Peter Jamieson*  
\_\_\_\_\_  
(Signature of Applicant)

Subscribed and sworn to before me this 19th day of August, 1964

SERVICE NO.

ITEM NO.

Lyman W. Priest  
U.S. Consular Officer  
United States of America

*Lyman W. Priest*  
\_\_\_\_\_  
(Consular Officer)

Subscribed and sworn to  
SERVICE NO.  
ITEM NO.

ONTARIO

OFFICE OF THE REGISTRAR GENERAL

CERTIFIED

A TRUE PHOTOSTATIC PRINT

OF A RECORD

ON FILE AT THE

OFFICE OF THE REGISTRAR GENERAL

TORONTO, ONTARIO

CANADA

Aug. 6, 1964

DATE ISSUED

*R. B. Wallace*

DEPUTY REGISTRAR GENERAL

Form 4 PROVINCE OF ONTARIO 815445

CERTIFICATE OF REGISTRATION OF BIRTH

NOTE - In case of more than one child at a birth, a Separate Return must be made for each, and the number of each, in order of birth, stated.

1. Place of Birth: County of *Ontario* / Township of *York*  
If in City, Town or Village *Toronto* Street \_\_\_\_\_ House No. \_\_\_\_\_  
If in hospital or institution, give name *Toronto General Hospital*

2. FULL NAME OF CHILD: *Jennings Charles Archibald Stuart*  
(Surname) (Given name or names)

3. Sex of child: *male* 4. Single, twin, triplet or other: *single* 5. Was the child born alive?: *yes* 6. Are the parents married?: *yes* 7. Date of birth: *July 29 1938*

FATHER: 8. Full name *Jennings Charles William* (Surname) (Given name) MOTHER: 15. Full maiden name *Roberta Elizabeth Stuart* (Surname) (Given name)

9. Residence: \_\_\_\_\_ 16. Residence: \_\_\_\_\_  
(Usual place of abode. If non-resident, give place and province)

10. Nationality: *Canadian* (b)(6) 17. Nationality: *Canadian*

11. Racial origin: *English* 12. Age at last birthday: *29* years 18. Racial origin: *Irish* 19. Age at last birthday: *31* years

13. Birthplace: *Toronto Ontario* (Province or country) 20. Birthplace: *Toronto Ontario* (Province or country)

14. Occupation: (a) Trade or profession: *BROADCASTING* (b) Business in which employed: " " 21. CHILDREN OF THIS MOTHER (including the present birth): (a) Number born alive: *1* (b) Number now living: *1* (c) Number stillborn (born dead after twenty-eight weeks' pregnancy): *none*

22. Was this a premature birth? *no* If premature, state length of pregnancy in completed weeks: \_\_\_\_\_

23. Name of physician in attendance at birth: *JACK MAYNARD*

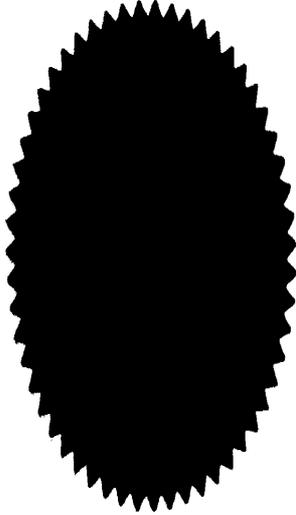
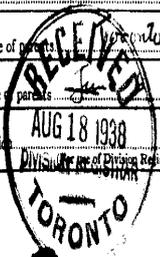
24. Person giving information sign here: *Charles Jennings* Address: \_\_\_\_\_

25. Place of marriage of parents: \_\_\_\_\_

26. Date of marriage of parents: *July 1938*

27. Date of registration: *AUG 18 1938* (Division Registrar only)

JAMES W. SOMERS  
DEPUTY REGISTRAR  
CITY OF TORONTO  
*F. A. Woodger*  
PROVINCIAL REGISTRAR  
Division Registrar



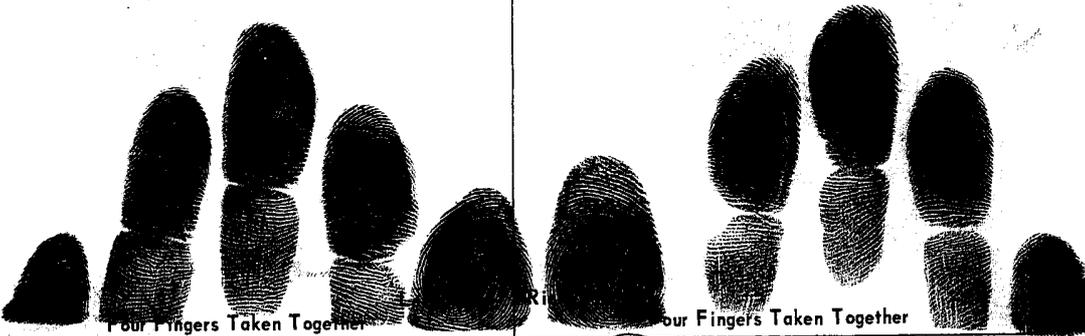
FOR IDENTIFICATION PURPOSES ONLY

C-216C  
REV. 18-12-63

SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	THIS SPACE FOR IDENTIFICATION BRANCH USE ONLY  5 R 17 R
NAME - (INCLUDE FORMER NAMES, MAIDEN NAME, ETC.) Peter Charles JENNINGS	
ADDRESS [Redacted] Ottawa Ontario.	
APPLICANT FOR Visa. <input checked="" type="checkbox"/> (b)(6)	

	THUMB	INDEX	MIDDLE	RING	LITTLE
R I G H T					
L E F T					

(IF ANY FINGERPRINT IS NOT RECORDED, GIVE REASON FOR OMISSION - IF AMPUTATED, GIVE DATE)



SIGNATURE OF OFFICIAL TAKING FINGERPRINTS: *D. W. Keighley*  
 SIGNATURE OF PERSON FINGERPRINTED: *Peter Jennings*  
 DATE: 30-7-64

NAME AND ADDRESS OF FINGERPRINTING DEPT., OR AGENCY:  
 R.C.M. Police 224 Wellington St., Ottawa.

NATIONALITY Canadian	<b>VISA</b>	FOR IDENTIFICATION BRANCH USE  NO RECORD IDENTIFICATION BRANCH RCMP H.Q. OTTAWA, CANADA JUL 31 1964 <i>Blaschke</i>
OCCUPATION News Commentator		FOR USE OF CONTRIBUTING DEPT., OR AGENCY  <i>Would appreciate early return if possible.</i> OFFICER IN CHARGE
DATE OF BIRTH 29 JUL 38		
PLACE OF BIRTH Toronto		
IF FOREIGN BORN, ARRIVAL DATE IN CANADA		
HEIGHT 6 FEET 2 INCHES	WEIGHT 130	
EYES Brown	COMPLEXION Fair	HAIR Brown
PECULIARITIES, MARKS, SCARS, TATTOOS, DEFORMITIES, ETC.  NIL.		

RECEIVED  
IDENTIFICATION  
BRANCH  
JUL 31 3 25 PM '64  
R.C.M.P. POLICE  
OTTAWA, ONT.

THIS SPACE FOR BUREAU USE ONLY

CLASSIFIER	CHECKER	SEARCHER
SIGNATURE	SIGNATURE	SIGNATURE
CLASSIFIED	DATE CHECKED	DATE SEARCHED

CANADA

THIS SPACE

CLASSIFIER  
SIGNATURE

CHECKER  
SIGNATURE

DATE CHECKED

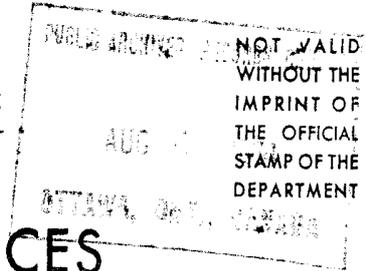
CANADA

DEPARTMENT OF VETERANS AFFAIRS

STATEMENT OF SERVICE

IN THE

CANADIAN ARMED FORCES



Service Rank and/or Number R-16309 Name JENNINGS, Peter Charles Archibald Ewart

1. Branch of Service: Royal Canadian Navy
2. Date and Place of Birth: 29 July, 1938 - Toronto, Ontario
3. Date and Place of Appointment, Enlistment or Enrolment: 10 November, 1955 - Ottawa, Ontario
4. Theatres of Service: Canada only
5. Date and Place of Retirement or Discharge: 9 November, 1960 - Kingston, Ontario
6. Type of Retirement or Discharge: Honourable
7. Rank on Retirement or Discharge: C/S
8. Medals and Decorations: NIL
9. Remarks: NIL

Date: 4 August, 1964

*W. Brown*  
 for Supervisor, War Service Records Division  
 Head, Accessions and Reference

# American Broadcasting Company

7 WEST 66TH STREET · NEW YORK 23, N. Y.

SUSQUEHANNA 7-5000

STEPHEN C. RIDDLEBERGER  
Vice President and General Manager  
A.B.C. NEWS

July 31, 1964

Mr. Peter Jennings (b)(6)

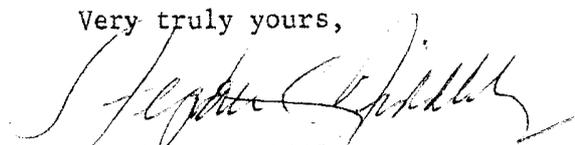
[REDACTED]  
Ottawa, Canada

Dear Mr. Jennings:

This is to confirm the following:

1. We have offered you a contract of employment dated August 1, 1964.
2. Subject to executing the aforesaid contract, we expect you to commence your employment immediately upon your arrival in New York, New York.
3. Subject to the terms of the aforesaid contract, you will be employed by us in the capacity of news commentator and analyst for a guaranteed minimum term of 26 weeks commencing September 7, 1964 and continuing to a possible maximum term of 5 years from the aforesaid date, cancellable by us at the end of 26 or 13 week cycles, pursuant to said agreement, upon four weeks prior notice to you. Your services will be rendered in New York City and in such other locations as we may from time to time direct.
4. Subject to the terms of the aforesaid agreement, your minimum compensation shall be at the rate of [REDACTED] per week.

Very truly yours,

  
Stephen C. Riddleberger



# THE ROYAL BANK OF CANADA

OTTAWA BRANCH  
BOX 746, STATION B, OTTAWA 4, ONT.

August 4, 1964

The United States Consul,  
The United States Embassy,  
100 Wellington Street,  
Ottawa 4, Ontario.

Dear Sir:

We understand Mr. Peter C.A.M. Jennings is making application for a visa to live in the United States and, in this connection, we wish to confirm that Mr. Jennings conducts the following accounts with us:

Current Account - present balance  
Current Account - Household Account  
Balance of Outstanding Loan



(b)(6)

We consider Mr. Jennings responsible for his commitments and we should appreciate anything you can do to facilitate matters for him.

Yours truly,

H. L. Turner  
Assistant Manager

HBT/en

FORM FS-398 3-17-58		FOREIGN SERVICE UNITED STATES OF AMERICA		PLACE MONTREAL, CANADA	
MEDICAL EXAMINATION OF VISA APPLICANTS			DATE OF EXAMINATION 19 Aug 64		
At the request of the American Consul at		CITY MONTREAL	COUNTRY CANADA		
I certify that on the above date I examined		NAME JENNINGS, Peter	AGE 26	SEX M	
I examined specifically for evidence of any of the following conditions:					
CLASS A:					
TUBERCULOSIS (in any form)					
LEPROSY (Hansen's Disease)					
DANGEROUS CONTAGIOUS DISEASES:					
Actinomycosis	Granuloma Inguinale	Ringworm of scalp			
Amebiasis	Keratoconjunctivitis infections	Schistosomiasis			
Blastomycosis	Leishmaniasis	Syphilis, infectious stage			
Chancroid	Lymphogranuloma Venereum	Trachoma			
Favus	Mycetoma	Trypanosomiasis			
Filariasis	Paragonimiasis	Yaws			
Gonorrhea					
MENTAL CONDITIONS:					
Feeble-mindedness (mental deficiency)	Previous occurrence of one or more attacks of insanity	Mental defect			
Insanity	Psychopathic personality	Narcotic drug addiction			
	Epilepsy (Idiopathic)	Chronic alcoholism			
		(See proviso, sec. 34.7, USPHS Regs.)			
CLASS B: Physical Defect, Disease, or Disability Serious in Degree or Permanent in Nature Amounting to a Substantial Departure from Normal Physical Well-Being.					
CLASS C: Minor Conditions.					
(Check number (1) below or complete number (2))					
My examination, including the X-ray and other reports below, revealed:					
(1) No defect, disease, or disability <input checked="" type="checkbox"/>					
(2) Defect, disease, or disability, or previous occurrence of one or more attacks of insanity, as follows (give class—A, B, or C—diagnosis, and pertinent details*):					
Chest X-ray report		J. DAVID ROGER, M.D., OTTAWA, ONTARIO		8/12/64	
No evidence of disease					
from Dr. Roger					
Blood serological report		Negative		from Dr.	
Urinalysis report		Not required			
from Dr.					
SIGNATURE OF MEDICAL TECHNICAL ADVISOR L. W. E. Flather, M. D.			TITLE		DATE OF FINAL NOTIFICATION

*L. W. E. Flather*

\*Continue on reverse side if necessary.

**B. GRAPHIC INFORMATION**

(b)(6)

(Family name) JENNINGS	(First name) Peter	(Middle name) Charles	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE(Mo.-Day-Yr.) 7/29/38	NATIONALITY Canadian	FILE NUMBER <div style="border: 2px solid black; width: 100px; height: 40px;"></div>
ALL OTHER NAMES USED (Including names by previous marriages) None			CITY AND COUNTRY OF BIRTH Toronto, Canada			
FATHER JENNINGS, Charles		5/14/07	Canada		Ottawa, Canada Deceased	
MOTHER(Maiden name) Elizabeth Osbourne		7/6/08	Canada			
HUSBAND(If none, so state) OR WIFE	FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE
	Marton	Katalin				
FORMER HUSBAND OR WIVES(if none, so state)						
FAMILY NAME (for wife, give maiden name)	FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE		
Godsoe	Valerie					
Malouf	Anne					

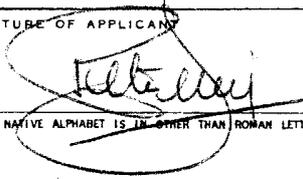
(b)(6)

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.				FROM		TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
<div style="border: 2px solid black; width: 100%; height: 20px;"></div>	NY	New York	USA	Jan.	85	PRESENT TIME	
	NY		USA	Oct.	83	Jan.	85
	London		England	Nov.	82	July	83
	London		England	Sept.	79	Nov.	82

APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR				FROM		TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
<div style="border: 2px solid black; width: 100%; height: 20px;"></div>	London		England	Sept.	64	Nov.	82

APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST			FROM		TO	
FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION(SPECIFY)	MONTH	YEAR	MONTH	YEAR	
ABC News, 7 West 66th St., NY, NY	Correspondent	Sept.	64	PRESENT TIME		

Show below last occupation abroad if not shown above. (Include all information requested above.)

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:	SIGNATURE OF APPLICANT	DATE
<input type="checkbox"/> NATURALIZATION		12/2/85
<input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT		
<input type="checkbox"/> OTHER (SPECIFY):	IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE.	
Are all copies legible? <input checked="" type="checkbox"/> Yes		

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

**APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.**

COMPLETE THIS BOX (Family name)	(Given name)	(Middle name)	(Alien registration number)
JENNINGS	Peter	Charles	<div style="border: 2px solid black; width: 100%; height: 20px;"></div>

(b)(6)



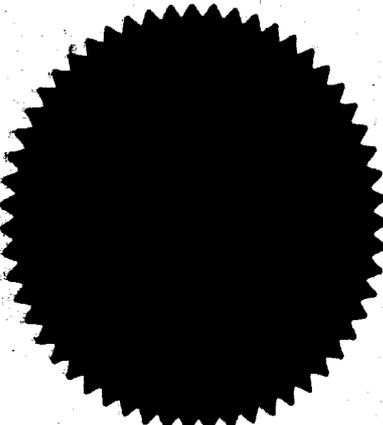
OFFICE OF THE REGISTRAR GENERAL  
 CERTIFIED  
 A TRUE PHOTOSTATIC PRINT  
 OF A RECORD  
 ON FILE AT THE  
 OFFICE OF THE REGISTRAR GENERAL  
 TORONTO ONTARIO  
 CANADA

Dec. 4, 1935

DATE ISSUED

*Rosemarie E. Gage*

ROSEMARIE E. GAGE (b)(6)  
 DEPUTY REGISTRAR GENERAL



815445

Form 4 PROVINCE OF ONTARIO  
**CERTIFICATE OF REGISTRATION OF BIRTH**  
 NOTE—In case of more than one child at a birth, a Separate Return must be made for each, and the number of each, & year of birth, stated.

Place (County of Ontario York) Township of Hick  
 1. of Birth (If in City, Town or Village Jamies Street \_\_\_\_\_ House No. \_\_\_\_\_  
 If in hospital or institution, give name Jamies General Hospital  
 2. FULL NAME OF CHILD Jamies Charles Audubert Quast  
 (Surname) (Given name or names)

3. Sex of child <u>male</u>	4. Single, twin, triplet or other <u>Single</u>	5. Was the child born alive? <u>yes</u>	6. Are the parents married? <u>yes</u>	7. Date of birth <u>July 19 1938</u>
--------------------------------	--	--	---	---

8. Full name <u>Jamies Charles</u> <u>Hickson</u> (Surname) (Given name)		14. Full maiden name <u>Roberta Elizabeth</u> <u>Quast</u> (Surname) (Given name)	
9. Residence _____ (Usual place of abode. If non-resident, give place and province)		15. Residence _____ (Usual place of abode. If non-resident, give place and province)	
10. Nationality <u>Canadian</u>		16. Nationality <u>Canadian</u>	
11. Racial origin <u>English</u>	12. Age at last birthday <u>29</u> years	17. Racial origin <u>Scottish</u>	18. Age at last birthday <u>31</u> years
13. Birthplace <u>Toronto Ontario</u> (Province or country)		19. Birthplace <u>Toronto Ontario</u> (Province or country)	
20. Occupation— (a) Trade or profession <u>BROADCASTING</u> (b) Business in which employed _____		21. CHILDREN OF YOUR MOTHER (including the present birth)— (a) Number born alive <u>14</u> (b) Number now living <u>7</u> (c) Number stillborn (born dead after twenty-eight weeks' pregnancy) <u>none</u>	

22. Was this a premature birth? No If premature, state length of pregnancy in completed weeks \_\_\_\_\_

23. Name of physician in attendance at birth Jack MAYNARD

24. Person giving information Chas. Irving Address \_\_\_\_\_

25. Place of marriage of parents \_\_\_\_\_

26. Date of marriage June 1938

27. Date of registration AUG 18 1938  
 DIVISION OF REGISTRATION (Registrar only)

**JAMES W. SOMERS**  
 DIVISION REGISTRAR  
 CITY OF TORONTO  
*J. A. ...*  
 SOLICITOR AT LAW  
 (Deputy Registrar)

I certify that I have compared this copy with its original and find it to be true and complete

*John L. Kelly* Date: 10/18/85

Notary Public in and for the State of New York  
 Address: 100 West 42nd Street, N.Y.C. N.Y. 10018

UNITED STATES DEPARTMENT OF JUSTICE  
IMMIGRATION AND NATURALIZATION SERVICE

(b)(6)

FILE NO:

Atty. filed Fragomen, Del Rey & Bernsen

DATE: 12-19-85

**MEDICAL EXAMINATION AND IMMIGRATION INTERVIEW**

Jennings, Peter Charles

**INSTRUCTIONS FOR MEDICAL EXAMINATION**

A medical examination is necessary as part of your application for adjustment of status to permanent resident. If you have reached your fifteenth birthday you must IMMEDIATELY obtain and bring with you when you appear for your medical examination a serology report and 14" X 17" chest X-ray film with a reading by a licensed physician interpreting the X-ray film. The serologic test must be performed by a laboratory approved by a state or local health department. The X-ray film and serologic test for syphilis may not be more than 90 days old. YOUR MEDICAL EXAMINATION CANNOT BE COMPLETED WITHOUT THE (1) SEROLOGIC REPORT, (2) X-RAY AND (3) READING OF THE X-RAY FILM.

