

SOLO ATENDEMOS A LAS PERSONAS QUE VIENEN PUNTUALMENTE A SU CITA

A. Para obtener su visa con mayor rapidez y facilidad el mismo día de su cita, deberá poner en orden los siguientes documentos (haga un paquete por persona):

1. ORIGINAL DE LA PARTIDA DE NACIMIENTO. Solamente aceptamos INSCRIPCIONES de nacimiento que sean COPIAS DIRECTAS del libro del Registro Civil ESCRITO A MANO con el respectivo sello. NO SE ACEPTAN FORMAS CORTAS, TIPEADAS A MAQUINA, O COMPUTARIZADAS. Si usted es pedido por su hijo(a) o hermano(a) ciudadano americano, es muy importante presentar el mismo tipo de partida de nacimiento del peticionario. Si tiene hijos tiene que traer el mismo tipo de partida de nacimiento de cada uno de ellos.

2. FOTOGRAFIAS Y PASAPORTE. Dos fotografías tomadas recientemente, de 5 X 5 cm, mirando de frente a la cámara, con fondo blanco. La cara debe medir 3.5cm de la coronilla a la barbilla. No debe tener puestos lentes, gafas, sombreros o gorras. Revise que sus datos personales en el pasaporte estén correctos, y que esté válido por lo menos 6 meses.

3. FORMULARIO DS-230. Cada aplicante deberá traer el día de su cita 2 hojas de formularios, **Parte I y Parte II.** Cada aplicante deberá leer sus formularios y constatar que las respuestas sean correctas. Usted va a firmar estos formularios y el Cónsul le tomará un juramento que lo hará legalmente responsable. TODAS las preguntas deberán estar contestadas. Si alguna no se aplica a su caso, escriba "no es aplicable". Usted puede imprimir los formularios desde nuestra página web.

4. PARTIDA DE MATRIMONIO ORIGINAL. Que sea copia directa del libro del Registro Civil escrito a mano y con el respectivo sello, si el matrimonio se realizo en Ecuador. NO SE ACEPTAN formas cortas ni tipeadas. Si el matrimonio se realizo en los Estados Unidos u otro país, el certificado de matrimonio debe estar certificado por la autoridad gubernamental apropiada.

5. PARTIDA DE DIVORCIO O DEFUNCION ORIGINALES. Que certifiquen la nulidad de todos los matrimonios anteriores de usted y/o del peticionario. Si el matrimonio fue realizado en el Ecuador, debe presentar el certificado de matrimonio (tal como se indica en el punto 4) con la marginación del divorcio. Si el divorcio se realizo en otro país, el decreto con los sellos originales de la corte.

6. RECORD POLICIAL. De todos los lugares donde haya vivido por más de 6 meses desde que cumplió los 16 años. Los aplicantes menores de 18 años no pueden obtener un record policial de Ecuador. NO TRAIGA EL RECORD POLICIAL DE LOS ESTADOS UNIDOS.

7. REPORTE MEDICO. Este debe venir siempre en sobre CERRADO Y SELLADO por el médico. **No traiga las radiografías. El examen medico tiene validez un año, por lo tanto debe realizárselo solo dos semanas antes de su cita.**

8. PRUEBAS DE SOSTENIMIENTO ECONOMICO. El peticionario debe enviarle el affidávit aún cuando no haya trabajado y/o declarado impuestos en los Estados Unidos. Para mas información sobre los documentos de sostenimiento económico que debe presentar por favor lea las instrucciones adjuntas en este paquete informativo.

9. PRUEBAS DE RELACION CON EL PETICIONARIO SI LO PIDE SU CONYUGE. Como fotografías de ustedes juntos, cartas, recibos de compra a nombre de ambos, etc.

10. COPIA NOTARIZADA DE LOS DOS LADOS DE LA TARJETA DE RESIDENCIA DE SU MAMA O PAPA. Si la petición es hecha por su padrastro o madrastra ciudadano(a) americano(a).

B. Deberá cancelar \$400.00 (CUATROCIENTOS DOLARES) por CADA aplicante (adulto o niño) el día de la cita. NO SE ACEPTAN BILLETES DE \$100.00 (CIEN DOLARES) NI BILLETES VIEJOS O ROTOS O PEGADOS CON CINTA SCOTCH. **Si el peticionario ya pago este valor en el NVC, no deberá volver a pagar el día de su cita. Si solo pago \$355 en el NVC el aplicante deberá cancelar \$45,00 el día de su cita. ESTE VALOR TIENE VALIDEZ UN AÑO A PARTIR DE LA FECHA DE LA PRIMERA ENTREVISTA.**

C. ENVIO POR DHL. Si su visa es aprobada el día de su cita su pasaporte visado y sobre de visa le serán enviados por el servicio de correo expreso DHL. Este servicio tiene un costo de \$8,00 por el primer pasaporte y \$2,00 por cada pasaporte adicional. El pago de este servicio solo se recepta en la oficina de DHL en Guayaquil que se le indicará en el Consulado el día de su cita.