Please note, also the box checked  below with regard to your medical examination.

- Please communicate immediately with the below listed physician or with one of the physicians on the attached list, if a list is attached, (1) to ascertain what arrangements you should make to obtain a serologic report, X-ray film and reading prior to your medical examination, and (2) to arrange for your medical examination by him, which must be completed before ... All expenses in connection with this examination must be paid by you.

PHYSICIAN'S NAME, ADDRESS, AND TELEPHONE NUMBER

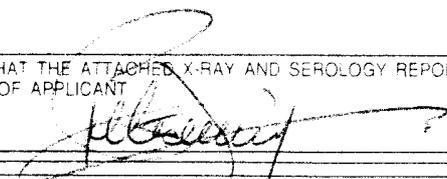
Please show this letter to any laboratory performing tests. Also present the copies of this letter to the physician performing the medical examination and furnish him with your signature written in his presence for inclusion with his report.

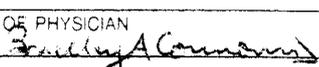
**MANHATTAN MEDICAL GROUP P.C.**  
MANHATTAN WEST  
172 AMSTERDAM AVENUE  
NEW YORK, NY 10023

**TO PHYSICIAN PERFORMING THE EXAMINATION**

PLEASE OBTAIN THE APPLICANT'S SIGNATURE IN THE SPACE PROVIDED AND MEDICALLY EXAMINE HIM FOR ELIGIBILITY FOR ADJUSTMENT OF STATUS IF THE APPLICANT IS FREE OF MEDICAL DEFECTS LISTED IN SECTION 212 (A) OF THE IMMIGRATION AND NATIONALITY ACT. ENDORSE THIS COPY OF FORM 1-486A IN THE SPACE PROVIDED AND HAND IT TO THE APPLICANT IN A SEALED ENVELOPE FOR PRESENTATION AT HIS IMMIGRATION INTERVIEW. IF THE APPLICANT IS NOT FREE OF SUCH MEDICAL DEFECTS DO NOT SIGN THIS FORM. INSTEAD WRITE 'SEE FS-398' IN THE PHYSICIAN'S SIGNATURE BLOCK AND PREPARE MEDICAL CERTIFICATE ON FORM FS-398 AND HAND IT TO THE APPLICANT IN A SEALED ENVELOPE TOGETHER WITH THIS COPY OF FORM 1-486A FOR PRESENTATION AT HIS IMMIGRATION INTERVIEW (IF EXAMINATION IS CONDUCTED BY A CIVIL SURGEON, INSERT IN ENVELOPE BOTH COPIES OF FORM 1-486A, X-RAYS AND LABORATORY REPORTS AND TWO COPIES OF FORM FS-398 IF APPLICANT IS NOT FREE OF MEDICAL DEFECTS)

DISTRICT DIRECTOR

I CERTIFY THAT THE ATTACHED X-RAY AND SEROLOGY REPORT (BLOOD TEST) RELATE TO ME SIGNATURE OF APPLICANT	PENALTY THE LAW PROVIDES SEVERE PENALTIES FOR KNOWINGLY AND WILFULLY FALSIFYING OR CONCEALING A MATERIAL FACT OR USING ANY FALSE DOCUMENTS IN CONNECTION WITH THIS APPLICATION
X 	

MY EXAMINATION INCLUDING X-RAY, BLOOD, SEROLOGICAL AND OTHER REPORTS WHEN NEEDED, SHOW THE APPLICANT TO BE FREE OF ANY DEFECTS, DISEASE OR DISABILITIES LISTED IN SECTION 212(A) OF THE IMMIGRATION AND NATIONALITY ACT AS AMENDED	
SIGNATURE OF PHYSICIAN 	DATE 2/1/86
TITLE M.D.	



MANHATTAN  
MEDICAL  
GROUP, P.C.

MANHATTAN WEST

172-Amsterdam Avenue, New York, N.Y. 10023 (212) 496-4600

VISIT DATE:

NAME:

I.D. #:

ORDERED BY:

1/27/86  
Peter Jennings  
Immigration  
Dr. Rothaus

RADIOLOGY REPORT

Chest Xray

CHEST XRAY:  
SHOWS NO SIGNIFICANT ABNORMALITY  
IN THE HEART OR LUNGS.

Y.S.

YAKOV S. SVRUTSKY, M.D.

MHC 050-1 (11/80)

White = Medical Records

Yellow = X-Ray Tech.

P = Transcription

CENTRALIZED LABORATORY SERVICES, INC., 43-25 HUNTER ST., LIC, NY 11101  
 FINAL REPORT REPORT DATE: 01/28/86 (00:00) PAGE 1  
 PATIENT: JENNINGS PETER MANHATTAN WEST CENTER 403 CTR. MD  
 ACCESSION NO.: 27/MS/4685 CHART NO.:  
 I.D. NO.: DRG.: RDHTAUS /  
 AGE: SEX: M DATES: COLLECTED 01/27/86 REC'D 01/27/86  
 SPECIMEN STATUS: NON FASTING

-----I. RAPPAPORT, M.D., LAB DIRECTOR-----

TEST NAME	RESULT	UNITS	( REF. RANGE )
*** SEROLOGY			
STS (IMMIGRATION)	NON REACT		

\*\*\* THIS IS A FINAL REPORT. \*\*\*

~~MINORAL REPORTS~~

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*[Handwritten signature]*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_

**PETITION TO CLASSIFY STATUS OF ALIEN RELATIVE  
FOR ISSUANCE OF IMMIGRANT VISA**

Fee Stamp  
**RECEIVED**  
**INFORMATION**

DEC 19 1985

Immigration and  
Naturalization Service  
New York, N.Y.

*(PLEASE NOTE - YOU ARE THE PETITIONER AND  
YOUR RELATIVE IS THE BENEFICIARY)*

TO THE SECRETARY OF STATE:

The petition was filed on <u>12/19/85</u>	<b>U.S. APPROVED INB.</b> <b>FEB 20 1986</b> <i>[Signature]</i> New York	<b>REMARKS</b> <input type="checkbox"/> PERSONAL INTERVIEW CONDUCTED <input type="checkbox"/> DOCUMENT CHECK ONLY <input type="checkbox"/> FIELD INVESTIGATION COMPLETED <input type="checkbox"/> APPROVAL PREVIOUSLY FORWARDED
The petition is approved for status under section: <input checked="" type="checkbox"/> <b>SPOUSE</b> <input type="checkbox"/> 201 (b) CHILD <input type="checkbox"/> 201 (b) PARENT <input type="checkbox"/> 203 (a) (1)		
<input type="checkbox"/> 203 (a) (2)	<b>DATE OF ACTION</b>	
<input type="checkbox"/> 203 (a) (4)	<b>DD</b>	
<input type="checkbox"/> 203 (a) (5)	<b>DISTRICT</b>	

(PETITIONER IS NOT TO WRITE ABOVE THIS LINE)

1. Name of beneficiary (Last, in CAPS) (First) (Middle) JENNINGS Peter Charles	2. Do Not Write In This Space	3. Beneficiary's marital status: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single
4. Other names used by beneficiary (including maiden name if married) -----		5. Has this beneficiary ever been in the U.S.? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
6. Country of beneficiary's birth Canada	7. Date of beneficiary's birth (Month, day, year) 7/29/38	8. Are beneficiary and petitioner related by adoption? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
9. Petitioner's name is: (Last, in CAPS) (First) (Middle) MARTON Katalin Ilona	10. petitioner's phone No. [Redacted]	11. The beneficiary is my: (relationship) Spouse
12. Other names used by petitioner (including maiden name if married woman)		
13. Name of beneficiary's spouse, if married, and date and country of birth (Omit this item if petition is for your spouse)		
14. Full address of beneficiary's spouse and children, if any (Omit this item if petition is for your spouse)  (b)(6)		
15. Names, birthdates and countries of birth of beneficiary's children: Elizabeth Ilona Marton Jennings [Redacted] Christopher Charles Jennings [Redacted]		
16. Check the appropriate box below and furnish the information required for the box checked: <input type="checkbox"/> Beneficiary will apply for a visa abroad at the American Consulate in _____ (CITY IN FOREIGN COUNTRY) (FOREIGN-COUNTRY) <input checked="" type="checkbox"/> Beneficiary is in the United States and will apply for adjustment of status to that of a lawful permanent resident in the office of the Immigration and Naturalization Service at <u>New York</u> (CITY) <u>New York</u> (STATE) if the application for adjustment of status is denied, the beneficiary will apply for a visa abroad at the American Consulate in <u>Toronto</u> (CITY IN FOREIGN COUNTRY) <u>Canada</u> (FOREIGN COUNTRY)		
17. Address in the United States where beneficiary will reside [Redacted] New York, NY 10024		
18. Address at which beneficiary is presently residing (Apt. No.) (Number and street) (Town or city) (Province or State) (ZIP Code) Same as #17 above		
19. (a) Beneficiary's address abroad (if any) is: (Number and Street) (Town or City) (Province) (Country) None		
(b) If the beneficiary's native alphabet is other than Roman letters, write his/her name and address in the native alphabet: (Name) (Number and Street) (Town or City) (Province) (Country)		

OVER

20. If beneficiary is in the United States, give the following information concerning beneficiary:

(a) Last arrived in U.S. as <u>H-1</u> (Visitor, student, exchange alien, crewman, stowaway, etc.) on (Month) (Day) (Year) <u>11/21/85</u>	(b) Date beneficiary's stay expired or will expire as shown on his Form I-94 or I-95. (Month) (Day) (Year) <u>12/30/85</u>	(c) Beneficiary's File number if any. A-  
(d) Name and address of beneficiary's present employer  <u>ABC News, 7 W. 66th Street, New York, NY</u>		(e) Date beneficiary began this employment  <u>7/1/83</u>

21. I was born: (Month) (Day) (Year) in: (Town or city) (State or Province) (Country)

**ORIGINAL DOCUMENT SEEN,  
COMPARED AND RETURNED.  
INFO - NYC - 39**

22.

23.

24.

b. Names of your prior spouses  
 (b)(6)

c. Names of spouse's prior spouses  
Valerie Godsoe; Anne Malouf

25. My residence in the United States is: (C/O, if appropriate) (Apt. No.) (Number and Street) (Town or city) (State) (ZIP Code)  
 New York, NY 10024

26. My address abroad (if any) is: (Number and street) (Town or city) (Province) (Country)

27. Last address at which I and my spouse resided together  
(Town or city) (State or Province) (Country) (Apt. No.) (Number and street) From (Month) (Year) To (Month) (Year)  
New York NY USA  NY

28. If this petition is for a child, (a) is the child married? \_\_\_\_\_ (b) is the child your adopted child? \_\_\_\_\_ If so, give  
the names, dates, and places of birth of all other children adopted by you. If none, so state.

29. If this petition is for a brother or sister, are both your parents the same as the alien's parents? \_\_\_\_\_ If not, submit a separate  
statement giving full details as to parentage, dates of marriage of parents, and the number of previous marriages of each parent.

30. If separate petitions are also being submitted for other relatives, give names of each and relationship to petitioner.  
No

31. Have you ever filed a petition for this alien before? \_\_\_\_\_ If so, give place and date of filing and result.  
No

32. **CERTIFICATION OF PETITIONER**

I certify, under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on (date) Dec 1 1985 Signature Walter Malouf

33. **SIGNATURE OF PERSON PREPARING FORM IF OTHER THAN PETITIONER**

I declare that this document was prepared by me at the request of the petitioner and is based on all information of which I have any knowledge

(SIGNATURE) (ADDRESS) (DATE)

CERTIFIED COPY OF AN ENTRY OF MARRIAGE



GIVEN AT THE GENERAL REGISTER OFFICE, LONDON

Application Number R7495

(b)(6)

1979 Marriage solemnized at the Register Office in the District of Kensington in the Royal Borough of Kensington and Chelsea

No.	When married	Name and surname	Age	Condition	Rank or profession	Residence at the time of marriage	Father's name and surname	Rank or profession of father
51	FIFTEENTH SEPTEMBER 1979	Peter Charles Archibald Ewart JENNINGS	41 years	Previous Marriage Dissolved	Journalist	[REDACTED]	Charles William JENNINGS (deceased)	Journalist
		Katalin Ilona MARTON	32 years	Previous Marriage Dissolved	Journalist		Endre MARTON	Journalist

Married in the Register Office

This marriage was solemnized between us, [Signature] in the presence of us, [Signature] by licence before me, [Signature] Superintendent Registrar, Maureen Hillier Registrar

I certify that I have compared this copy with the original and it is a true and correct copy.  
 Name: AUSTIN T. PROUDMAN, Registrar of Births, Deaths and Marriages  
 Address: 515 Marlborough Avenue, N.W.11, 10022

CERTIFIED to be a true copy of an entry in the certified copy of a register of Marriages in the Registration District of Kensington

Given at the GENERAL REGISTER OFFICE, LONDON, under the Seal of the said Office, the 21st day of November 1985

MX 936670

This certificate is issued in pursuance of section 65 of the Marriage Act 1949. Sub-section 3 of that section provides that any certified copy of an entry purporting to be sealed or stamped with the seal of the General Register Office shall be received as evidence of the marriage to which it relates without any further or other proof of the entry, and no certified copy purporting to have been given in the said Office shall be of any force or effect unless it is sealed or stamped as aforesaid.

CAUTION:—It is an offence to falsify a certificate or to make or knowingly use a false certificate or a copy of a false certificate intending it to be accepted as genuine to the prejudice of any person, or to possess a certificate knowing it to be false without lawful authority.



UNITED STATES DEPARTMENT OF JUSTICE

IMMIGRATION AND NATURALIZATION SERVICE

# COVER SHEET

## RECORD OF PROCEEDING

This is a permanent record of the Immigration and Naturalization Service. Any part of this record that is removed **MUST BE RETURNED** after it has served its purpose.

### INSTRUCTIONS

1. Place a separate cover sheet on the top of each Record of Proceeding.
2. Each Record of Proceeding is to be fastened on the inner left side of the file jacket in chronological order.
3. Any person temporarily removing any part of this record must make, date, and sign a notation to this effect which is to be retained in this record, below the cover sheet. The signer is responsible for replacing the removed material as soon as it has served its purpose.
4. See AM 2710 for detailed instructions.

APPLICATION TO EXTEND  
TIME OF TEMPORARY STAY

NYC  
6/3568

I HEREBY APPLY TO EXTEND MY  
TEMPORARY STAY IN THE UNITED STATES

PRESS FIRMLY--LEGIBLE COPY REQUIRED. PRINT OR TYPE YOUR NAME EXACTLY AS IT APPEARS ON YOUR ARRIVAL-DEPARTURE RECORD FORM I-94. IF YOUR MAILING ADDRESS IN THE U.S. IS WITH SOMEONE WHOSE FAMILY NAME IS DIFFERENT FROM YOURS, INSERT THAT PERSON'S NAME IN THE C/O BLOCK.

7. DATE TO WHICH EXTENSION IS REQUESTED:

12/30/84

1. YOUR NAME

FAMILY NAME (CAPITAL LETTERS) FIRST MIDDLE  
JENNINGS Peter

8. REASON FOR REQUESTING EXTENSION

Continue temporary assignment

IN CARE OF

C/O

2. MAILING ADDRESS IN U.S.

[Redacted]

FILE NUMBER

CITY STATE ZIP CODE  
New York NY 10017

3. DATE OF BIRTH (MO. DAY, YR.)

7/29/38

COUNTRY OF BIRTH

Canada

COUNTRY OF CITIZENSHIP

Canada

9. REASON FOR COMING TO THE U.S.

Accept temporary assignment

4. PRESENT NONIMMIGRANT CLASSIFICATION

H-1

DATE ON WHICH AUTHORIZED STAY EXPIRES

12/30/83

5. DATE AND PORT OF LAST ARRIVAL IN U.S.

10/83

Buffalo, NY

NAME OF VESSEL, AIRLINE, OR OTHER MEANS OF LAST ARRIVAL IN U.S.

CAR

10. HAS AN IMMIGRANT VISA PETITION EVER BEEN FILED IN YOUR BEHALF?

YES  NO  IF "YES", WHERE WAS IT FILED?

FOR GOVERNMENT USE ONLY  
 EXTENSION GRANTED TO (DATE)

12-30-84

DATE OF

[Redacted]

EXTENSION DENIED V.D. TO (DATE)

DD OR OFFICE

NEW YORK EAST  
MAR-30-84

11. HAVE YOU EVER APPLIED FOR AN IMMIGRANT VISA OR PERMANENT RESIDENCE IN THE U.S.?

YES  NO  IF "YES", WHERE DID YOU APPLY?

12. I INTEND TO DEPART FROM THE U.S. ON 12/30/84  
I AM IN POSSESSION OF A TRANSPORTATION TICKET FOR MY DEPARTURE YES  NO  have funds

13. PASSPORT NO. EXPIRES ON (DATE) ISSUED BY (COUNTRY)

14. NUMBER, STREET, CITY, PROVINCE (STATE) AND COUNTRY OF PERMANENT RES.

[Redacted] London UK

15. MY USUAL OCCUPATION IS:

Correspondent

16. SOCIAL SECURITY NO. (IF NONE, STATE "NONE")

[Redacted]

17. I  AM  AM NOT MARRIED. IF YOU WISH TO APPLY FOR EXTENSION FOR YOUR SPOUSE & CHILDREN, GIVE THE FOLLOWING. (SEE INSTRUCTION #1)

NAME OF SPOUSE AND CHILDREN

DATE OF BIRTH

COUNTRY OF BIRTH

PASSPORT ISSUED BY (COUNTRY) AND EXPIRES ON (DATE)

NOTE: IF SPOUSE AND CHILDREN FOR WHOM YOU ARE SEEKING EXTENSION DO NOT RESIDE WITH YOU, GIVE THEIR COMPLETE ADDRESS ON A SEPARATE ATTACHMENT TO THIS APPLICATION.

18. I (INSERT "HAVE" OR "HAVE NOT") have BEEN EMPLOYED OR ENGAGED IN BUSINESS IN THE UNITED STATES. IF YOU HAVE BEEN EMPLOYED OR ENGAGED IN BUSINESS IN THE UNITED STATES, COMPLETE THE REST OF THE BLOCK.

NAME AND ADDRESS OF EMPLOYER OR BUSINESS

(ABC News) American Broadcasting Company  
7 West 66th St., New York, NY

INCOME PER WEEK, DATES EMPLOYMENT OR BUSINESS BEGAN & ENDED

[Redacted] 6/83 - Present

I certify that the above is true and correct

SIGNATURE OF APPLICANT

[Handwritten Signature]

DATE

12-30-83

SIGNATURE OF PERSON PREPARING FORM, IF OTHER THAN APPLICANT

I declare that this document was prepared by me at the request of the applicant and is based on all information on which I have any knowledge

SIGNATURE

ADDRESS

DATE

ATTACH YOUR FORM I-94 OR SW-634--\*DO NOT SEND YOUR PASSPORT

RECEIVED	TRANS. IN	RET'D.-TRANS. OUT	COMPLETED

REMARKS

100-300  
100-300  
100-300

(b)(6)

FORM G-711  
(7-1-77)

FILE COPY

# Individual Fee Register Receipt

UNITED STATES DEPARTMENT OF JUSTICE  
Immigration and Naturalization Service

FEE PAID NUMBER **NYC 613568**

APPLICANT *Jennings, Peter* DATE *12/28/83*  
REMITTER - IF OTHER THAN APPLICANT

APPLICATION FORM NUMBER (CIRCLE)					
G-639	<u>I-129 B</u>	I-192	I-290 A	I-600	N-577
G-641	I-129 F	I-193	I-290 B	I-601	N-580
G-657	I-130	I-196	I-485	I-612	N-600
I-17	I-131	I-212	I-506	N-455	
I-90	I-140	I-246	<u>I-539</u>	N-470	
I-102	I-191	I-256A	I-570	N-565	
BANK TRANSIT NO.	OTHER				

TYPE OF REMITTANCE (CIRCLE)	<u>PC</u>	BC	MO	IMO	C
--------------------------------	-----------	----	----	-----	---

ISSUING SECTION (CIRCLE)	<u>INF</u>	T C	M & F	OTHER (ABBR.)
-----------------------------	------------	-----	-------	---------------

REC'D BY (INITIALS)	<i>AS</i>	AMOUNT	\$ <i>50</i>
---------------------	-----------	--------	--------------

STAPLE TO TOP RIGHT EDGE OF APPLICATION

UNITED STATES DEPARTMENT OF JUSTICE

IMMIGRATION AND NATURALIZATION SERVICE

# COVER SHEET

## RECORD OF PROCEEDING

This is a permanent record of the Immigration and Naturalization Service. Any part of this record that is removed **MUST BE RETURNED** after it has served its purpose.

### INSTRUCTIONS

1. Place a separate cover sheet on the top of each Record of Proceeding.
2. Each Record of Proceeding is to be fastened on the inner left side of the file jacket in chronological order.
3. Any person temporarily removing any part of this record must make, date, and sign a notation to this effect which is to be retained in this record, below the cover sheet. The signer is responsible for replacing the removed material as soon as it has served its purpose.
4. See AM 2710 for detailed instructions.

**NOTICE OF ENTRY OF APPEARANCE AS ATTORNEY OR REPRESENTATIVE**

In re <u>I-602 Application of Peter Jennings</u>	DATE <u>12-22-83</u>
	FILE No.

I hereby enter my appearance as attorney for (or representative of), and at the request of, the following named person(s)

NAME <u>Peter Jennings</u>	<input type="checkbox"/> Petitioner <input type="checkbox"/> Beneficiary <input checked="" type="checkbox"/> Applicant
AD <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span> NY NY 10017	(City) (State) (ZIP Code)
NAME <u>(b)(6)</u>	<input type="checkbox"/> Petitioner <input type="checkbox"/> Beneficiary <input type="checkbox"/> Applicant
ADDRESS (City, State, Zip)	(City) (State) (ZIP Code)

Check Applicable Item(s) below

1. I am an attorney and a member in good standing of the bar of the Supreme Court of the United States or of the highest court of the following State, territory, insular possession, or District of Columbia

New York and am not under a court or administrative agency order suspending, enjoining, restraining, disbaring, or otherwise restricting me in practicing law.

(Name of Court)

2. I am an accredited representative of the following named religious, charitable, social service, or similar organization established in the United States and which is so recognized by the Board:

3. I am associated with \_\_\_\_\_, the attorney of record who previously filed a notice of appearance in this case and my appearance is at his request. (If you check this item, also check item 1 or 2 whichever is appropriate.)

4. Others (Explain fully.)

SIGNATURE 	COMPLETE ADDRESS 515 Madison Avenue New York, NY 10022
NAME (Type or Print) FRAGOMEN, DEL REY & BERNSEN, P.C.	TELEPHONE NUMBER (212) 688-8555

PURSUANT TO THE PRIVACY ACT OF 1974, I HEREBY CONSENT TO THE DISCLOSURE TO THE FOLLOWING NAMED ATTORNEY OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY IMMIGRATION AND NATURALIZATION SERVICE SYSTEM OF RECORDS \_\_\_\_\_

(Name of Attorney or Representative)

THE ABOVE CONSENT TO DISCLOSE IS IN CONNECTION WITH THE FOLLOWING MATTER \_\_\_\_\_

NAME OF PERSON CONSENTING	SIGNATURE OF PERSON CONSENTING	DATE
---------------------------	--------------------------------	------

**(NOTE: Execution of this box is required under the Privacy Act of 1974 where the person being represented is a citizen of the United States or an alien lawfully admitted for permanent residence.)**

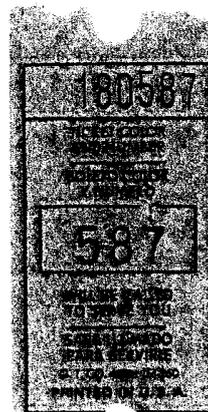
### Individual Fee Register Receipt

UNITED STATES DEPARTMENT OF JUSTICE  
Immigration and Naturalization Service

FEE PAID NUMBER					<b>NYC 613567</b>	
APPLICANT <i>Jennings, P.</i>					DATE <i>12/28/83</i>	
REMITTER - IF OTHER THAN APPLICANT						
APPLICATION FORM NUMBER (CIRCLE)						
G-639	I-129 B	I-192	I-290 A	I-600	N-577	
G-641	I-129 F	I-193	I-290 B	I-601	N-580	
G-657	I-130	I-196	I-485	I-612	N-600	
I-17	I-131	I-212	I-506	N-455		
I-90	I-140	I-246	I-539	N-470		
<u>I-102</u>	I-191	I-256A	I-570	N-565		
BANK TRANSIT NO.		OTHER				
TYPE OF REMITTANCE (CIRCLE)		<u>PC</u>	BC	MO	IMO	C
ISSUING SECTION (CIRCLE)		<u>INF</u>	T C	M & F	OTHER (ABBR.)	
REC'D BY (INITIALS) <i>AS</i>				AMOUNT \$ <i>15-</i>		

STAPLE TO TOP RIGHT EDGE OF APPLICATION

GPO: 1980-332-126



APPLICATION BY NONIMMIGRANT ALIEN  
FOR REPLACEMENT OF ARRIVAL DOCUMENT

(READ INSTRUCTIONS ON REVERSE)

Fee Stamp

NYC  
6/3567

1. I hereby apply for: (Check the appropriate box below to indicate the purpose of your application.)

- A  REPLACEMENT OF LOST, MUTILATED, OR DESTROYED ARRIVAL-DEPARTURE RECORD (FORM I-94)
- B  REPLACEMENT OF LOST, MUTILATED, OR DESTROYED CREWMAN'S LANDING PERMIT (FORM I-95)
- C  REPLACEMENT OF INCORRECT ARRIVAL-DEPARTURE RECORD (FORM I-94) OR CREWMAN'S LANDING PERMIT (FORM I-95)

(b)(6)

2. YOUR NAME	FAMILY NAME (Capital Letters)	FIRST	MIDDLE		4. Country of Citizenship
3. MAILING ADDRESS IN U. S.	Number and Street (Apt. No.)				Canada
	City	State	ZIP Code		5. Passport or Alien Registration Number (If Any)
6. Means of Last Arrival in the U. S. (Name of Vessel, or Airline & Flight No., etc.)					7. Place (City) where transportation was boarded
8. Address Outside the United States (Number) (Street) (City) (Province or State) (Country)					
9. Date of Birth (Month)(Day)(Year)		10. Country of Birth		11. Place Visa Issued (City) (Country)	
12. Date Visa Issued (Month)(Day)(Year)		13. Last Admitted to U.S. at (City) (State)		14. Date Last Admitted to U.S. (Month)(Day)(Year)	
15. Name Used When Last Admitted to the U. S. (If same as item "2", write "Same")					
16. Status at Time of Admission				17. Date to Which Stay Has Been Authorized (Month)(Day)(Year)	

FILL IN THIS BLOCK IF YOU ARE APPLYING FOR REPLACEMENT OF YOUR ARRIVAL-DEPARTURE RECORD OR CREWMAN'S LANDING PERMIT

18. My Arrival-Departure Record or Crewman's Landing Permit became  lost  mutilated  destroyed  
 on or about 11/83 at NYC NY under the following circumstances misplaced at office

If my document is recovered or I ascertain its whereabouts, I will surrender it or report the facts to the Immigration and Naturalization Service.

SIGNATURE OF PERSON PREPARING FORM, IF OTHER THAN APPLICANT		SIGNATURE OF APPLICANT	
19. I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.		20. I certify that the above statements are true and correct to the best of my knowledge and belief.	
Signature: <u>Maria K. Madler</u>		Complete signature of applicant: <u>[Redacted]</u>	
Address: <u>6 Kaymen Del Rey Bensen</u> <u>515 Madison NYC</u>		Date: <u>12/22/83</u>	Date signed: <u>[Redacted]</u>

RECEIVED	TRANS. IN	RET'D-TRANS. OUT	COMPLETED
----------	-----------	------------------	-----------

APPLICANT: DO NOT WRITE BELOW THIS LINE

Requesting Office		(By Searching Office)	
Date		<input checked="" type="checkbox"/> Record located; copy attached <input type="checkbox"/> Unable to verify	
I recommend that application be <input checked="" type="checkbox"/> Granted <input type="checkbox"/> Denied  <i>[Signature]</i> (Immigration Officer)		DATE OF ACTION DD <b>NYC - 2 1984</b> DISTRICT <b>NEW YORK / 1984</b>	
Remarks:		Date Replacement Issued <b>3-16-84 NYC/CA/1</b>	

### INSTRUCTIONS

1. HOW TO PREPARE - Fill in, in single copy only, by typewriter, or print in block letters in ink.
2. WHERE TO SUBMIT THIS APPLICATION - You may mail this application or submit it in person to the Immigration office having jurisdiction over the place where you are residing in the United States.
3. MUTILATED OR INACCURATE DOCUMENTS - If you have a mutilated or inaccurate document in your possession, it must be attached to this application. If you checked Box "C" of item 1, there must be attached to this application a statement dated and signed by you citing specifically the information on your Form I-94 or I-95 that requires correction and the reason why such information is incorrect.
4. FEE - If you checked box "A" or "B" of item 1, a fee of five dollars (\$5) must be paid for filing this application. It cannot be refunded regardless of the action taken on the application DO NOT MAIL CASH. Payment by check or money order must be drawn on a bank or other institution located in the United States and be payable in United States currency. If applicant resides in the Virgin Islands, check or money order must be payable to the "Commissioner of Finance of the Virgin Islands." If applicant resides in Guam, check or money order must be payable to the "Treasurer, Guam." All other applicants must make the check or money order payable to the "Immigration and Naturalization Service." When check is drawn on an account of a person other than the applicant, the name of the applicant must be entered on the face of the check. Personal checks are accepted subject to collectibility. An uncollectible check will render the application and any documents issued pursuant thereto invalid. A charge of \$5.00 will be imposed if a check in payment of a fee is not honored by the bank on which it is drawn.
5. PENALTIES - Severe penalties are provided by law for knowingly and willfully falsifying or concealing a material fact or using any false document in the submission of this application. Also, a false representation may result in the denial of this application and any other application you may make for any benefit under the immigration laws of the United States

UNITED STATES DEPARTMENT OF JUSTICE

IMMIGRATION AND NATURALIZATION SERVICE

# COVER SHEET

## RECORD OF PROCEEDING

This is a permanent record of the Immigration and Naturalization Service. Any part of this record that is removed **MUST BE RETURNED** after it has served its purpose.

### INSTRUCTIONS

1. Place a separate cover sheet on the top of each Record of Proceeding.
2. Each Record of Proceeding is to be fastened on the inner left side of the file jacket in chronological order.
3. Any person temporarily removing any part of this record must make, date, and sign a notation to this effect which is to be retained in this record, below the cover sheet. The signer is responsible for replacing the removed material as soon as it has served its purpose.
4. See AM 2710 for detailed instructions.

A RE-ENTRY PERMIT DOES NOT PROTECT NATURALIZATION RESIDENCE. SEE INSTRUCTIONS ATTACHED FOR INFORMATION CONCERNING EFFECT OF ABSENCE ON ELIGIBILITY FOR NATURALIZATION. READ THIS FORM AND ATTACHED INSTRUCTIONS CAREFULLY BEFORE FILLING IN THIS APPLICATION.

~~\$10.00~~ FEE STAMP ~~60-246-109~~  
6/20/69 WTC

(b)(6) **APPLICATION FOR PERMIT TO RE-ENTER THE UNITED STATES** as provided in section 223 of the Immigration and Nationality Act. (Fill in with typewriter or print in block letters in ink)

IMPORTANT: You must submit your Alien Registration Receipt Card with this application.

1. CHECK (a) <input checked="" type="checkbox"/> I am an alien lawfully admitted to the United States for permanent residence. ONE (b) <input type="checkbox"/> I am a treaty merchant, lawfully admitted to the United States between July 1, 1924, and July 5, 1932, both dates inclusive, pursuant to section 3(6) of the Immigration Act of 1924, to carry on trade pursuant to a treaty of commerce and navigation.				
2. NAME (First Name) Peter		(Middle Name) CHARLES ARTHUR EDWARD	(Family Name) JENNINGS	ALIEN REGISTRATION NUMBER A-17 [REDACTED]
ADDRESS (Number) (Street) [REDACTED]		(City/Town) NEW YORK	(State) NEW YORK	(Zip Code) 10021
DATE OF BIRTH (Month, Day, Year) July 29 - 1938	COUNTRY OF BIRTH CANADA	COUNTRY OF NATIONALITY CANADIAN	COLOR OF EYES BROWN	COLOR OF HAIR BROWN
HEIGHT 6 FEET 2 INCHES	VISIBLE MARKS AND SCARS NONE			
3. FILL IN THE ITEMS IN THIS BLOCK ONLY IF YOU HAVE PREVIOUSLY OBTAINED A PERMIT TO RE-ENTER.				
ISSUANCE DATE OF LAST PERMIT	LOCATION OF IMMIGRATION AND NATURALIZATION OFFICE ISSUING LAST PERMIT (City and State)		MY LAST PERMIT <input type="checkbox"/> IS ATTACHED <input type="checkbox"/> IS NOT ATTACHED	
IF THE PERMIT IS NOT ATTACHED, STATE REASON:				
4. FILL IN THE ITEMS IN THIS BLOCK AS TO first ARRIVAL IN UNITED STATES FOR PERMANENT RESIDENCE OR AS A TREATY MERCHANT				
NAME UNDER WHICH ADMITTED Peter Jennings		PORT OF ARRIVAL ROUSES POINT	DATE OF ARRIVAL September 7 - 1964	
FATHER'S NAME AT TIME OF YOUR ARRIVAL CHARLES WILLIAM JENNINGS		MOTHER'S MAIDEN NAME ELIZABETH EWART OSBORNE		
MEANS OF CONVEYANCE AND NAME OF TRANSPORTATION COMPANY TRAIN - NEW YORK GRAND CENTRAL		IF ARRIVAL WAS BY VESSEL, GIVE NAME OF VESSEL		
5. FILL IN THE ITEMS IN THIS BLOCK AS TO last ARRIVAL IN UNITED STATES. (Exclude any re-entry after an absence of less than six months in Canada or Mexico.)				
NAME UNDER WHICH ADMITTED Peter Jennings		PORT OF ARRIVAL NEW YORK	DATE OF ARRIVAL June 16 1969	
MEANS OF CONVEYANCE AND NAME OF TRANSPORTATION COMPANY AIRLINE - (AIR CANADA)		IF ARRIVAL WAS BY VESSEL, GIVE NAME OF VESSEL N/A		
6. PORT OF Proposed DEPARTURE FROM UNITED STATES NEW YORK CITY		DATE OF Proposed DEPARTURE June 25 1969	LENGTH OF INTENDED ABSENCE ABROAD 4 WEEKS	
NAME OF TRANSPORTATION COMPANY AIR CANADA		IF DEPARTURE IS TO BE BY VESSEL, GIVE NAME OF VESSEL		
MAILING ADDRESS ABROAD UNKNOWN				
COUNTRIES TO BE VISITED (List each country) CANADA - MEXICO - CUBA				
REASONS FOR GOING ABROAD (Be concise and complete): JOURNALIST - DOCUMENTARY film				
7. I <input checked="" type="checkbox"/> DID <input type="checkbox"/> DID NOT REGISTER FOR SELECTIVE SERVICE				
8. PRESENT OCCUPATION NATIONAL ROVING CORRESPONDENT (TELEVISION)			SOCIAL SECURITY ACCOUNT NUMBER [REDACTED]	
NAME OF EMPLOYER AMERICAN BROADCASTING COMPANY (ABC NEWS)		ADDRESS OF EMPLOYER 7 WEST 66th ST - NEW YORK NY 10023		

9. If you checked 1(b), fill in the items in this block.

- (a)  have continuously maintained the status of a treaty merchant since the date of my admission to the United States.  
 have not
- (b) Briefly describe and show period of each business activity since date of admission:

(c) Upon my return from abroad I intend to--

- resume my present business activities  
 engage in a different business, as follows:

10. CHECK  My Alien Registration Receipt Card is attached.  
 ONE:  Application Form I-90 for issuance of Alien Registration Receipt Card is attached.

11. The Permit to Re-enter, if issued, should be forwarded with my Alien Registration Receipt Card to:  
 My address as shown in block #2 on reverse.  
 Immigration and Naturalization Office at \_\_\_\_\_  
 Other (Specify) \_\_\_\_\_

12. I do swear (affirm) that I know the contents of this application signed by me and that the statements herein are true and correct. (If application completed by other than applicant, that person must execute item 13.)

NOTE.—This application may be sworn before an officer of the Immigration and Naturalization Service without payment of notarial fee

Subscribed and sworn to (affirmed) before me this 20 day of June, A.D. 19 69  
 at NY NY

*Waiting*  
*[Signature]*  
 (Signature of applicant)  
*[Signature]*  
 (Signature of officer administering oath)  
*S. S. D.*  
 (Title)

13. SIGNATURE OF PERSON PREPARING FORM, IF OTHER THAN APPLICANT

I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

(Signature) (Address) (Date)

**APPLICANT—DO NOT WRITE BELOW THIS LINE**

Action on Application for Permit to Re-enter:

- Granted. Permit valid to \_\_\_\_\_  
 Single entry  
 Multiple entries

Restriction on travel in following countries waived:

*Cuba only*

Action with regard to Alien Registration Receipt Card

- I-151 submitted by Alien returned *6/20/69*  
 AR-103 or AR-3 submitted by Alien returned *atb*  
 New I-151 issued on basis of I-90

*Approved by U.S. State Dept (see memo in file)*

Denied. Reason \_\_\_\_\_

SIGNATURE OF IMMIGRATION OFFICER

*Harold Rand*

OFFICE

*New York, NY*

DATE

*JUN 20 1969*

DELIVERY OF PERMIT

- BY MAIL  
 TO APPLICANT PERSONALLY

INITIALS OF EMPLOYEE EFFECTING DELIVERY

*P.M.*

OFFICE

*NYC*

DATE

*6/20/69*

UNITED STATES DEPARTMENT OF JUSTICE

IMMIGRATION AND NATURALIZATION SERVICE

# COVER SHEET

## RECORD OF PROCEEDING

This is a permanent record of the Immigration and Naturalization Service. Any part of this record that is removed **MUST BE RETURNED** after it has served its purpose.

### INSTRUCTIONS

1. Place a separate cover sheet on the top of each Record of Proceeding.
2. Each Record of Proceeding is to be fastened on the inner left side of the file jacket in chronological order.
3. Any person temporarily removing any part of this record must make, date, and sign a notation to this effect which is to be retained in this record, below the cover sheet. The signer is responsible for replacing the removed material as soon as it has served its purpose.
4. See AM 2710 for detailed instructions.

A REENTRY PERMIT DOES NOT PROTECT NATURALIZATION RESIDENCE. SEE INSTRUCTIONS ATTACHED FOR INFORMATION CONCERNING EFFECT OF ABSENCE ON ELIGIBILITY FOR NATURALIZATION. READ THIS FORM AND ATTACHED INSTRUCTIONS CAREFULLY BEFORE FILLING IN THIS APPLICATION.

APPLICATION FOR PERMIT TO REENTER THE UNITED STATES

(b)(6)

(Fill in with typewriter or print in block letters in ink)

IMPORTANT: You must submit your Alien Registration Card with this application.

I hereby apply for a permit to reenter the United States, as provided in section 223 of the Immigration and Nationality Act.