Este no es un documento oficial del Departamento de Estado. Las instrucciones arriba mencionadas tienen el propósito de ayudarlo a reunir los documentos necesarios para su entrevista. **Por favor no haga planes de viaje definitivos hasta recibir su visa de residencia**

THE FOREIGN SERVICE OF THE
UNITED STATES OF AMERICA

POR FAVOR LEA DETENIDAMENTE ESTA COMUNICACION

Usted debe llevar esta comunicación, su número de caso y categoría, su pasaporte y dos fotografías al consultorio de uno de los médicos cuyos nombres constan en la siguiente lista. El medico hará los arreglos necesarios para que usted obtenga una radiografía del tórax, un examen de sangre, una prueba Elisa VIH (sida), y un examen general completo.

Todos los solicitantes de visa de residencia, no importa la edad ni el sexo, deben pasar por un examen médico. Todos los gastos de los exámenes médicos serán pagados por el solicitante y son completamente independientes de los derechos de visa. El sobre **cerrado** que contiene el examen medico debe ser presentado en la sección consular de el consulado americano de guayaquil, el día y hora fijados en la cita. El examen de sangre para detectar el VIH es requerido como parte de su examen médico. VIH es el virus que causa el sida. Este examen no es para diagnosticar el sida, pero sirve para detectar el virus. **Si el resultado es positivo, no necesariamente significa que usted tiene sida, o que lo tendrá.** Los resultados de un examen serán presentados al oficial consular. También será necesario reportar estos resultados a las autoridades de salud de este país. Un resultado positivo de este examen significa que usted no será elegible para recibir una visa. Un resultado positivo influirá también en sus actividades diarias en este país.

Este examen tomara mínimo 72 horas para obtener el resultado, por lo tanto **haga con tiempo su cita con el medico** para evitar molestias el día de su cita en el consulado americano.

HONORARIOS:

ADULTOS: incluyendo radiografía del tórax, examen de sangre, examen micro Elisa y examen general completo. **US\$ 80,00 dólares** **(NO INCLUYE VACUNAS)**

NIÑOS: los niños menores de 15 años no necesitan radiografía del tórax, ni examen de sangre a menos que el doctor lo considere necesario. **US\$ 25,00 dólares** **(NO INCLUYE VACUNAS)**

Nota: Visas K-1, K-2, K-3, K-4 no necesitan vacunas.

Por favor llevar a la cita con el doctor el carnet de vacunación si lo tuviere.

MEDICOS EN QUITO:

HECTOR AGUILAR, MD.

Medicentro
6 de Diciembre 4697 y Pasaje Turquía, 2do piso
Telf: 02 2453-530 02 2448-315
Atención: 8:00 a 12:00 y
15:00 a 18:30 (previa cita)

ANIBAL SOSA, MD.

RODRIGO SOSA, MD

Alemania 144 y Eloy Alfaro
Edificio Medical, 5to Piso.
Telf: 02 2525-102 02 2909-777
Atención: 8:00 a 12:00 y 15:00 – 19:00
Sábados de 8:00 a 12:00 (previa cita)

MEDICOS EN GUAYAQUIL:

AURELIO ANDRADE, MD

Antepara 921 entre 9 de Octubre y Hurtado
1er piso
Telf: 04 2320-342 04 2320-343
Atención: 7:30 a 17:30

PRUEBAS DE SOSTENIMIENTO ECONOMICO

Si el peticionario **NO** ha enviado el Affidavit of Support I-864 al National Visa Center, usted debe seguir las siguientes instrucciones:

- ⊗ El **peticionario** DEBE llenar el affidavit y enviar la declaración de impuestos del último año. **Si el peticionario no ha trabajado o vivido en los Estados Unidos todo ese tiempo y por lo tanto no ha declarado impuestos allá,** debe adjuntar al affidavit una carta o pruebas que expliquen los motivos por los cuales no ha pagado sus impuestos (estaba estudiando, esta retirado, esta incapacitado, no vivió en los Estados Unidos, etc.). En este caso, otro familiar o amigo debe actuar como patrocinador, y enviarle adicionalmente el mismo paquete de documentos mencionado en el punto siguiente.
- ⊗ Cada miembro de la familia que aplique para la visa de residencia debe presentar por separado un paquete de solvencia del peticionario (y si hay otro u otros garantes, de cada uno de estos) que incluya los siguientes documentos:
 - * Un formulario I-864 por separado. Este puede ser copia, pero la firma del patrocinador debe ser **original**.
 - * Formularios 1040 y W-2 del último año o un certificado de la oficina de Impuesto a la Renta (IRS) generado por computadora y con el sello original de esa oficina, donde conste el desglose del último año.
 - * Prueba de residencia o ciudadanía Americana.
- ⊗ Las personas pedidas por trabajo, si el dueño o un accionista con mas del 5% de acciones es familiar suyo, dicha persona debe firmar el I-864 y seguir las mismas instrucciones mencionadas arriba.
- ⊗ Si el peticionario ya envió estos documentos al National Visa Center no es necesario presentarlos nuevamente, sólo en el caso que necesite actualizar dichos documentos. Si su petición es por trabajo, debe traer una oferta de empleo notariada y en papel membretado.



APPLICATION FOR IMMIGRANT VISA AND ALIEN REGISTRATION

PART I - BIOGRAPHIC DATA

Instructions: Complete one copy of this form for yourself and each member of your family, regardless of age, who will immigrate with you. Please print or type your answers to all questions. Mark questions that are **Not Applicable** with "N/A". If there is insufficient room on the form, answer on a separate sheet using the same numbers that appear on the form. **Attach any additional sheets to this form.**

Warning: Any false statement or concealment of a material fact may result in your permanent exclusion from the United States. This form (DS-230 Part I) is the first of two parts. This part, together with Form DS-230 Part II, constitutes the complete Application for Immigrant Visa and Alien Registration.

1. Family Name		First Name	Middle Name
2. Other Names Used or Aliases (If married woman, give maiden name)			
3. Full Name in Native Alphabet (If Roman letters not used)			
4. Date of Birth (mm-dd-yyyy)	5. Age	6. Place of Birth (City or town)	(Province) (Country)
7. Nationality (If dual national, give both)	8. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	9. Marital Status <input type="checkbox"/> Single (Never married) <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated Including my present marriage, I have been married _____ times.	
10. Permanent address in the United States where you intend to live, if known (street address including zip code). Include the name of a person who currently lives there.		11. Address in the United States where you want your Permanent Resident Card (Green Card) mailed, if different from address in item #10 (include the name of a person who currently lives there).	
Telephone number		Telephone number	
12. Your Present Occupation		13. Present Address (Street Address) (City or Town) (Province) (Country)	
		Telephone number (Home)	Office
14. Name of Spouse (Maiden or family name)		First Name	Middle Name
Date (mm-dd-yyyy) and place of birth of spouse			
Address of spouse (If different from your own)		Spouse's occupation	
		Date of marriage (mm-dd-yyyy)	
15. Father's Family Name		First Name	Middle Name
16. Father's Date of Birth (mm-dd-yyyy)	Place of Birth	Current Address	If deceased, give year of death
17. Mother's Family Name at Birth		First Name	Middle Name
18. Mother's Date of Birth (mm-dd-yyyy)	Place of Birth	Current Address	If deceased, give year of death

19. List Names, Dates and Places of Birth, and Addresses of **ALL** Children.

Name	Date (mm-dd-yyyy)	Place of Birth	Address (If different from your own)

20. List below all places you have lived for at least six months since reaching the age of 16, including places in your country of nationality. Begin with your present residence.

City or Town	Province	Country	From/To (mm-yyyy)

21a. Person(s) named in 14 and 19 who will accompany you to the United States now.

21b. Person(s) named in 14 and 19 who will follow you to the United States at a later date.

22. List below all employment for the last ten years.

Employer	Location	Job Title	From/To (mm-yyyy)

In what occupation do you intend to work in the United States? _____

23. List below all educational institutions attended.

School and Location	From/To (mm-yyyy)	Course of Study	Degree or Diploma

Languages spoken or read: _____

Professional associations to which you belong: _____

24. Previous Military Service Yes No

Branch _____ Dates of Service (mm-dd-yyyy): _____

Rank/Position _____ Military Speciality/Occupation _____

25. List dates of all previous visits to or residence in the United States. (If never, write "never") Give type of visa status, if known. Give DHS "A" number if any.

From/To (mm-yyyy)	Location	Type of Visa	"A" Number (If known)

Signature of Applicant _____ Date (mm-dd-yyyy) _____

Privacy Act and Paperwork Reduction Act Statements

The information asked for on this form is requested pursuant to Section 222 of the Immigration and Nationality Act. The U.S. Department of State uses the facts you provide on this form primarily to determine your classification and eligibility for a U.S. immigrant visa. Individuals who fail to submit this form or who do not provide all the requested information may be denied a U.S. immigrant visa. If you are issued an immigrant visa and are subsequently admitted to the United States as an immigrant, the Department of Homeland Security will use the information on this form to issue you a Permanent Resident Card, and, if you so indicate, the Social Security Administration will use the information to issue you a social security number and card.