1. CHECK ONE				
(a) <input checked="" type="checkbox"/> I am an alien lawfully admitted to the United States for permanent residence.				
(b) <input type="checkbox"/> I am a treaty merchant, lawfully admitted to the United States between July 1, 1924, and July 5, 1932, both dates inclusive, pursuant to section 3(6) of the Immigration Act of 1924, to carry on trade pursuant to a treaty of commerce and navigation.				
2. NAME (First Name) Peter		(Middle Name) Charles	(Family Name) JENNINGS	ALIEN REGISTRATION NUMBER A - [ ]
DATE OF BIRTH (Month, Day, Year) 29 July-1938	COUNTRY OF BIRTH Canada	COUNTRY OF CITIZENSHIP Canada	COLOR OF EYES Brown	COLOR OF HAIR Brown
VISIBLE MARKS AND SCARS None				
[ ] INCHES		(City/Town) New York 21	(State) New York	
BLOCK ONLY IF YOU HAVE PREVIOUSLY OBTAINED A PERMIT TO REENTER.				
PERMIT LAST PERMIT (City and State)	LOCATION OF IMMIGRATION AND NATURALIZATION OFFICE ISSUING		MY LAST PERMIT <input type="checkbox"/> IS ATTACHED <input type="checkbox"/> IS NOT ATTACHED	
ATTACHED, STATE REASON:				
BLOCK AS TO first ARRIVAL IN UNITED STATES FOR PERMANENT RESIDENCE OR AS A TREATY MERCHANT.				
NAME Charles Jennings	PORT OF ARRIVAL New York City	DATE OF ARRIVAL Sept 7/64		
DATE OF YOUR ARRIVAL	MOTHER'S MAIDEN NAME Elizabeth Osborne			
MEANS OF TRANSPORTATION AND NAME OF TRANSPORTATION COMPANY Railroad-New York Central	IF ARRIVAL WAS BY VESSEL, GIVE NAME OF VESSEL			
5. FILL IN THE ITEMS IN THIS BLOCK AS TO last ARRIVAL IN UNITED STATES. (Exclude any reentry after an absence of less than six months in Canada or Mexico.)				
NAME UNDER WHICH ADMITTED Peter Jennings	PORT OF ARRIVAL New York City	DATE OF ARRIVAL April 12		
MEANS OF CONVEYANCE AND NAME OF TRANSPORTATION COMPANY Airplane-Air Canada	IF ARRIVAL WAS BY VESSEL, GIVE NAME OF VESSEL			
6. PORT OF Proposed DEPARTURE FROM UNITED STATES New York City	DATE OF Proposed DEPARTURE July 4th	LENGTH OF INTENDED ABSENCE ABROAD 6 weeks		
NAME OF TRANSPORTATION COMPANY various TWA new York to UAR	IF DEPARTURE IS TO BE BY VESSEL, GIVE NAME OF VESSEL			
MAILING ADDRESS ABROAD American Broadcasting Co. News bureaus in Asia China				
COUNTRIES TO BE VISITED (List each country) India, North vietnam, United Arab Republic, China, Soviet Union, Japan, Thailand				
REASONS FOR GOING ABROAD (Be concise and complete): general news assignment				



7.  DID REGISTER FOR SELECTIVE SERVICE  
 DID NOT

8. PRESENT OCCUPATION Television News Commentator

NAME OF EMPLOYER American Broadcasting Company ADDRESS OF EMPLOYER 7 west 66th street New York 23 NY

9. If you checked 1(b), fill in the items in this block.

(a) I  have continuously maintained the status of a treaty merchant since the date of my admission to the United States.  
 have not

(b) Briefly describe and show period of each business activity since date of admission:

(c) Upon my return from abroad I intend to -  
 resume my present business activities  
 engage in a different business, as follows:

10. CHECK  My Alien Registration Card is attached  
 ONE:  Application Form I-90 to replace my lost or destroyed Alien Registration Card is attached.

11. The Permit to Reenter, if issued, should be forwarded with my Alien Registration Card to:  
 My address as shown in block #2 on reverse.  
 Immigration and Naturalization Office at  
 Other (Specify) ABC News 7 west 66th street New York 23 New York

12. I do swear (affirm) that I know the contents of this application signed by me and that the statements herein are true and correct. (If application completed by other than applicant, that person must execute item 13.)  
 NOTE.--This application may be sworn before an officer of the Immigration and Naturalization Service without payment of notarial fee

[Signature]  
 (Signature of applicant)

Subscribed and sworn to (affirmed) before me this 29 day of June, A.D. 19 65  
New York NOTARY PUBLIC, State of New York  
 No. 43-9418178

[SEAL] My commission expires Qualified in Richmond County  
Cert. filed in New York County  
Commission Expires March 30, 1966  
Sarahy J. Abrinsola Notary Public  
 (Signature of officer administering oath) (Title)

13. Signature of person preparing form, if other than applicant. I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge

Address of person preparing form, if other than applicant.

**APPLICANT - DO NOT WRITE BELOW THIS LINE**

Action on Application for Permit to Reenter:  
 Granted. Permit valid to JUNE 29 1966  
 Single entry  
 Multiple entries  
 Restriction on travel in following countries waived: None  
 Denied. Reason

Action with regard to Alien Registration Card  
 I-151 submitted by Alien returned  
 New I-151 issued in lieu of AR-103 or AR-3  
 New I-151 issued on basis of I-90

I 31 JUN 1965  
RP 001 255

SIGNATURE OF IMMIGRATION OFFICER <u>[Signature]</u>		OFFICE	DATE
DELIVERY OF PERMIT <input type="checkbox"/> BY MAIL <input type="checkbox"/> TO APPLICANT PERSONALLY	INITIALS OF EMPLOYEE EFFECTING DELIVERY <u>[Initials]</u>	OFFICE	DATE

(Please tear off this sheet before  
submitting application)

## INSTRUCTIONS

Form I-151 (Alien Registration Card) may be used instead of a reentry permit for readmission into the United States, except from communist-dominated countries, after an absence of *not more than 1 year*. If you nevertheless prefer to receive a reentry permit, submit the attached application, Form I-131, in accordance with the instructions hereunder.

1. Who May Apply.--Any alien (1) lawfully admitted to the United States for permanent residence, or (2) lawfully admitted to the United States as a treaty merchant pursuant to section 3(6) of the Immigration Act of 1924, between July 1, 1924, and July 5, 1932, both dates inclusive, who intends to depart temporarily from the United States, may apply under section 223 of the Immigration and Nationality Act for a permit to reenter the United States. A separate application must be submitted by each alien, regardless of age. A parent or guardian may file an application in behalf of a child who is under the age of 14 years. A permit to reenter the United States will cover only one applicant.
2. Execution of Application.-- This application must be affirmed or made under oath. It may be sworn to or affirmed before an officer of the Immigration and Naturalization Service, without payment of notarial fee. It may also be sworn to or affirmed before a notary public or other officer authorized to administer oaths for general purposes; in such cases the official seal or certificate of authority to administer oaths must be affixed.
3. Submission of Application.-- This application must be submitted while you are in the United States and should be submitted, at least 30 days before the proposed date of your departure, to the Immigration and Naturalization Service office nearest your place of residence.
4. Alien Registration Card.-- You must attach to this application your alien registration card (Form I-151, AR-3, AR-103 or I-94). If such card is not Form I-151 and you are a lawful permanent resident of the United States, you must also submit an additional photograph in accordance with the specifications of item 5 hereunder, and you will be issued a new alien registration card on Form I-151 without fee and without application therefor. If your alien registration card is lost or destroyed you must execute and attach an application for such card on Form I-90 with \$5.00 fee in accordance with the instructions on that Form. Your alien registration card or a replacement therefor will be returned to you.
5. Photographs.-- You must send with this application two photographs of yourself taken within 30 days of the date of this application. These photographs must be identical, 2 by 2 inches in size and distance from top of head to point of chin should be approximately 1-1/4 inches. Either black and white or color photographs are acceptable. Photographs MUST BE ON THIN PAPER, have a light background, and clearly show a front view of your face without hat. Color photographs must be printed on a paper base. Black and white prints which have been colored, snapshots, or group photographs will not be accepted. Photographs must be signed by you on the left margin and not on the face or clothing.
6. Fee.-- A fee of ten dollars (\$10), payable in United States currency, must accompany this application. If you mail this application, attach money order or check. DO NOT SEND CASH. Money order or check should be drawn on a United States bank to the order of "Immigration and Naturalization Service, Department of Justice." If residing in the Virgin Islands, draw remittance in favor of the "Commissioner of Finance of the Virgin Islands." If residing in Guam, draw remittance in favor of the "Treasurer, Guam." In the event favorable action is not taken on the application, the fee will be refunded.
7. Delivery of Permit.-- When a permit to reenter is issued, it will be mailed to the applicant at his address in the United States as shown on the application form, unless the applicant requests that it be mailed to a different address in the United States. If the applicant finds it absolutely necessary to depart from the United States before securing the permit, an Immigration and Naturalization officer should be consulted before leaving the United States.
8. Extensions.-- The permit if issued shall be valid for not more than one year from the date of issuance. However, the Attorney General may in his discretion extend the validity of the permit for a period or periods not exceeding one year in the aggregate. If the holder of a permit to reenter desires an extension thereof, he must prior to the expiration of validity of such permit submit to the Immigration and Naturalization Service office having jurisdiction over the holder's place of residence in the United States, or having jurisdiction over the place in which the holder is temporarily sojourning abroad, an application on Form I-143. The application for extension may also be submitted to certain designated American consular officers abroad. Inquiry may be made at any immigration office for the location of United States immigration officers abroad and consular officers authorized to extend reentry permits.

The application for extension should be mailed between 30 and 90 days prior to the expiration of the permit to reenter, and must be accompanied by the reentry permit sought to be extended and by a fee of \$10 drawn as indicated under "Fee" above.

## EFFECT, UNDER IMMIGRATION LAWS, OF PERMIT TO REENTER

This permit shall have no effect under the immigration laws, except to show that said alien is returning from a temporary visit abroad; nor shall it be construed to be the exclusive means of establishing that the alien is so returning. The possession of an unexpired permit to reenter the United States relieves the alien to whom it is issued from the necessity of securing a visa from an American consul before returning to this country. It does not, however, relieve the person to whom the permit is issued from meeting all other requirements of the immigration laws. Persons who have been convicted of or admit having committed a felony or other crime or misdemeanor involving moral turpitude either before or after entering the United States, other criminals, immoral, insane, mentally or physically defective aliens, those afflicted with a loathsome or dangerous contagious disease, and others found to be inadmissible under the Immigration and Nationality Act are subject to exclusion if attempting to reenter, notwithstanding they may be in possession of reentry permits.

## EFFECT OF ABSENCE FROM UNITED STATES UPON NATURALIZATION ELIGIBILITY

A permit to reenter does not relieve the person to whom issued from meeting the requirements of the naturalization laws. Notwithstanding the possession of a reentry permit, absence from the United States by an applicant for naturalization for a continuous period of 1 year or more during the period for which continuous residence in the United States is required for admission to citizenship will break the continuity of such residence, except where, prior thereto, the Attorney General has approved an absence in the employment of, or under contract with, the United States Government or an American institution of research recognized as such by the Attorney General, or in the employment of an American firm or corporation engaged in whole or part in the development of foreign trade and commerce of the United States or a subsidiary thereof, more than 50 percent of whose stock is owned by an American firm or corporation or in the employment of a public international organization of which the United States is a member by treaty or statute and by which the alien was not employed until after being lawfully admitted for permanent residence. In order to qualify for such approval the applicant must have been physically present and residing in the United States, after being lawfully admitted for permanent residence, for an uninterrupted period of at least one year. The granting of such approval does not exempt the applicant from the requirement that he be physically present in the United States for at least one-half of the period of residence required for naturalization except in the case of those persons who are employed by, or under contract with, the Government of the United States, those persons who are authorized to perform the ministerial or priestly functions of a religious denomination having a bona fide organization within the United States, and those persons who are engaged solely by a religious denomination or by an interdenominational mission organization having a bona fide organization within the United States as a missionary, brother, nun, or sister. Such approval should be applied for on Form N-470, "Application to Preserve Residence for Naturalization Purposes (under section 316 (b) or 317, Immigration and Nationality Act)" available at any office of the Immigration and Naturalization Service. Aliens who are absent in connection with or for the purpose of performing the ministerial or priestly functions of a religious denomination having a bona fide organization in the United States, or who are engaged by such a denomination or an interdenominational mission organization having a bona fide organization within the United States, as a missionary, brother, nun, or sister are also eligible to make such application.

## PENALTIES

Severe penalties are provided by law for knowingly and willfully falsifying or concealing a material fact or using any false document in the submission of this application, or for knowingly forging, counterfeiting, altering or otherwise misusing this permit.

(b)(6)

Your name (Surname) (First) (Middle) JENNINGS Peter Charles			Date of Birth July 29, 1938		
Any other name or names ever used or been known by None			Place of Birth Toronto, Ontario Canada		
Parents' Names Charles Jennings Elizabeth Osborne (maiden)			Sex Color Present Nationality M White Canadian		
Parents' Address [Redacted] Quebec, Canada			Marital Status <input type="checkbox"/> Never married <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Height 6 ft 2 ins	Weight 190	Color of Eyes Hair brown brown	Complexion fair	Identifying Marks or Scars None	
Residence last five years (Street and Number, City, State and Country)			From To		
[Redacted]			Montreal Quebec Canada 59-60 Quebec -Canada February 60-sept 63 Toronto Ontario Canada sept 63-sept 64		
Prior Residences if available (b)(6)					
Employment last five years (Employer's name and address)			Occupation From To		
Canadian Broadcasting Co. Montreal			announcer 59-60		
CJOH-TV			announcer newsman Ottawa Ontario 60-63		
CTV network			news anchorman Ottawa Ontario 63-sept 64		
Prior Occupations (Not included in above)					
Spouse (Full name and any other names used, and present address if not same as yours) Valerie Elizabeth Godsoe <del>XXXXXX</del> [Redacted] Street New York 21			Date of birth of spouse [Redacted]		
			Place of birth of spouse Toronto, Ontario, Canada		
Organizations (Include any societies, clubs, etc., with which now or previously affiliated) YMCA <del>XXXX</del>					
Last admission to U. S. (Date, port and manner of entry) April 12 from Toronto Canada Airplane-Air Canada port of New York			Prior entries and departures (Dates and ports)		

UNITED STATES DEPARTMENT OF JUSTICE  
Immigration and Naturalization Service

The attached fingerprint card is for your use in having your fingerprints taken by a law enforcement officer and return of the fingerprints to this Service. The fingerprint card is required for the reason checked below:

- Fingerprints which you submitted on a previous occasion are not satisfactory and you must be refingerprinted.
- Your application must be accompanied by a record of your fingerprints before any action may be taken on your application.
- ~~Your fingerprints~~ and the information required on the back of this letter are needed in the immigration matter in which you are interested. Please print or type such information on the back of this letter and submit it with your fingerprints.
- Under the Act of September 11, 1957, the general requirement that nonimmigrants seeking admission to the United States be fingerprinted was waived jointly by the Attorney General and the Secretary of State. This waiver extends only to those who remain in the United States for less than one year. Since our records show that you have been in the United States for more than one year it is now necessary that your fingerprints be recorded. It is not necessary that the information on the reverse of this form be completed.
- 

Your fingerprints may be recorded at any office of the Immigration and Naturalization Service, or, if more convenient, you may prefer to take this letter and the fingerprint card to any police station or sheriff's office and ask an officer to record your fingerprints on the card. The card must then be signed by you in the presence of the officer taking your fingerprints. He must sign his name and the date in the space provided. Your alien registration number, if any, must be inserted in the space on the card reserved for "Number".

DO NOT BEND, FOLD, OR CREASE THE FINGERPRINT CARD!!

SHOW THIS LETTER TO THE OFFICER WHO WILL TAKE YOUR FINGERPRINTS

RETURN THIS LETTER WITH THE ENCLOSED FINGERPRINT CARD.

PLEASE COMPLETE AND RETURN THE ATTACHED FORM I-215A

WHEN YOU APPEAR FOR YOUR INTERVIEW.

UNITED STATES DEPARTMENT OF JUSTICE  
Immigration and Naturalization Service

Record of Sworn Statement in Affidavit Form

AFFIDAVIT

(b)(6)

In re: Peter Jennings File No: A- [redacted]  
Executed at New York Date 6-30-65  
Before the following officer of the U. S. Immigration & Naturalization Service:

John J. McKean

I, Peter Jennings, acknowledge that the above-named officer has identified himself to me as an officer of the United States Immigration and Naturalization Service authorized by law to administer oaths and take testimony in connection with the enforcement of the Immigration and Nationality Laws of the United States. He has informed me that he desires to take my sworn statement in the above matter pursuant to such authority. I am willing to make such a statement. He has told me that my statement must be made freely and voluntarily and may be used against me or any other person in Immigration and Naturalization Service proceedings.

COUNTRIES TO BE VISITED AND PROPOSED DATES OF ENTRY AND DEPARTURE INTO EACH COUNTRY

<u>Soviet Union</u>	<u>entry-July 9, 1965</u>	<u>depart-July 14, 1965</u>
<u>INDIA</u>	<u>THAILAND</u>	<u>ENGLAND</u>
<u>U.A.R.</u>	<u>NORTH VIETNAM</u>	<u>JULY 4 TO</u>
<u>PEOPLES REPUBLIC OF CHINA</u>	<u>SOUTH VIETNAM</u>	<u>NOV 30, 1965</u>

MEANS OF TRAVEL Air TWA - JULY 5, 1965

INTENDED ACTIVITY AND REASON FOR VISITING EACH COUNTRY

General News Assignment

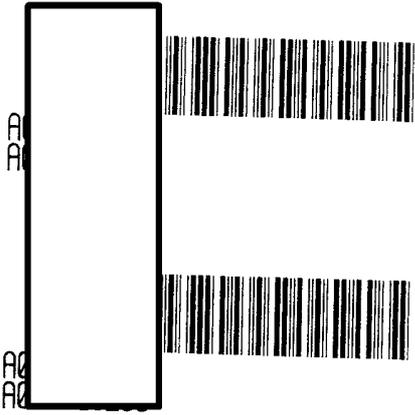
NAMES AND ADDRESSES OF PERSONS TO BE VISITED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

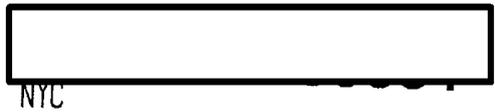
I am not now nor have I ever been a member of the Communist Party or of any organization controlled by the Communist Party. I have never been arrested or charged with any violation of law at any time or any place. I have never been confined to any mental institution.

[Signature] APPLICANT  
John J. McKean IMMIGRANT INSPECTOR

N-400  
ESC



(b)(6)



PETER C JENNINGS  
[Redacted]  
MANHATTAN NY 10023

(b)(6)

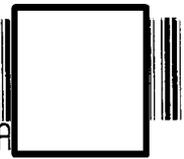
PETER C JENNINGS  
[Redacted]  
MANHATTAN NY 10023



ESC

02/12/2003

A



(b)(6)

NYC

02/12/2003



MB

PAUL W VIRTUE  
555 13TH STREET NW  
WASHINGTON DC 20004

PAUL W VIRTUE  
555 13TH STREET NW  
WASHINGTON DC 20004

PAUL W VIRTUE  
555 13TH STREET NW  
WASHINGTON DC 20004

1. N-334 and N-600 \_\_\_\_\_ child(ren)
2. N-335 and N-402 \_\_\_\_\_ child(ren)
3. Derivative Application N-400 \_\_\_\_\_ child(ren)
4. Oath (modified) (waived)
5. Interpreter \_\_\_\_\_  
(Language)
6. Change of name
7. Special interest
8. Other actions FRAGUMEN DEL REY & BERGUSAN N.Y.
9. Reexamination
10. Notify attorney or representative
11. Q. & A.

S/S MADISON  
AVE  
N.Y.  
N.Y.  
10008

1 2 3 4 5 6 7 8 9 (10) 11

---

UNITED STATES DEPARTMENT OF JUSTICE  
Immigration and Naturalization Service  
Form G-355 (Rev. 3-25-70) Y

GPO 964-218



A#

(b)(6)

CLERICAL	Initials	Date	Remarks
FD-258 "Masthead" is complete, accurate, and legible (Overseas-Initially Prepared FD-258s)			
COMPLETE FOR ALL FILES	Initials	Date	Remarks (Only circle standard annotations when and if applicable)
FD-258 Control #: <u>JE9210N</u>	81	MAY 30 2003	(Waived)
Process Date: <u>4/4/03</u>			(Rap Sheet Interfiled) (FTA/RFE-Not Received)
FD-258 Control #: _____			(2 <sup>nd</sup> Unclassifiable)
Process Date: _____			(Rap Sheet Interfiled) (FTA/RFE-Not Received)

MANUAL REQUESTS/RAFACS REQUESTS	Initials	Date	Remarks (Only circle standard annotations when and if applicable)
Initial search request was made (RAFACS)			
If necessary, 2 <sup>nd</sup> search request was made (RAFACS - 30 calendar days)			
If necessary, 3 <sup>rd</sup> search request was made (RAFACS - 30 calendar days)			
Manual search request initiated (circle one)			(New Added) (No Record Found)
Final Status of A-file (circle one)			(Received) (Not Received) (New Added) (Not Found)

A-FILE PROCESSING	Initials	Date	Remarks
A-file relates to applicant	NT 34105	3.5.03	

T-FILE PROCESSING	Initials	Date	Remarks
CIS documentation of lawful status and requisite file transfer requests is in T-file (9101 and 9504 CIS screen prints)			

# Section I: General Guidelines for IBIS Queries, Continued

## Record of IBIS Query (ROIQ)

(b)(6)

A-Number or Receipt Number:

A

(b)(7)(c)

Form Type:

(b)(7)(e)

N-400

No.	NAME (person/business)	DOB	Batch Number/Date	
	Jennings, Peter	7-29-38		
CATEGORY		M <input checked="" type="checkbox"/> F <input type="checkbox"/>		
<input checked="" type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> D		2nd Check →		
<input type="checkbox"/> Resolution Memorandum completed		3rd Check →		
CATEGORY		M <input type="checkbox"/> F <input type="checkbox"/>		
<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> D		2nd Check →		
<input type="checkbox"/> Resolution Memorandum completed		3rd Check →		
CATEGORY		M <input type="checkbox"/> F <input type="checkbox"/>		
<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> D		2nd Check →		
<input type="checkbox"/> Resolution Memorandum completed		3rd Check →		
CATEGORY		M <input type="checkbox"/> F <input type="checkbox"/>		
<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> D		2nd Check →		
<input type="checkbox"/> Resolution Memorandum completed		3rd Check →		
CATEGORY		M <input type="checkbox"/> F <input type="checkbox"/>		
<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> D		2nd Check →		
<input type="checkbox"/> Resolution Memorandum completed		3rd Check →		

A—Applicant	P—Petitioner	M—Male	IBIS OK—No match for search criteria listed
B—Beneficiary	D—Derivative/ Household Member	F—Female	IBIS DNR—Match exists but does not relate to queried subject
			IBIS REF—Case referred for resolution of positive result(s)

10:41 TFCs II - PERSON SUBJECT QUERYPY 052203 T2MRE903  
TID= 771V T2PRE917  
NAME- LAST JENNINGS (?) FIRST PETER MI  
INCLUDE NICKNAME SOUNDEX  
DATE OF BIRTH- (START) 07291938 - (STOP) STC  
NCIC QUERY Y  
PASSPORT NBR (?) CNTRY SSN  
DRIVER'S LIC (?) STATE CNTRY AFN  
PILOT'S LIC (?) CNTRY ATF PROFILE  
CASE NBR (?) MISC NBR (?)  
PHONE INTL PREFX FINANCIAL ACCOUNT (?)  
CRIMINAL AFFILIATION (?)  
LIMIT RESULTS BY RACE SEX CTZN OTTS TYPE ADDRESS- STATE CNTRY

ALSO QUERY (ENTER 'X' TO SELECT AND STATE ID AS INDICATED) NON-SUSPECTS  
N NLETS-STATE(S) N PROPERTY OWNED-STATE N CRISSCROSS  
CROSSINGS SCNDRY INSP INCIDENT LOGS ARCHIVED RECS  
FINANCIALS- CTR FBA CSN CMIR QUERY RCN

LIMIT TO AGENCY/SUB-AGENCY (ASA) TECS RECORD ID  
NO MATCH FOUND.

(F1/F2=HELP) (F3=MAIN MENU) (F4=PREV MENU) (F9=ADDRESS QUERY) (F11=QUERY REASON)  
\* 1 NCIC RESPONSES; <F12>=CK NCIC\*

10:41  
TID= 771V

TECS II - NCIC/NLETS RECORD DISPLAY

052203 T2MRM401  
T2PRM403

\*\*\*\*\*

FROM NCIC ON 05/22/03 AT 10:41:08 PRESS ENTER TO CONTINUE  
1L01CQUQYZ731500315  
NYINSNYT3

NO NCIC WANT NAM/JENNINGS, PETER DOB/19380729

(F1/F2=HELP) (F3=MAIN MENU) (F4=PREV MENU) (F7=PREV SCREEN) (F8=NEXT SCREEN)

CIMIDN  
COMMAND:

IMMIGRATION AND NATURALIZATION SERVICE  
CENTRAL INDEX SYSTEM - ID # SEARCH DISPLAY

05/22/03  
10:42:59

ID # (A/AA/AB/C/DA): A [REDACTED] (b)(6) A#: [REDACTED] DOB: 07291938  
(DL/FB/FP/I/PP/SS/TD)  
LAST: JENNINGS  
FIRST: PETER  
MIDDLE: CHARLES  
ALIASES: JENNINGS , PETER

NATZ DATE:  
COURT:  
LOCATION:

SEX: M POE: NYC COB: CANAD DOE: 11261985  
FCO: NYC COA: IR6 COC: FTC: 05212003 FATHER: CHARLES  
PFCO: ESC SFCO: DFO: 01101986 BIN: MOTHER: ELIZABETH

SSN: [REDACTED] CONSOLIDATED A-NOS --OTHER INFORMATION--  
I-94 ADM #: [REDACTED] CARD-X  
PASSPORT #:  
FBI #:  
DRIVER LIC:  
FINGER CD#:

OVER-KEY ID NUMBER TO DISPLAY NEW PERSON. PRESS ENTER.  
CLEAR EXIT PF3 REFRESH PF4 RETURN PF5 HELP PF6 MAIN MENU PF8 HISTORY PF9 EAD  
PF10 REQUIRES A SPECIAL SECURITY CLASS. PF10 NAILS PF11 EOIR

A#:  NAME: JENNINGS , PETER DOB: 07291938

(b)(6)

ACTION	LOC	ACTION-DATE	ST	REASON/ COURT#	MISC	ID NUMBER/ MISC-DATE	KEYED-DATE
STATUS CHANGE	NYC	01/31/1986		PEN			02/05/1986
STATUS CHANGE	NYC	02/20/1986		IR6			03/27/1986

\*\*\* END OF HISTORY DISPLAY \*\*\*

CLEAR EXIT PF1 PAGE AHEAD PF2 PAGE BACK PF4 RETURN PF5 HELP PF6 MAIN MENU

A NUMBER:

BASE CITY:	HEARING LOC:	A-NUMBER:
CIS NAME: JENNINGS, PETER, CHARLES	PRIN A-NUMBER:	
EOIR NAME:	EOIR NATIONALITY:	
DOB:	CASE TYPE:	RELATION:
CHARGE DOC:	ASYLUM TYPE:	CUSTODY:
PROCEED REC:	INIT HEARING:	CLK ELAPSE:
	LAST HEARING:	TYPE:
		CLK ST:
INIT RECD:		
ASYL RECD:	IJ DECISN:	IJ COMPLETE:
	W/H DECISN:	EOIR DECISN:
		OTHER COMPL:
MTR RECD:	DECISN:	DATE:
APPEAL:	DECISN:	DATE:
	FINAL DISP:	DATE:
		APPLICATIONS FILED DEC
		212C:
		245ADJ:
		VOL DEP:
		WTHDRWL:
		SUSPENS:
CHARGES: (1)	(2)	(3)
(4)	(5)	(6)

PF1 PAGE FWD PF5 HELP PF11 RETURN TO CIS CLEAR EXIT ENTER PROCESS A NUMBER  
NO EOIR DATA FOUND FOR THIS A-NUMBER

CIMDDA  
COMMAND:

IMMIGRATION AND NATURALIZATION SERVICE  
CENTRAL I EX SYSTEM - CI/DACS SUBSYS M DISPLAY

05/22/03  
10:44:27

A#: [REDACTED] NAME: JENNINGS , PETER DOB: 07291938

LAST NAME: JENNINGS  
FIRST NAME: PETER  
MIDDLE NAME: CHARLES

AKA LAST NAME(S)  
JENNINGS

AKA FIRST NAME(S)  
PETER

(b)(6)

SSN: [REDACTED] SEX: M POE: NYC DOE: 11261985

=====

MOST RECENT UPDATE TO CIS FROM DACS:  
CASE CATEGORY: AGGRAVATED FELON:  
FINAL CHARGE: DEPARTURE COUNTRY: DEPART/CLEARED STATUS:  
PORT OF DEP: DATE OF DEPARTURE: DOCKET CONTROL OFFICE:

=====

OVER-KEY A-NUMBER TO DISPLAY NEW PERSON -- PRESS ENTER.

CLEAR EXIT PF4 DISPLAY MENU PF5 HELP PF6 CIS MAIN MENU PF8 DISPLAY HIST  
DEPORTATION (DACs) DATA NOT FOUND FOR THIS A-NUMBER.

CIMEXS PAGE 0001 IMMIGRATION AND NATURALIZATION SERVICE 05/22/03  
COMMAND: CENTRAL INDEX SYSTEM - MULTIPLE ENDS FROM 10:45:05  
EXACT NAME SEARCH

TOTAL RECORDS READ = 0000003 LDENN ACV  
SRCH DATA: LN: JENNINGS DOB: 07291938 AAAAA PAI  
FN: PETER PCDCI PRO  
NAME A-NUMBER DOB COB POE FCO SSSSL LDL  
JENNINGS ,PETER [REDACTED] 07291938 CANAD NYC NYC X  
JENNINGS ,PETER [REDACTED] 07291938 CANAD ROU NYC

(b)(6)

\*\*\* END OF SEARCH DISPLAY \*\*\*  
TO VIEW PERSON DATA PLACE CURSOR ON LINE - PRESS ENTER.  
CLEAR EXIT PF1 PAGE AHEAD PF2 PAGE BACK PF4 RETURN PF5 HELP  
PF6 MAIN MENU PF9 ALTERNATE SEARCH

CIMDSAS PAGE 0001 IMMIGRATION AND NATURALIZATION SERVICE 05/22/03  
COMMAND: CENTRAL INDEX SYSTEM - MULTIPLE RECORDS FROM 10:47:14  
SOUNDS LIKE NAME WITH DATE OF BIRTH SEARCH

TOTAL RECORDS READ = 0000002 LDENN ACV  
SRCH DATA: FN/LEN: PETER /0 DOB: 07291938 AAAAA PAI  
LN/LEN: JENNINGS /0 PCDCI PRO  
NAME A-NUMBER DOB COB POE FCO SSSSL LDL  
JENNINGS , PETER [REDACTED] 07291938 CANAD ROU NYC  
JENNINGS , PETER [REDACTED] 07291938 CANAD NYC NYC X

(b)(6)

\*\*\* END OF SEARCH DISPLAY \*\*\*

TO VIEW PERSON DATA PLACE CURSOR ON LINE - PRESS ENTER.

CLEAR EXIT PF1 PAGE AHEAD PF2 PAGE BACK PF4 RETURN PF5 HELP  
PF6 MAIN MENU PF9 ALTERNATE SEARCH

SOUNDEX CODE: J552P36 .

EXACT DOB: 19380729

UNITED STATES DEPARTMENT OF JUSTICE

IMMIGRATION AND NATURALIZATION SERVICE

# COVER SHEET

## RECORD OF PROCEEDING

This is a permanent record of the Immigration and Naturalization Service. Any part of this record that is removed **MUST BE RETURNED** after it has served its purpose.

### INSTRUCTIONS

1. Place a separate cover sheet on the top of each Record of Proceeding.
2. Each Record of Proceeding is to be fastened on the inner left side of the file jacket in chronological order.
3. Any person temporarily removing any part of this record must make, date, and sign a notation to this effect which is to be retained in this record, below the cover sheet. The signer is responsible for replacing the removed material as soon as it has served its purpose.
4. See AM 2710 for detailed instructions.

Office or Officer

DATE

2-25-86

(IMMIG. (IMMIG. (IMMIG.  
(CLERK) JUDGE) JUDGE)

(no.)	NAME	A-NUMBER	TYPE	IMMIG. JUDGE	TA	ATTORNEY	INTERP.	SCHEDE. TIME	START TIME	END TIME	DISPOSITION
1	Ammon Peter C.		IB US		✓	Bernier	7-24-38 Canada	8:00			
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12		(b)(6)									

U.S. Department of Justice  
Immigration and Naturalization Service

(b)(6)

AUTHORIZATION FOR PAROLE OF AN ALIEN  
INTO THE UNITED STATES

Name of Alien (First) Peter	(Middle) Charles	(Last) Jennings	Date December 19th 1985	
Date of Birth (Month) (Day) (Year) 07/29/38	Place of Birth (City or town) TORONTO	(State or province) Canada	File No. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>	
U.S. Address (Apt. number and or in care of)	(Number and street) <span style="border: 1px solid black; display: inline-block; width: 200px; height: 20px;"></span>	(City or town) New York	(State) NY	(ZIP Code) 10024

Presentation of the attached duplicate of this document will authorize a transportation line to accept the named bearer on board for travel to the United States without liability under section 273 of the Immigration and Nationality Act for bringing an alien who does not have a visa.

Presentation of the original of this document prior to February 18, 1986 will authorize an immigration officer at a port of entry in the United States to permit the named bearer, whose photograph appears hereon, to enter the United States:

as an alien paroled pursuant to section 212(d)(5) of the Immigration and Nationality Act.

Valid for Multiple Entries

Remarks:  
I-485 application for adjustment of status pending.  
Advance Parole authorized after travel abroad for  
business reasons.  
  
PAROLE INDEFINITELY

William S. Slattery  
ADD Examinations

(Signature of Immigration Officer)

New York District

(Authorizing Office)



**FILE**

(b)(6)

1. REQUESTED BY (Office) <i>Spec Desk Info</i> (Unit or Person)		2. (Office or Unit) TO <i>24</i>
3. NAME (Last in CAPS) <i>Jennings Peter Charles A</i>		4. FILE NUMBER <i>A</i>
5. DATE OF BIRTH (Mo. Day Year) <i>7 29 38</i>	6. DATE OF NATURALIZATION (Mo. Day Year)	7. DATE OF REQUEST (Mo. Day Year) <i>12 19 85</i>
FILL IN ITEMS 8 THRU 12 IF FILE NO. IS NOT SHOWN ABOVE		
8. COUNTRY OF BIRTH <i>Canadian</i>	9. ARRIVAL (Date) (Place) (Class)	11. CERTIFICATE NO.
10. PLACE OF NATURALIZATION	12. REMARKS <i>I 512 mlu filed 12/19/85 2/25/85 8:00 AM</i>	
13. TRY NUMBERS <i>NCN RFRU 12/19/85</i>	14. DATE FORWARDED	
REQUEST FOR FILE ON LOAN		CHARGE COPY

Form G-100 (Rev. 12-1-58)

DELIVER TO (Office) <i>Spec Desk Info</i> (Unit or Person)	
<i>Jennings Peter Charles A</i>	
<i>7 29 38</i>	
<i>12 19 85</i>	
<i>Canadian</i>	
<i>I 512 mlu filed 12/19/85 2/25/85 8:00 AM</i>	
<i>NCN RFRU 12/19/85</i>	
REQUEST FOR FILE ON LOAN	FILE ROUTE SLIP

Form G-100 (Rev. 12-1-58) GPO 518-477

**U.S. Department of Justice  
Immigration and Naturalization Service**

Official Business  
Penalty for Private Use, \$300



Port Director  
Montreal International Airport  
c/o 65 West Service Road  
Champlain, N.Y. 12919

*Inspection*

POSTAGE AND FEES PAID  
U.S. DEPARTMENT OF JUSTICE  
JUS-433



ROUTING AND TRANSMITTAL SLIP

Date

12/19/85

TO: (Name, office symbol, room number, building, Agency/Post)

Initials

Date

1. SPECIAL DESK

2. 3rd FL. Rm# 100

Handwritten initials and a circled '24'.

3. A [Redacted]

4. RE: PETER CHARLES JENNINGS

Action	File	Note and Return
Approval	For Clearance	For Conversation
As Requested	For Correction	Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

RECEIVED INFORMATION DEC 19 1985

REMARKS

Immigration and Naturalization Service New York, N.Y.

See BUSINESS LETTER

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)

Room No.—Bldg.

S. Patterson

120

5041-102

U.S.G.P.O.: 1984-461-274/423

OPTIONAL FORM 41 (Rev. 7-76) Prescribed by GSA FPMR (41 CFR) 101-11.206

REQUEST FOR ADVANCE  
PAROLE

(ALIEN REGISTRATION #)

A

(b)(6)

DATE: December 19, 1985

TEL.#:

BUS.#:

REGISTRATION

DEC 19 1985

Immigration and  
Naturalization Service  
New York, N.Y.

NAME & ADDRESS: Peter Charles Jennings

New York, NY 10024

DATE APPLICATION FILED AND AMOUNT  
OF FEE:

December 19, 1985      \$85.00

CIRCLE ONE:      I-130      I-485      I-130E      OTHER

DID APPLICANT HAVE INTERVIEW WITH  
SECTION 245 UNIT? IF SO, WHAT FLOOR  
AND DATE:

No

NAME OF OFFICER: \_\_\_\_\_

DATE OF DEPARTURE: Not known at this time

COUNTRY TO BE VISITED: Not known at this time

REASON FOR TRIP: (ATTACH EVIDENCE) See attached letter.

*60 Days*  
*Multiple Entry*  
*Business*  
*Travel abroad*

\_\_\_\_\_ SINGLE ENTRY        X   MULTIPLE ENTRY

RETURN DATE Not known at this time.

UNITED STATES DEPARTMENT OF JUSTICE  
Immigration and Naturalization Service

(b)(6)

Form Approved  
OMB No. 43-R436

**BIOGRAPHIC INFORMATION**

(Family name) <b>JENNINGS</b>	(First name) <b>Peter</b>	(Middle name) <b>Charles</b>	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.) <b>7/29/38</b>	NATIONALITY <b>Canadian</b>	ALIEN REGISTRATION NO. (If any) <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>
ALL OTHER NAMES USED (including names by previous marriages) <b>None</b>			CITY AND COUNTRY OF BIRTH <b>Toronto, Canada</b>		SOCIAL SECURITY NO. (If any) <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>	
FATHER	FAMILY NAME	FIRST NAME	DATE, CITY AND COUNTRY OF BIRTH (if known)	CITY AND COUNTRY OF RESIDENCE		
MOTHER (Maiden name)	<b>JENNINGS, Charles</b>	<b>5/14/07</b>	<b>Canada</b>	<b>Ottawa, Canada</b>	<b>Deceased</b>	
HUSBAND (If none, so state) OR WIFE	FAMILY NAME (for wife, give maiden name)	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE
	<b>Marton</b>	<b>Katalin</b>	<span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>
FORMER HUSBANDS OR WIVES (if none, so state)						
FAMILY NAME (for wife, give maiden name)	FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE		
<b>Godsoe</b>	<b>Valerie</b>	<span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>	
<b>Malouf</b>	<b>Anne</b>	<span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>	

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR
<span style="border: 1px solid black; display: inline-block; width: 150px; height: 50px;"></span>	<b>NY</b>	<b>New York</b>	<b>USA</b>	<b>Jan.</b>	<b>85</b>	<b>PRESENT TIME</b>	
	<b>NY</b>		<b>USA</b>	<b>Oct.</b>	<b>83</b>	<b>Jan.</b>	<b>85</b>
	<b>London</b>		<b>England</b>	<b>Nov.</b>	<b>82</b>	<b>July</b>	<b>83</b>
	<b>London</b>		<b>England</b>	<b>Sept.</b>	<b>79</b>	<b>Nov.</b>	<b>82</b>

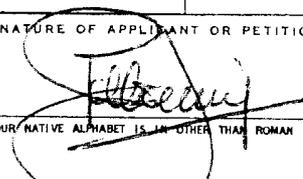
APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR
<span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	<b>London</b>		<b>England</b>	<b>Sept.</b>	<b>64</b>	<b>Nov.</b>	<b>82</b>

APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST.

FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION (SPECIFY)	FROM		TO	
		MONTH	YEAR	MONTH	YEAR
<b>ABC News, 7 West 66th St., NY, NY</b>	<b>Correspondent</b>	<b>Sept.</b>	<b>64</b>	<b>PRESENT TIME</b>	

Show below last occupation abroad if not shown above. (Include all information requested above.)

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:	SIGNATURE OF APPLICANT OR PETITIONER	DATE
<input type="checkbox"/> NATURALIZATION <input checked="" type="checkbox"/> ADJUSTMENT OF STATUS <input type="checkbox"/> OTHER (SPECIFY):		<b>12/17/85</b>
<b>Are all copies legible?</b> <input checked="" type="checkbox"/> <b>Yes</b>	IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:	

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

**APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.**

COMPLETE THIS BOX (Family name)	(Given name)	(Middle name)	(Alien registration number)
<b>JENNINGS</b>	<b>Peter</b>	<b>Charles</b>	<span style="border: 2px solid black; display: inline-block; width: 50px; height: 15px;"></span>

(OTHER AGENCY USE)	<p>INS USE (Office of Origin)</p> <p>OFFICE CODE:</p> <p>TYPE OF CASE:</p> <p>DATE:</p>
--------------------	---

APPLICANT

IDENTIFICATION

TYPE OF VISAS AND INTERNATIONAL TRAVEL

JENNINGS, PETER Charles

SIGNATURE OF PERSON FINGERPRINTED

*[Handwritten Signature]*

RESIDENCE OF PERSON FINGERPRINTED

[Redacted] (b)(6)  
New York, NY 10024

DATE OF SIGNATURE OF SPECIAL AGENT IN CHARGE OF FINGERPRINTING

12/14/65 *[Signature]*

EMPLOYER AND ADDRESS

ABC News  
7 W. 66th St., New York, NY

REASON FINGERPRINTED

Immigration (b)(6)

CITIZENSHIP USA

Canada

FOIPA NO. 004

FBI NO. FBI

ARMED FORCES NO. MNU

SOCIAL SECURITY NO. SOC

MISCELLANEOUS NO. MNU

NYINSNY00

USINS  
NEW YORK, NY

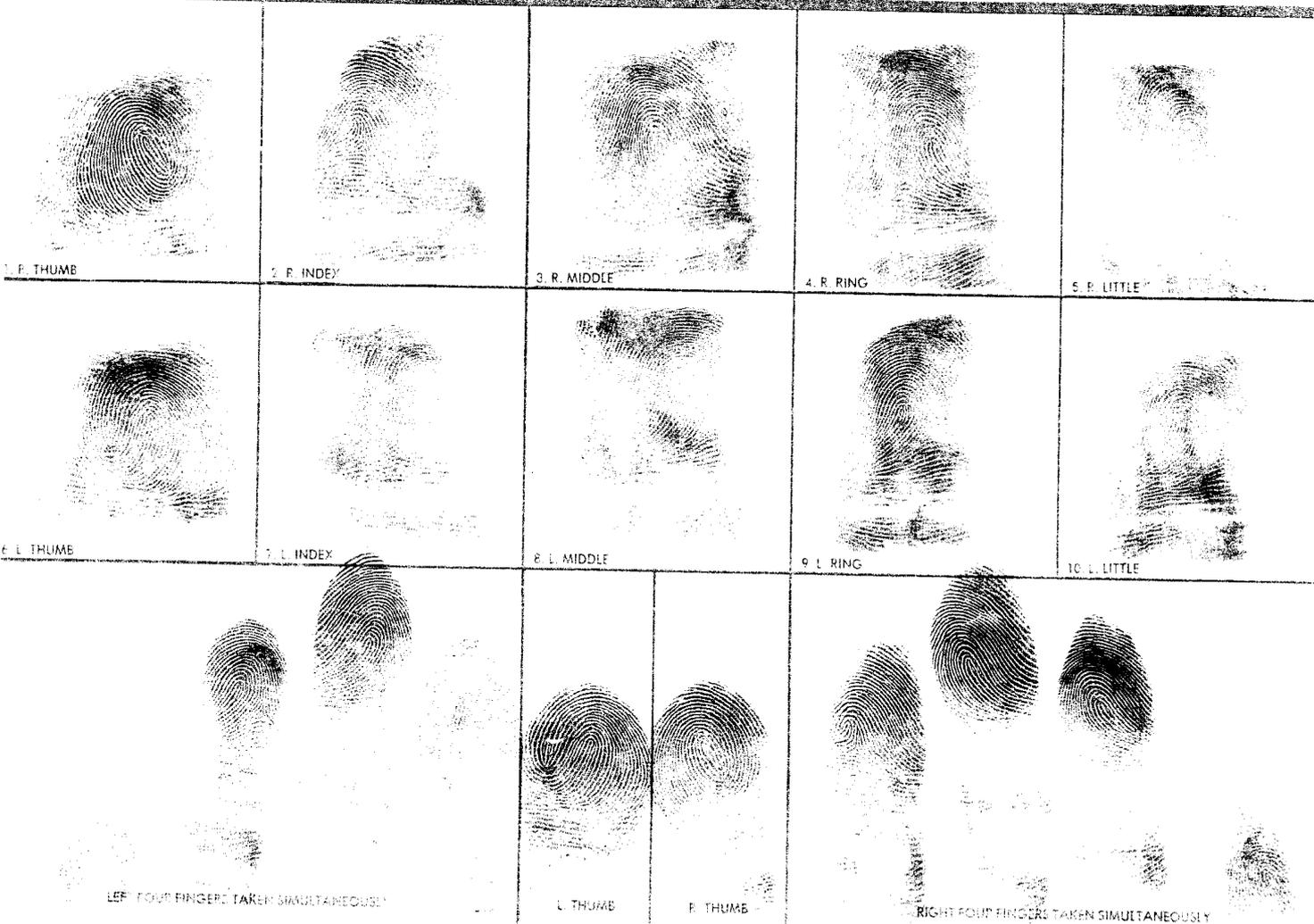
DATE OF BIRTH: DOE  
Month Day Year  
7 29 38

SEX: M RACE: C HGT: 6'2" WGT: 190 EYES: Br HAIR: Br PLACE OF BIRTH: DOE  
Toronto, Canada

LEAVE BLANK

CLASS

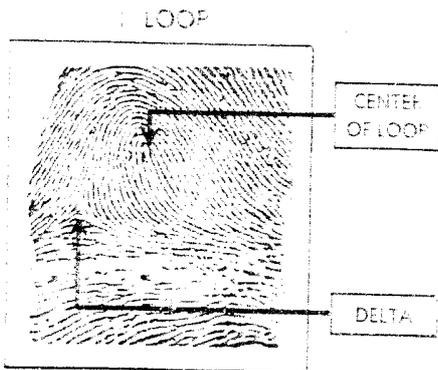
REF



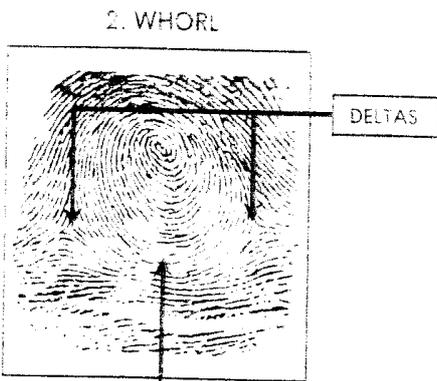
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

WASHINGTON, D.C. 20537

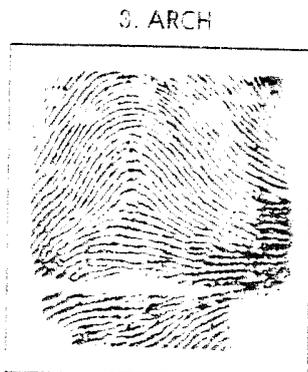
**APPLICANT**



THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW



THESE LINES RUNNING BETWEEN DELTAS MUST BE CLEAR



ARCHES HAVE NO DELTAS

TO OBTAIN CLASSIFIABLE FINGERPRINTS:

1. USE BLACK PRINTER'S INK.
2. DISTRIBUTE INK EVENLY ON INKING SLAB.
3. WASH AND DRY FINGERS THOROUGHLY.
4. ROLL FINGERS FROM NAIL TO NAIL, AND AVOID ALLOWING FINGERS TO SLIP.
5. BE SURE IMPRESSIONS ARE RECORDED IN CORRECT ORDER.
6. IF AN AMPUTATION OR DEFORMITY MAKES IT IMPOSSIBLE TO PRINT A FINGER, MARK A NOTATION TO THE LEFT OF THE INDIVIDUAL FINGER BLOCK.
7. IF SOME PHYSICAL CONDITION MAKES IT IMPOSSIBLE TO OBTAIN PERFECT IMPRESSIONS, SUBMIT THE BEST THAT CAN BE OBTAINED WITH A MEMO STAPLED TO THE CARD EXPLAINING THE CIRCUMSTANCES.
8. EXAMINE THE COMPLETED PRINTS TO SEE IF THEY CAN BE CLASSIFIED. BE AWARE THAT MOST FINGERPRINTS FALL INTO THE PATTERN SHOWN ON THIS CARD (OTHER PATTERNS OCCUR FREQUENTLY AND ARE NOT SHOWN HERE).

THIS CARD FOR USE BY:

LEAVE THIS SPACE BLANK

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT LICENSING AND PERMITS AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES, LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.
4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

**INSTRUCTIONS:**

- \*1. PRINTS MUST FIRST BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
  - \*2. PRIVACY ACT OF 1974 (P.L. 93-579) REQUIRES THAT FEDERAL, STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH SOLICITATION, AND USES WHICH WILL BE MADE OF IT.
  - \*3. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS" THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI.
  - \*4. FBI NUMBER IF KNOWN SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.
- MISCELLANEOUS NO. RECORD OTHER ARMY FORCE NO. PASSPORT NO. (APP) ALIEN REGISTRATION NO. (AR) PORT SECURITY CARD NO. (PS) SELECTIVE SERVICE NO. (SS) VETERANS ADMINISTRATION CLAIM NO. (VA)

Donald T. Martin  
General Attorney  
ABC News

December 18, 1985

Immigration and Naturalization Service  
26 Federal Plaza  
New York, NY 10278

Dear Sir/Madam:

By this letter we respectfully request that an advance parole be issued to Mr. Peter Jennings to permit his re-entry to the United States.

Mr. Jennings holds a very unique and prestigious position of Sole Anchor and Senior Editor of ABC's "World News Tonight." He is an outstanding journalist, widely known and highly regarded by world leaders as well as the public and his peers. He brings unparalleled perspective and unique journalistic skills to both national and international news events. Mr. Jennings' career spans most of the major events of our times, both domestic and foreign. He has consistently distinguished himself in his live reporting of these events.

It is imperative that Mr. Jennings be able to cover significant national and international news stories wherever and whenever they occur. In these times it is, of course, not possible to predict where and when newsbreaking events will arise. It is, however, critical to ABC's commitment to a standard of excellence in news reporting that Mr. Jennings be on the scene when necessary. For this reason, we desire that Mr. Jennings have complete flexibility to travel anywhere in the world on a moment's notice.

Mr. Jennings has established himself with the public as a primary source of news for ABC. His coverage from Geneva last month of the Reagan-Gorbachev summit typifies the pre-eminence of his position, as will his coverage of the Soviet Party Congress from Moscow at the end of February.

However, the Geneva Summit and the Soviet Party Congress were scheduled events. Our concern is for those potential newsbreaking world events which cannot be anticipated but which when they occur, will require Peter Jennings to be at the head ABC's "World News Tonight" team on the scene.

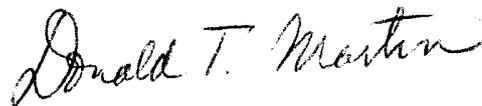
ABC's reputation for presenting accurate on the spot news reporting is largely embodied in Peter Jennings. As Anchorman and Senior Editor of World News Tonight, he represents the standard of news reporting excellence which ABC conveys to the public. In the highly competitive field of network news we believe it to be critical that Peter Jennings personally represent ABC.

Immigration & Naturalization Service  
December 18, 1985  
Page Two

We therefore request that Mr. Jennings be issued an advance parole to allow his immediate and continued ability to re-enter the United States should world events require him to travel abroad.

Thank you for your consideration in this matter, and we trust you will understand the importance of this request to ABC.

Very truly yours,

A handwritten signature in cursive script that reads "Donald T. Martin". The signature is written in dark ink and is positioned to the right of the typed name.

DTM/nl

LAW OFFICES  
FRAGOMEN, DEL REY & BERNSEN, P.C.

ELMER FRIED (1916-1976)  
AUSTIN T. FRAGOMEN, JR.  
ALFRED J. DEL REY, JR.  
SAM BERNSEN  
PATRICK J. QUANE  
RONALD F. STORETTE  
DAVID N. STRAND \*  
NOREEN QUIRK  
PETER H. LOEWY  
ETHAN E. BENSINGER \*  
FREDERICK D. GOOSEN \*  
LYNN GRINDALL  
KARIN C. LESTELLE  
GWENDOLYN M. ROBOSSON \*  
PETER PITSIOKOS  
LOWELL J. GETTMAN \*  
OF COUNSEL  
SUSAN E. BIERENBAUM \*  
CAROLYN DAVENPORT-DUMAS  
ROBERT J. DIPIERRO

515 MADISON AVENUE  
NEW YORK, N. Y. 10022  
TELEPHONE  
(212) 688-8555  
TELEX 423151

WASHINGTON, D.C. OFFICE  
1140 CONNECTICUT AVE., N.W.  
WASHINGTON, D.C. 20036  
(202) 223-5515

FLORIDA OFFICE  
2600 DOUGLAS ROAD  
CORAL GABLES, FLORIDA 33134  
(305) 445-9051

CHICAGO OFFICE  
332 SOUTH MICHIGAN AVENUE  
CHICAGO, ILLINOIS 60604  
(312) 263-6101

SAN FRANCISCO OFFICE  
303 SACRAMENTO STREET  
SAN FRANCISCO, CA 94111  
(415) 986-1446

LOS ANGELES OFFICE  
1901 AVENUE OF THE STARS  
LOS ANGELES, CA 90067  
(213) 552-0118

December 20, 1985

\*NOT ADMITTED IN NEW YORK

Immigration & Naturalization Service  
26 Federal Plaza  
New York, NY 10278

Re: Application for Advance Parole of  
Mr. Peter Charles Jennings

Dear Sir or Madam:

Enclosed please find the following on behalf of the  
above:

1. Worksheet
2. Form G-325A
3. Letter of ABC News, employer
4. Fingerprint chart & photographs
5. Our Form G-28

Mr. Jennings holds the unique position of Sole Anchor and Senior Editor of ABC's "World News Tonight". In this capacity, it is imperative that he be able to travel anywhere in the world to cover newsbreaking world events on behalf of ABC. For this reason, it is respectfully requested that Mr. Jennings be granted a sixty day, multiple entry, Advance Parole.

Should you require any additional information, please contact the undersigned.

Very truly yours,

*Austin T. Fragomen, Jr.*  
Austin T. Fragomen, Jr.

ATF/d/  
Encl.

**NOTICE OF ENTRY OF APPEARANCE AS ATTORNEY OR REPRESENTATIVE**

In re Application for Advance Parole of Mr. Peter Charles JENNINGS	DATE December 18, 1985
FILE No.	

I hereby enter my appearance as attorney for (or representative of), and at the request of, the following named person(s)

NAME Peter Charles JENNINGS	<input type="checkbox"/> Petitioner <input type="checkbox"/> Beneficiary	<input checked="" type="checkbox"/> Applicant <input type="checkbox"/>
(Number & Street) [Redacted]	(City) New York, NY	(State) 10024
NAME (b)(6)	<input type="checkbox"/> Petitioner <input type="checkbox"/> Beneficiary	<input type="checkbox"/> Applicant <input type="checkbox"/>
(Number & Street)	(City)	(State) (ZIP Code)

Check Applicable Item(s) below

<input checked="" type="checkbox"/>	I am an attorney and a member in good standing of the bar of the Supreme Court of the United States or of the highest court of the following State, territory, insular possession, or District of Columbia  <u>New York</u> and am not under a court or administrative agency order suspending, enjoining, restraining, depriving, or otherwise restricting me in practicing law.
<input type="checkbox"/>	I am an accredited representative of the following named religious, charitable, social service, or similar organization established in the United States and which is so recognized by the Board:
<input type="checkbox"/>	I am associated with _____ the attorney of record who previously filed a notice of appearance in this case and my appearance is at his request. (If you check this item, also check item 1 or 2 whichever is appropriate.)
<input type="checkbox"/>	Others (Explain fully.)

SIGNATURE 	COMPLETE ADDRESS 515 Madison Avenue New York, NY 10022
NAME (Type or Print) FRAGOMEN, DEL REY & BERNSEN, P.C.	TELEPHONE NUMBER (212) 688-8555

PURSUANT TO THE PRIVACY ACT OF 1974 I HEREBY CONSENT TO THE DISCLOSURE TO THE FOLLOWING NAMED ATTORNEY OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY IMMIGRATION AND NATURALIZATION SERVICE SYSTEM OF RECORDS \_\_\_\_\_  
(Name of Attorney or Representative)

THE ABOVE CONSENT TO DISCLOSE IS IN CONNECTION WITH THE FOLLOWING MATTER \_\_\_\_\_

NAME OF PERSON CONSENTING	SIGNATURE OF PERSON CONSENTING	DATE

**(NOTE: Execution of this box is required under the Privacy Act of 1974 where the person being represented is a citizen of the United States or an alien lawfully admitted for permanent residence.)**

UNITED STATES DEPARTMENT OF JUSTICE  
IMMIGRATION AND NATURALIZATION SERVICE

FILE NO: \_\_\_\_\_

DATE: 12-17

**MEDICAL EXAMINATION AND IMMIGRATION INTERVIEW**

**INSTRUCTIONS FOR MEDICAL EXAMINATION**

A medical examination is necessary as part of your application for adjustment of status to permanent resident. If you have reached your fifteenth birthday you must IMMEDIATELY obtain and bring with you when you appear for your medical examination a serology report and 14" X 17" chest X-ray film with a reading by a licensed physician interpreting the X-ray film. The serologic test must be performed by a laboratory approved by a state or local health department. The X-ray film and serologic test for syphilis may not be more than 90 days old. YOUR MEDICAL EXAMINATION CANNOT BE COMPLETED WITHOUT THE (1) SEROLOGIC REPORT, (2) X-RAY AND (3) READING OF THE X-RAY FILM.

Please note, also the box checked  below with regard to your medical examination

- Please communicate immediately with the below listed physician or with one of the physicians on the attached list, if a list is attached, (1) to ascertain what arrangements you should make to obtain a serologic report, X-ray film and reading prior to your medical examination and (2) to arrange for your medical examination by him, which must be completed before All expenses in connection with this examination must be paid by you

PHYSICIAN'S NAME, ADDRESS AND TELEPHONE NUMBER

Please show this letter to any laboratory performing tests. Also present the copies of this letter to the physician performing the medical examination, and furnish him with your signature written in his presence for inclusion with his report.

**INSTRUCTIONS FOR IMMIGRATION INTERVIEW**

AN APPOINTMENT HAS ALSO BEEN MADE FOR AN INTERVIEW BEFORE AN IMMIGRATION OFFICER AT

ADDRESS

DATE 12-15/00  
TIME 8:00 A

BRING WITH YOU AT THE TIME OF INTERVIEW THE FOLLOWING

- 1 The sealed envelope furnished to you by the physician who performed the medical examination
- 2 Your passport and Form I-94. (Arrival and Departure Record)
- 3 Other

*See attached*

**NOTE:**

IF YOU DO NOT SPEAK ENGLISH, A PERSON OF YOUR OWN SEX WHO CAN ACT AS INTERPRETER SHOULD ACCOMPANY YOU TO THE MEDICAL EXAMINATION AND IMMIGRATION INTERVIEW

FAILURE TO KEEP THESE APPOINTMENTS AND TO BRING THE REQUIRED DOCUMENTS WILL DELAY YOUR CASE, AND MAY RESULT IN THE DENIAL OF YOUR APPLICATION.

BRING PASSPORT AND I-94

UNITED STATES DEPARTMENT OF JUSTICE  
IMMIGRATION AND NATURALIZATION SERVICE

*D30*

FILE NO: \_\_\_\_\_

*attly filed Trozomen, Del Rey + Bernser,  
P.C.*

DATE: 12-19-85

MEDICAL EXAMINATION AND IMMIGRATION INTERVIEW

*Jennings, Peter Charles*

**INSTRUCTIONS FOR MEDICAL EXAMINATION**

A medical examination is necessary as part of your application for adjustment of status to permanent resident. If you have reached your fifteenth birthday you must IMMEDIATELY obtain and bring with you when you appear for your medical examination a serology report and 14" X 17" chest X-ray film with a reading by a licensed physician interpreting the X-ray film. The serologic test must be performed by a laboratory approved by a state or local health department. The X-ray film and serologic test for syphilis may not be more than 90 days old. **YOUR MEDICAL EXAMINATION CANNOT BE COMPLETED WITHOUT THE (1) SEROLOGIC REPORT, (2) X-RAY AND (3) READING OF THE X-RAY FILM**

Please note also the box checked  below with regard to your medical examination.

- Please communicate immediately with the below listed physician or with one of the physicians on the attached list if a list is attached (1) to ascertain what arrangements you should make to obtain a serologic report, X-ray film and reading prior to your medical examination and (2) to arrange for your medical examination by him, which must be completed before.
- All expenses in connection with this examination must be paid by you.

PHYSICIAN'S NAME ADDRESS AND TELEPHONE NUMBER

Please show this letter to any laboratory performing tests. Also present the copies of this letter to the physician performing the medical examination and furnish him with your signature written in his presence for inclusion with his report.

**INSTRUCTIONS FOR IMMIGRATION INTERVIEW**

AN APPOINTMENT HAS ALSO BEEN MADE FOR AN INTERVIEW BEFORE AN IMMIGRATION OFFICER AT

ADDRESS

UNITED STATES DEPARTMENT OF JUSTICE  
IMMIGRATION AND NATURALIZATION SERVICE  
26 FEDERAL PLAZA  
NEW YORK, NEW YORK 10278

DATE  
TIME

*2/25/86  
8:00 A*

BRING WITH YOU AT THE TIME OF INTERVIEW THE FOLLOWING

- 1. The sealed envelope furnished to you by the physician who performed the medical examination
- 2. Your passport and Form I-94 (Arrival and Departure Record)
- 3. Other

*See attached*

**NOTE:**

IF YOU DO NOT SPEAK ENGLISH, A PERSON OF YOUR OWN SEX WHO CAN ACT AS INTERPRETER SHOULD ACCOMPANY YOU TO THE MEDICAL EXAMINATION AND IMMIGRATION INTERVIEW

FAILURE TO KEEP THESE APPOINTMENTS AND TO BRING THE REQUIRED DOCUMENTS WILL DELAY YOUR CASE AND MAY RESULT IN THE DENIAL OF YOUR APPLICATION

BRING PASSPORT AND I-94

LAW OFFICES  
FRAGOMEN, DEL REY & BERNSSEN, P.C.

ELMER FRIED (1916-1976)  
AUSTIN T. FRAGOMEN, JR.  
ALFRED J. DEL REY, JR.  
SAM BERNSSEN  
PATRICK J. QUANE  
RONALD F. STORETTE  
DAVID N. STRAND \*  
NOREEN QUIRK  
PETER H. LOEWY  
ETHAN E. BENSINGER \*  
FREDERICK D. GOOSEN \*  
LYNN GRINDALL  
KARIN C. LESTELLE  
GWENDOLYN M. ROBOSSON \*  
PETER PITSIOKOS  
LOWELL J. GETTMAN \*  
OF COUNSEL  
SUSAN E. BIERENBAUM \*  
CAROLYN DAVENPORT-DUMAS  
ROBERT J. DIPIERRO

515 MADISON AVENUE  
NEW YORK, N. Y. 10022  
TELEPHONE  
(212) 688-8555  
TELEX 423151

WASHINGTON, D.C. OFFICE  
1140 CONNECTICUT AVE., N.W.  
WASHINGTON, D.C. 20036  
(202) 223-5515  
FLORIDA OFFICE  
2600 DOUGLAS ROAD  
CORAL GABLES, FLORIDA 33134  
(305) 445-9051  
CHICAGO OFFICE  
332 SOUTH MICHIGAN AVENUE  
CHICAGO, ILLINOIS 60604  
(312) 263-6101  
SAN FRANCISCO OFFICE  
303 SACRAMENTO STREET  
SAN FRANCISCO, CA 94111  
(415) 986-1446  
LOS ANGELES OFFICE  
1901 AVENUE OF THE STARS  
LOS ANGELES, CA 90067  
(213) 552-0118

December 18, 1985

\*NOT ADMITTED IN NEW YORK

Immigration and  
Naturalization Service  
26 Federal Plaza  
New York, NY 10278

Re: I-130 Immediate Relative Petition of Katalin Ilona  
Marton on behalf of Peter Charles **JENNINGS** and Section  
245 Application of Peter Charles **JENNINGS**

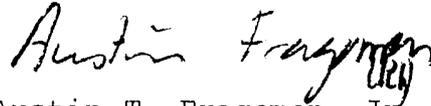
Dear Sir or Madam:

Please find enclosed the following in regard to the  
above-captioned:

1. Form I-130
2. Form I-485
3. Form G-325A
4. Fingerprint Chart
5. Photographs (3)
6. Marriage Certificate (in duplicate)
7. Birth Certificate of beneficiary (in duplicate)
8. Divorce Decree of petitioner (in duplicate)
9. 2 Divorce Decrees of beneficiary (in duplicate)
10. Passport with I-94
11. Forms G-28
12. \$85.00 filing fee

Should you require any additional information or documentation, please contact this office directly.

Very truly yours,

A handwritten signature in cursive script that reads "Austin T. Fragomen, Jr." The signature is written in dark ink and is positioned above the printed name.

Austin T. Fragomen, Jr.

ATF:dlr:ysb

Enclosures

LAW OFFICES

FRAGOMEN, DEL REY & BERNSEN, P.C.

ELMER FRIED (1916-1976)  
AUSTIN T. FRAGOMEN, JR.  
ALFRED J. DEL REY, JR.  
SAM BERNSEN  
PATRICK J. QUANE  
RONALD F. STORETTE  
DAVID N. STRAND \*  
NOREEN QUIRK  
PETER H. LOEWY  
ETHAN E. BENSINGER \*  
FREDERICK D. GOOSEN \*  
LYNN GRINDALL  
KARIN C. LESTELLE  
GWENDOLYN M. ROBOSSON \*  
PETER PITSIKOS  
LOWELL J. GETTMAN \*  
OF COUNSEL  
SUSAN E. BIERENBAUM \*  
CAROLYN DAVENPORT-DUMAS  
ROBERT J. DIPIERRO

515 MADISON AVENUE  
NEW YORK, N. Y. 10022  
TELEPHONE  
(212) 688-8555  
TELEX 423151

WASHINGTON, D.C. OFFICE  
1140 CONNECTICUT AVE., N.W.  
WASHINGTON, D.C. 20036  
(202) 223-5515

FLORIDA OFFICE  
2600 DOUGLAS ROAD  
CORAL GABLES, FLORIDA 33134  
(305) 445-9051

CHICAGO OFFICE  
332 SOUTH MICHIGAN AVENUE  
CHICAGO, ILLINOIS 60604  
(312) 263-6101

SAN FRANCISCO OFFICE  
303 SACRAMENTO STREET  
SAN FRANCISCO, CA 94111  
(415) 986-1446

LOS ANGELES OFFICE  
1901 AVENUE OF THE STARS  
LOS ANGELES, CA 90067  
(213) 552-0118

January 16, 1986

\*NOT ADMITTED IN NEW YORK

Immigration and Naturalization Service  
26 Federal Plaza  
New York, NY 10278

(b)(6) Re: 245 Applicant, Peter JENNINGS

Dear Sirs:

On December 19, 1985, an application for Adjustment of Status was filed for Peter Jennings. His interview has been scheduled for February 25, 1986.

Peter Jennings is the anchorman for the ABC Evening News. As such he is required to travel, often on short notice, to cover world events. He is scheduled to be in the Philippines on February 4-8, and in Moscow from February 21 to approximately the 29th to report on the Soviet Party Congress which is convening then. We request, therefore, that his interview be rescheduled. For your information, Mr. Jennings will not be available the following dates in April: 2, 3, 8, 17.

We appreciate your cooperation.

Sincerely,

Austin T. Fragomen, Jr.

ATF:ysb

*Rescheduled 2/20/86  
8-100  
1/27/86  
plw SK*

I-130 - I-485 PROCESSING SHEET

NO

YES

Is I-130 signed by petitioner under oath or notarized?

Petitioner has evidence he/she is USC ( ) or LPR ( )

Birth Certificate ( ) Naturalized ( )# \_\_\_\_\_ ARC( )# \_\_\_\_\_

BENEFICIARY IS: (check below)

( ) SPOUSE: Marriage certificate attached ( )yes ( )no, either spouse has prior marriage(s) ( )yes ( )no. If yes ( ) is termination of marriage(s) attached? ( )yes ( )no.

( ) CHILD: Birth certificate ( )yes, ( )no. Petitioner is mother, ( ) Petitioner is father, ( )yes or step-parent ( ). Is petitioner marriage certificate and termination of prior marriage(s) attached? ( )yes ( )no.

( ) BROTHER/SISTER: Birth certificate of petitioner ( )yes ( )no; birth certificate of beneficiary ( )yes ( )no are attached.

( ) STEP-BROTHER/SISTER: Birth certificate of petitioner ( )yes ( )no; birth certificate of beneficiary ( )yes ( )no. Marriage certificate of parents ( )yes ( )no. Prior marriage(s) ( )yes ( )no. If yes, terminations attached ( )yes ( )no.

( ) MOTHER: Petitioner birth certificate is attached ( )yes ( )no.

( ) FATHER/STEP-PARENT: Petitioner birth certificate ( )yes ( )no and marriage certificate, plus termination of prior marriage(s) ( )yes ( )no.

( ) ADOPTED CHILD: Child adopted under age 14 ( )yes, ( )no, and resided with adoptive parents at least 2 years, birth certificate of beneficiary ( )yes ( )no, decree of adoption ( )yes ( )no.

I-485

Is I-130 acceptable and attached or is I-171 (Notice of Approval) ( ) or consul priority letter ( ) attached?

Applicant is not an immediate relative and / preference is available ( ), (check yes): is not available ( ) (check no), according to the Dec 188 visa bulletin, or applicant is eligible and is applying under the Act of November 2, 1966(Cuban) ( ) (check yes) or the Act of October 28, 1977(Indochinese) ( ) (check yes), or the applicant is an immediate relative ( ) (check yes).

Applicant was inspected and admitted or paroled (must have I-94 or I-186 ( ) except Canadian ( )). If not, not eligible, return I-485.

Applicant was not crewmember or TNOV (check yes if was not).

NO

YES

Applicant has not accepted unauthorized employment (check yes if has not) (If applicant has accepted unauthorized employment, check no, return applications and explain 245(c)). (If applicant alleges authorized employment ( ) check yes, if applicant produces authorization) (does not apply to immediate relative ( ) check yes).

I-485 complete ( ) and legible ( )? Is form signed ( )?

Applicant has passport ( ) and/or birth certificate ( ).

ADIT worksheet complete ( ) yes ( ) no, ADIT photos ( ) yes ( ) no.

FD-258 (Applicant Fingerprint Chart), is required ( ), contributor address correct (NYINSNYDO, USINS NEW YORK, NY) ( ) both signatures ( ), all blanks completed ( ), all fingerprints classifiable ( ), not required ( ), under age 14 ( ), check yes ( ).

G-325A (Biographic Information) is required ( ) completed ( ) including all copies ( ) and is legible ( ), employment ( ) and foreign addresses ( ). Not required ( ), under age 14 ( ), check yes.

Applicant has evidence of support ( ) yes, ( ) no. (I-134, Affidavit of Support, job offer, employment letter is previously authorized employment).

Applicant has the results of a medical examination by an approved civil surgeon. (See current list).

Are all foreign language documents translated? ( ) yes ( ) no.

NOTE: All applicants should be questioned closely to determine if they are presently under any Service proceedings or have an existing "A" file, and if there is a pending application for adjustment of status.

REJECT any applications which are not complete and fully supported.

Remarks by Service employee: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



SIGNATURE (IN FULL)  
CONTACT REPRESENTATIVE  
U. S. Immigration and  
Naturalization Service

NYC - 39  
TITLE

UNITED STATES DEPARTMENT OF JUSTICE  
IMMIGRATION AND NATURALIZATION SERVICE

Processing Sheet

(b)(6)

Application or  
Petition Form No. I-485 (245)

File No. A

*FRAGILEMEN De-Res + BENEFIT*

CHECK ONE  -- SUBJECT TO FOREIGN STATE CHARGE  
 -- EXEMPT FOREIGN STATE CHARGE (IMMEDIATE RELATIVE OR SPECIAL IMMIGRANT)  
*IR-6*

	SECTION	PRIORITY DATE	COUNTRY OF CHARGEABILITY
PREFERENCE	203(a) ( )		
NONPREFERENCE	203(a) (8)		

DOCUMENTS NEEDED  
(If Checked)

B/C	
M/C	
PHOTOS	
SUPPORT	
I-508	
I-68	

MEDICAL & INTERVIEW

	DATE
MEDICAL	
INTERVIEW	
RESCHEDULED	
MEDICAL	
INTERVIEW	

DISTRIBUTE (If Checked)

	Date Mailed
Delay Notice	XXXXXXXXXXXXXXXXXX
I-181 to State	
G-325A Sheet #1	1/2/86
2	4
3	4
4	
Other Consulate: (Location)	LONDON (ENGLAND)

**CATEGORY A** --- Prepare I-486 with date 45 days beyond date G-325A sent. Type I-151, omitting entry date, place and lamination. Insert I-151 in file with 245 packet (I-357; G-153).

**CATEGORY B** --- Prepare I-486, omitting date and insert in file. Type I-151, omitting entry date, place and lamination. Insert in file with 245 packet (I-357; G-153).

Officer's Instructions:

DISTRIBUTE (If Checked):

I-151 to State Dept.	XXXXXXXXXXXXXXXXXX
I-151 to Consulate	AT
I-151 to Sol. Serv.	XXXXXXXXXXXXXXXXXX

*CORRESPONDENT*

This form may be overprinted or stamped to show instructions, items requested, items received, or other pertinent data which may facilitate processing.

Keep this check on top of all material in file until initial decision is made

GPO 11-61

UNITED STATES DEPARTMENT OF JUSTICE  
IMMIGRATION AND NATURALIZATION SERVICE

FILE NO: \_\_\_\_\_

*att'y filed Fragmen, Del Rey + Burns, P.C.*

DATE: *12-1985*

**MEDICAL EXAMINATION AND IMMIGRATION INTERVIEW**

*Jennings, Peter Charles*

**INSTRUCTIONS FOR MEDICAL EXAMINATION**

A medical examination is necessary as part of your application for adjustment of status to permanent resident. If you have reached your fifteenth birthday you must IMMEDIATELY obtain and bring with you when you appear for your medical examination a serology report and 14" X 17" chest X-ray film with a reading by a licensed physician interpreting the X-ray film. The serologic test must be performed by a laboratory approved by a state or local health department. The X-ray film and serologic test for syphilis may not be more than 90 days old. YOUR MEDICAL EXAMINATION CANNOT BE COMPLETED WITHOUT THE (1) SEROLOGIC REPORT, (2) X-RAY AND (3) READING OF THE X-RAY FILM.

Please note, also the box checked  below with regard to your medical examination.

- Please communicate immediately with the below listed physician or with one of the physicians on the attached list, if a list is attached, (1) to ascertain what arrangements you should make to obtain a serologic report, X-ray film and reading prior to your medical examination, and (2) to arrange for your medical examination by him, which must be completed before . . . . . All expenses in connection with this examination must be paid by you.

PHYSICIAN'S NAME, ADDRESS, AND TELEPHONE NUMBER

Please show this letter to any laboratory performing tests. Also present the copies of this letter to the physician performing the medical examination, and furnish him with your signature written in his presence for inclusion with his report.

*Resched  
to 1/25/86  
ilw  
SIC  
8:00A  
8:00*

**INSTRUCTIONS FOR IMMIGRATION INTERVIEW**

AN APPOINTMENT HAS ALSO BEEN MADE FOR AN INTERVIEW BEFORE AN IMMIGRATION OFFICER AT

ADDRESS

DATE

TIME

*2/25/86  
8:00A*

BRING WITH YOU AT THE TIME OF INTERVIEW THE FOLLOWING:

1. The sealed envelope furnished to you by the physician who performed the medical examination
2. Your passport and Form I-94. (Arrival and Departure Record)
3. Other:

*See attached*

**NOTE:**

IF YOU DO NOT SPEAK ENGLISH, A PERSON OF YOUR OWN SEX WHO CAN ACT AS INTERPRETER SHOULD ACCOMPANY YOU TO THE MEDICAL EXAMINATION AND IMMIGRATION INTERVIEW

FAILURE TO KEEP THESE APPOINTMENTS AND TO BRING THE REQUIRED DOCUMENTS WILL DELAY YOUR CASE, AND MAY RESULT IN THE DENIAL OF YOUR APPLICATION.

*1/27/86*

BRING PASSPORT AND I-94

I-485 SUPPLEMENT FOR ISSUANCE OF I-551

ALIEN NUMBER	Jennings Peter	Charles	
	LAST NAME	FIRST NAME	MIDDLE NAME
IN CARE OF	[REDACTED] (b)(6)		
ADDRESS	[REDACTED]		
	NUMBER/STREET		
	New York, New York 10024		
	CITY	STATE	ZIP CODE
Elizabeth	Charles	Toronto, Canada	
MOTHER'S FIRST NAME	FATHER'S FIRST NAME	CITY/TOWN/VILLAGE OF BIRTH	
New York	New York		
CITY OF RESIDENCE WHEN APPLYING FOR THIS STATUS	CITY OF DESTINATION AT TIME OF ORIGINAL ADMISSION TO THE UNITED STATES	LOCATION OF CONSULATE OR IMMIGRATION OFFICE WHERE ADJUSTED	
7/29/38		Canada	
DATE OF BIRTH	PORT OF ENTRY	DATE OF ENTRY OR ADJUSTMENT	COUNTRY OF BIRTH

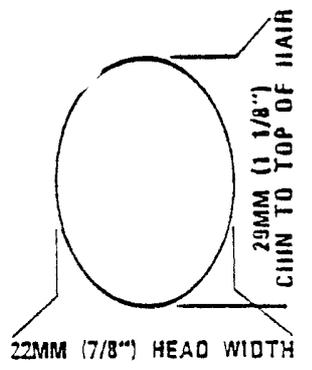


← SAMPLE PHOTOGRAPH

### COLOR PHOTOGRAPH SPECIFICATIONS

HEAD SIZE (INCLUDING HAIR) MUST FIT INSIDE OVAL →

SUBMIT ~~Two (2)~~ COLOR PHOTOS MEETING THE FOLLOWING SPECIFICATIONS



- PHOTOGRAPH MUST SHOW THE SUBJECT IN A ¾ FRONTAL PORTRAIT AS SHOWN ABOVE
- RIGHT EAR MUST BE EXPOSED IN PHOTOGRAPH FOR ALL APPLICANTS. HATS MUST NOT BE WORN
- PHOTOGRAPH OUTER DIMENSION MUST BE LARGER THAN 1 1/4" x 1 1/4", BUT HEAD SIZE (INCLUDING HAIR) MUST FIT WITHIN THE ILLUSTRATED OVAL (OUTER DIMENSION DOES NOT INCLUDE BORDER IF ONE IS USED)
- PHOTOGRAPH MUST BE COLOR WITH A WHITE BACKGROUND EQUAL IN REFLECTANCE TO BOND TYPING PAPER
- SURFACE OF THE PHOTOGRAPH MUST BE GLOSSY
- PHOTOGRAPH MUST NOT BE STAINED, CRACKED, OR MUTILATED, AND MUST LIE FLAT
- PHOTOGRAPHIC IMAGE MUST BE SHARP AND CORRECTLY EXPOSED. PHOTOGRAPH MUST BE UN-RETOUCHED
- PHOTOGRAPH MUST NOT BE PASTED ON CARDS OR MOUNTED IN ANY WAY
- ~~Two (2)~~ PHOTOGRAPHS OF EVERY APPLICANT, REGARDLESS OF AGE, MUST BE SUBMITTED
- PHOTOGRAPHS MUST BE TAKEN WITHIN THIRTY (30) DAYS OF APPLICATION DATE
- SNAPSHOTS, GROUP PICTURES, OR FULL LENGTH PORTRAITS WILL NOT BE ACCEPTED
- USING CRAYON OR FELT PEN, TO AVOID MUTILATION OF THE PHOTOGRAPHS, LIGHTLY PRINT YOUR NAME (AND ALIEN REGISTRATION RECEIPT NUMBER IF KNOWN) ON THE BACK OF ALL PHOTOGRAPHS
- IMPORTANT NOTE - FAILURE TO SUBMIT PHOTOGRAPHS IN COMPLIANCE WITH THESE SPECIFICATIONS WILL DELAY THE PROCESSING OF YOUR APPLICATION

001 7 1969  
JAK  
Immigration and Naturalization Service

APPLICATION BY LAWFUL PERMANENT RESIDENT ALIEN  
FOR ALIEN REGISTRATION RECEIPT CARD, FORM I-151

(Please read instructions on the reverse)

Applicant: Do Not Fill in This Block	
FILE NO.	
<input type="checkbox"/> Fee Required	<input type="checkbox"/> Fee Not Required
orig I-151 found in file & del. to subject. DO NOT ISSUE NEW ONE	

I apply for an Alien Registration Receipt Card (Form I-151), and attach any previously issued Form I-151 or other evidence of registration now in my possession. My Alien Registration Number is \_\_\_\_\_

1. Reason for Application (Please check appropriate blocks.)

(a)  My alien registration receipt document was  lost  destroyed on or about July 14 1969, under the following circumstances: (date)

lost with a collection of personal papers at a motel in Toronto-Canada.

(If my document is recovered, I will surrender it to the Immigration and Naturalization Service.)

(b)  My name has been changed. (c)  My present Form I-151 is mutilated.

(If you checked "(a)", "(b)", or "(c)" above, see Instruction Number 6 concerning fee required.)

(d)  My evidence of alien registration is on a form other than Form I-151. (e)  I never received Form I-151.

(f)  My present Form I-151 is in poor condition because of improper lamination. (g)  I am required by Section 262(b) of the Immigration and Nationality Act to be registered and fingerprinted after my 14th birthday.

2. Name (Last) (First) (Middle) <b>Jennings, Peter charles archibald Ewart</b>			3. Nationality <b>Canadian</b>
4. Admitted to U.S. at (City) (State) <b>Rouses Point New York</b>	5. Date of Admission (Mo.) (Day) (Yr.) <b>September 7 1964</b>	6. Date of Birth (Mo.) (Day) (Year) <b>July 29 1938</b>	
7. Means of Arrival (Name of Vessel, or Airline and Flight No., etc.) <b>train</b>	8. Destination in U.S. at Time of Admission <b>New York City</b>	9. Place of Birth (City) (Province or State) (Country) <b>Toronto ontario canada</b>	
10. Name Used When Registered as an Alien (If same as present, write "same.") <b>same</b>	11. Name Used When Lawfully Admitted for Permanent Residence (If same as present, write "same.") <b>same</b>		
12. Present Address (Street, City and State, Country, ZIP Code, if in U.S.) <b>[Redacted] New York NY 10021</b>		13. Address in the U.S. (If same as present address, write "same.") <b>Same</b>	
14. Dates of Absences From the U.S. of 1 Year or Longer, Since Lawful Admission for Permanent Residence <b>none</b>			15. Date of Last Departure from U.S. <b>September 17 1969</b>
16. (If you intend to use Form I-151 as a document for travel within the next six weeks, give the date of your expected departure, list each country to be visited, and be sure to read Instruction 7 in regard to the limitations on use of Form I-151 for travel in or through certain countries.)			
a. Date of Proposed Departure <b>10-8-69</b> <b>October 14 1969</b>		b. Countries to be Visited <b>U.A.R. Jordan Algeria Syria, western Europe</b>	
17. Signature of Person Preparing the Form if Other Than Applicant I DECLARE that this application was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.  _____ Signature  _____ Address  _____ Date Signed		18. Signature of Applicant I CERTIFY that the information above is true and correct to the best of my knowledge and belief.  _____ Signature <b>September 24 69</b> Date Signed	

(b)(6)

**APPLICANT: DO NOT WRITE BELOW THIS LINE**

*(For use in searching Records of Arrival)*

RECORDS EXAMINED	RECORDS FOUND
Card Index	Port of Entry:
Index Books	Name at Time of Entry:
Manifests	_____
	_____
	Date of Admission:
	Marital Status:
Signature of Searcher	Means of Arrival (Vessel, Airline, etc.):

*(For use by Immigration or Consular Officer)*

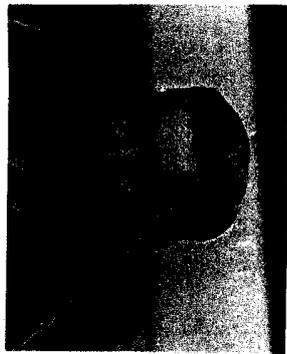
The applicant was interviewed by me under oath on \_\_\_\_\_ at \_\_\_\_\_  
 (date) (city)

Remarks:

_____ (Signature)	_____ (Title)
I recommend that the application be <input type="checkbox"/> Granted <input type="checkbox"/> Denied	
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	
_____ Immigration Officer	_____ Date
_____ District Director	_____ Date

**INSTRUCTIONS**

1. **PURPOSE** – To apply for an Alien Registration Receipt Card (Form I-151) for any of the reasons listed in item 1 on the face of this form. This application may be used only by an alien who is a lawful permanent resident of the United States.
2. **HOW TO PREPARE** – Fill in, in single copy only, by typewriter, or print in block letters, in ink.
3. **DOCUMENTARY EVIDENCE** – You are required to submit with this application any Alien Registration Receipt Card (Form I-151) or other evidence of alien registration now in your possession. An application for a new Alien Registration Receipt Card in a name other than the name which appears on the card previously issued to you may be approved only if your name has been changed by order of any court of competent jurisdiction, or by marriage. If you are applying for the issuance of a card in a changed name, you must attach to this application a certified copy of the public record of your marriage or of the decree of the court changing your name. If you live in a state where, under the decree of the court changing your name, further acts were required of you before the decree became final, you must also attach a certificate from the court that you have complied with the conditions of the decree changing your name.
4. **PHOTOGRAPHS** – You are required to send with this application 2 identical photographs of yourself taken within 30 days of the date of this application. These photographs must be 1½ x 1½ inches in size, and the distance from top of head to point of chin should be approximately 1¼ inches. They must NOT be pasted on the cards or mounted in any other way, must be on thin paper, have a light background, and clearly show a front view of your face without hat. Snapshots, group pictures, full-length portraits, or machine-made photographs will not be accepted. **DO NOT SIGN YOUR PHOTOGRAPHS.** Using crayon or soft pencil to avoid possible mutilation of the photographs, write your alien registration number lightly on the reverse of the photographs. Consideration will be given to waiver of photographs for applicants who are confined due to age or physical infirmity.
5. **DATE OF YOUR ARRIVAL** – If you do not know the exact date of your arrival in the United States, or the name of the vessel or port, and you cannot obtain this information by consulting your family or friends who came over with you, give the facts of your arrival as you remember them in the appropriate blank spaces on the first page of this form. Your Immigrant Identification Card or your passport, ship's card, or baggage labels, if you have them, may help you to answer these questions. *\$10.00*
6. **FEE** – If you checked “(a)”, “(b)”, or “(c)” of item 1, a fee of ~~5.00~~ must accompany this application. Otherwise, no fee is required. Remittances should be made payable to the “Immigration and Naturalization Service, Department of Justice.” If residing in the Virgin Islands, remittances should be drawn in favor of the “Commissioner of Finance of the Virgin Islands.” If residing in Guam, remittances should be drawn in favor of the “Treasurer, Guam.” If you mail this application, attach money order or check. **DO NOT SEND CASH.** The fee is required for filing the application and is not returnable regardless of action taken thereon.
7. **USE OF FORM I-151 AS TRAVEL DOCUMENT** – The rightful holder of Form I-151 may present that document at a United States port of entry, in place of a visa, when returning to the United States after a temporary absence not exceeding one year, except when restrictions on travel to, in or through Albania, Cuba, Outer Mongolia, Communist portions of China, Korea and Viet-Nam; Bulgaria, Czechoslovakia, Estonia, Hungary, Latvia, Lithuania, Poland, Rumania, the Soviet Zone of Germany (“German Democratic Republic”), the Union of Soviet Socialist Republics, or Yugoslavia are applicable. Information concerning exemptions from such restrictions may be obtained at any Immigration and Naturalization Service office.
8. **WHERE TO SUBMIT THIS APPLICATION** – If you are in the United States, submit the application to the Immigration office having jurisdiction over the place where you are residing. If you are outside the United States, submit it (either in person or through a United States consular officer) to the United States Immigration office outside the United States having jurisdiction over the place where you are temporarily sojourning. If you check item 1(g) you must present the application in person at the Immigration office where you will be fingerprinted and registered.



**UNITED STATES DEPARTMENT OF JUSTICE  
Immigration and Naturalization Service  
New York District  
Officer's Review and Action Sheet**

(b)(6)

Form No. I-131

File No.

The following documents or actions are required before decision may be made in this case:

Officer's Initials	Date	Document or Action Required	Requested (Check)	Received (Check)
<i>HR</i>	<i>JUN 20 1969</i>	1. Prepare R/P & <del>Mail to applicant at:</del> <i>Waiver</i>		
		2. Send duplicate I-131 to Social Security.		
		3. Hold file pending receipt of Negative G-325'a		
		4. Upon receipt of Negative G-325a's forward file to S. Babkin, R.A.I.S.		
		5. Valid to: - <u>June 19 1970</u>		
		6. Waiver: <u>Puba only</u> <i>as per State Dept OK.</i>		

DECISION:  (Approved)  (Denied)

POST AUDIT G325'S AUTHORIZED BY: *State Dept OK.*

REMARKS: (If denied, state reasons)

*Emergency  
waiting*

For the District Director:

\_\_\_\_\_  
Date of Decision

*Harold Rand*  
\_\_\_\_\_  
Signature of Officer

Keep this sheet on top of all material in file until initial decision is made

Memo for File  
In re Peter Jennings

(b)(6)



The undersigned received a telephone call from a Mr Robert White of the State Dept. requesting a reentry permit be issued the subject on an emergent basis in order that Mr Jennings could go to Cuba for A.B.C. Mr White said his department approved of the visit and that the clearances were made and negative.

I requested confirmation from Mr White in writing which he said would be submitted  
William C. Cook,  
Chief, App. Sect.

**UNITED STATES DEPARTMENT OF JUSTICE  
Immigration and Naturalization Service**

(b)(6)

**Officer's Review and Action Sheet**

Form No. I-134

File No.

The following documents or actions are required before decision may be made in this case:

Officer's Initials	Date	Document or Action Required	Requested (Check)	Received (Check)
<i>[Signature]</i>		Prepares R/P for personal debriefing		<i>To copy</i>
		Akon - Valid to June 29, 1966 for multiple entries		
		waiver restriction for		
		USSR, <del>Republic</del> PEOPLE'S REPUBLIC OF CHINA NORTH VIETNAM ONLY		
		OK to Post Audit Per Espionage		

DECISION:                       
(Approved)                      (Denied)

REMARKS: (If denied, state reasons)

For the District Director:

\_\_\_\_\_ Date of Decision

*[Signature]*  
\_\_\_\_\_ Signature of Officer

Keep this sheet on top of all material in file until initial decision is made

American Broadcasting Company 7 West 66th Street New York, New York 10023 Telephone 212 887-4930

Donald T. Martin  
General Attorney  
ABC News

February 14, 1986

Immigration and Naturalization Service  
26 Federal Plaza  
New York, NY 10278

Dear Sir or Madam:

This to verify the employment of Mr. Peter Jennings in the position of Sole Anchor and Senior Editor of ABC's "World News Tonight". Mr. Jennings will continue to be compensated for his services at a salary of [REDACTED] per annum.

(b)(6)

Very truly yours,



DTM/n1

**UNITED STATES  
DEPARTMENT OF JUSTICE**



**Immigration and  
Naturalization Service**



**PERMIT TO REENTER  
THE UNITED STATES**

2

0012552

NAME <b>PETER CHARLES JENNINGS</b>		REGISTRATION NUMBER A <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>
ADDRESS IN U. S. <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> <b>New York 21, New York</b>		
DATE OF BIRTH <b>July 29, 1938</b>	COUNTRY OF BIRTH <b>Canada</b>	COUNTRY OF NATIONALITY <b>Canada</b>
EYES <b>Brown</b>	HAIR <b>Brown</b>	HEIGHT <b>6'</b> FEET <b>2"</b> INCHES
VISIBLE SCARS AND MARKS <b>None</b>		
<b>VALIDITY OF PERMIT</b>		
PERMIT EXPIRES <b>June 29, 1966</b>	VALIDITY EXTENDED TO	VALIDITY EXTENDED TO
SIGNATURE ISSUING OFFICER <i>[Signature]</i> District Director	SIGNATURE REVALIDATING OFFICER	SIGNATURE REVALIDATING OFFICER

0012552

3

PHOTOGRAPH	RESTRICTIONS													
	VALID FOR <input type="checkbox"/> ONE ENTRY ONLY <input checked="" type="checkbox"/> MULTIPLE ENTRIES													
	<p>1. This document is not valid for return to the United States after a temporary absence in:</p> <p>Albania Cuba Outer Mongolia Communist portions of: China Korea Viet-Nam</p> <p>2. In addition this document is not valid for return to the United States after a temporary absence in any of the following countries unless this restriction is specifically waived with regard to any such country or countries by indorsement hereon:</p> <table border="0"> <tr> <td>Bulgaria</td> <td>Rumania</td> </tr> <tr> <td>Czechoslovakia</td> <td>Soviet Zone of Germany ("German Democratic Republic")</td> </tr> <tr> <td>Estonia</td> <td>Union of Soviet Socialist Republics</td> </tr> <tr> <td>Hungary</td> <td>Yugoslavia</td> </tr> <tr> <td>Latvia</td> <td></td> </tr> <tr> <td>Lithuania</td> <td></td> </tr> <tr> <td>Poland</td> <td></td> </tr> </table> <p>The above restriction is waived as to the following: <b>U.S.S.R.</b>  <b>North Viet Nam</b>  <b>Peoples Republic of China</b></p>	Bulgaria	Rumania	Czechoslovakia	Soviet Zone of Germany ("German Democratic Republic")	Estonia	Union of Soviet Socialist Republics	Hungary	Yugoslavia	Latvia		Lithuania		Poland
Bulgaria	Rumania													
Czechoslovakia	Soviet Zone of Germany ("German Democratic Republic")													
Estonia	Union of Soviet Socialist Republics													
Hungary	Yugoslavia													
Latvia														
Lithuania														
Poland														

NATURALIZATION SERVICE



ADMISSION STAMPS

<p>IMM. &amp; NATZ. SERVICE HONOLULU, HAWAII 401 ADMITTED AUG 10 1965 CLASS TO <i>Jan 87</i></p>	

4

5



6

0012552

0012552

7





Visas

Visas



10

0012552

0012552

11





14

0012552

0012552

15





IMPORTANT INFORMATION

GENERAL: A permit to reenter has no effect under the immigration laws except to show that the person to whom issued is returning from a temporary visit abroad and relieve him of the necessity of securing a visa from an American Consul before returning to the United States. It does not relieve him from meeting the other requirements of the immigration laws. Persons who have been convicted of or admit having committed a felony or other crime or misdemeanor involving moral turpitude either before or after entering the United States, other criminal, immoral, insane, mentally or physically defective aliens, those afflicted with loathsome or contagious diseases, and others found to be inadmissible under the immigration laws are subject to exclusion if attempting to reenter, notwithstanding they may be in possession of permits to reenter.

EFFECT OF ABSENCE FROM UNITED STATES UPON NATURALIZATION ELIGIBILITY: A permit to reenter does not relieve the person to whom issued from meeting the requirements of the naturalization laws. Notwithstanding the possession of a reentry permit, absence from the United States by an applicant for naturalization for a continuous period of one year or more during the period for which continuous residence in the United States is required for admission to citizenship will break the continuity of such residence, except where, prior thereto, the Attorney General has approved an absence in the employment of, or under contract with, the United States Government or an American institution of research recognized as such by the Attorney General, or in the employment of an American firm or corporation engaged in whole or part in the development of foreign trade and commerce of the United States or a subsidiary thereof, more than 50 percent of whose stock is owned by an American firm or corporation, or in the employment of a public international organization of which the United States

is a member by treaty or statute by which the alien was not employed until after being lawfully admitted for permanent residence. In order to qualify for such approval the applicant must have been physically present and residing in the United States, after being lawfully admitted for permanent residence, for an uninterrupted period of at least one year. The granting of such approval does not exempt the applicant from the requirement that he be physically present in the United States for at least one-half of the period of residence required for naturalization except in the case of those persons who are employed by, or under contract with, the Government of the United States; those persons who are authorized to perform the ministerial or priestly functions of a religious denomination having a bona fide organization within the United States, and those persons who are engaged solely by a religious denomination or by an interdenominational mission organization having a bona fide organization within the United States as a missionary, brother, nun, or sister. Such approval should be applied for on Form N-470, "Application to Preserve Residence for Naturalization Purposes (under section 316 (b) or 317, Immigration and Nationality Act)" available at any office of the Immigration and Naturalization Service.

Aliens who are absent in connection with or for the purpose of performing the ministerial or priestly functions of a religious denomination having a bona fide organization in the United States, or who are engaged by such a denomination or an interdenominational mission organization having a bona fide organization within the United States, as a missionary, brother, nun, or sister, are also eligible to make such application. Such aliens may acquire the required one year of uninterrupted physical presence after the absence.

**EXTENSIONS:** The validity of a permit may, on good cause shown, be extended for a period or periods not exceeding one year from the original expiration date.

Application extension must be made prior to the expiration date shown on this permit. It should be submitted 30 to 60 days prior to the expiration date.

The application must contain (a) the name of the applicant, and his address in the United States; (b) when, where, and by what means he departed from the United States; (c) port of landing and date of arrival abroad; (d) countries visited in the order visited; (e) reason for requesting extension and period for which desired; and (f) applicant's address abroad; and must be accompanied by the permit.

The application must be sworn to. If executed in the United States the application may be sworn to before an officer of the Immigration and Naturalization Service, without payment of notarial fee; or before a notary public or other officer authorized to administer oaths for general purposes; and in such cases, the official seal or certificate of authority to administer oaths must be affixed. If executed outside the United States, the application must be sworn to before an Immigration or Consular Officer of the United States.

The application must be submitted to the office of the Immigration and Naturalization Service having jurisdiction over the place in which the applicant is temporarily sojourning abroad or to the issuing office shown on page 2, and must be accompanied by a fee of \$10. Remittances by persons outside the United States should be by international money order, drawn on Washington, D. C., or foreign exchange on a bank in the United States. All remittances should be made payable to the Immigration and Naturalization Service, Department of Justice. If extension is refused, the fee will be refunded. The permit, if extended will be returned to the address given in the application.

If the validity of the permit or extension thereof has expired the alien must obtain an immigration visa from an American Consul before embarking for the United States.

BUREAU OF ENGRAVING AND PRINTING