*Public reporting burden for this collection of information is estimated to average 1 hour per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. In accordance with 5 CFR 1320 5(b), persons are not required to respond to the collection of this information unless this form displays a currently valid OMB control number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: U.S. Department of State (A/ISS/DIR) Washington, DC 20520.



U.S. Department of State
**APPLICATION FOR IMMIGRANT VISA AND
 ALIEN REGISTRATION**

OMB APPROVAL NO. 1405-0015
 EXPIRES: 09/30/2010
 ESTIMATED BURDEN: 1 HOUR*

PART II - SWORN STATEMENT

Instructions: Complete one copy of this form for yourself and each member of your family, regardless of age, who will immigrate with you. Please print or type your answers to all questions. Mark questions that are **Not Applicable** with "N/A". If there is insufficient room on the form, answer on a separate sheet using the same numbers that appear on the form. Attach any additional sheets to this form. The fee should be paid in United States dollars or local currency equivalent, or by bank draft.

Warning: Any false statement or concealment of a material fact may result in your permanent exclusion from the United States. Even if you are issued an immigrant visa and are subsequently admitted to the United States, providing false information on this form could be grounds for your prosecution and/or deportation.

This form (DS-230 Part II), together with Form DS-230 Part I, constitutes the complete Application for Immigrant Visa and Alien Registration.

26. Family Name	First Name	Middle Name
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27. Other Names Used or Aliases (If married woman, give maiden name)

28. Full Name in Native Alphabet (If Roman letters not used)

29. Name and Address of Petitioner	Telephone number
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30. United States laws governing the issuance of visas require each applicant to state whether or not he or she is a member of any class of individuals excluded from admission into the United States. The excludable classes are described below in general terms. You should read carefully the following list and answer **Yes** or **No** to each category. The answers you give will assist the consular officer to reach a decision on your eligibility to receive a visa.

**Except as Otherwise Provided by Law, Aliens Within the Following Classifications are Ineligible to Receive a Visa.
 Do Any of the Following Classes Apply to You?**

- a. An alien who has a communicable disease of public health significance; who has failed to present documentation of having received vaccinations in accordance with U.S. law; who has or has had a physical or mental disorder that poses or is likely to pose a threat to the safety or welfare of the alien or others; or who is a drug abuser or addict. Yes No
- b. An alien convicted of, or who admits having committed, a crime involving moral turpitude or violation of any law relating to a controlled substance or who is the spouse, son or daughter of such a trafficker who knowingly has benefited from the trafficking activities in the past five years; who has been convicted of 2 or more offenses for which the aggregate sentences were 5 years or more; who is coming to the United States to engage in prostitution or commercialized vice or who has engaged in prostitution or procuring within the past 10 years; who is or has been an illicit trafficker in any controlled substance; who has committed a serious criminal offense in the United States and who has asserted immunity from prosecution; who, while serving as a foreign government official and within the previous 24-month period, was responsible for or directly carried out particularly severe violations of religious freedom; or whom the President has identified as a person who plays a significant role in a severe form of trafficking in persons, who otherwise has knowingly aided, abetted, or colluded with such a trafficker in severe forms of trafficking in persons, or who is the spouse, son or daughter of such a trafficker who knowingly has benefited from the trafficking activities within the past five years. Yes No
- c. An alien who seeks to enter the United States to engage in espionage, sabotage, export control violations, terrorist activities, the overthrow of the Government of the United States or other unlawful activity; who is a member of or affiliated with the Communist or other totalitarian party; who participated in Nazi persecutions or genocide; who has engaged in genocide; or who is a member or representative of a terrorist organization as currently designated by the U.S. Secretary of State. Yes No
- d. An alien who is likely to become a public charge. Yes No
- e. An alien who seeks to enter for the purpose of performing skilled or unskilled labor who has not been certified by the Secretary of Labor; who is a graduate of a foreign medical school seeking to perform medical services who has not passed the NBME exam or its equivalent; or who is a health care worker seeking to perform such work without a certificate from the CGFNS or from an equivalent approved independent credentialing organization. Yes No
- f. An alien who failed to attend a hearing on deportation or inadmissibility within the last 5 years; who seeks or has sought a visa, entry into the United States, or any immigration benefit by fraud or misrepresentation; who knowingly assisted any other alien to enter or try to enter the United States in violation of law; who, after November 30, 1996, attended in student (F) visa status a U.S. public elementary school or who attended a U.S. public secondary school without reimbursing the school; or who is subject to a civil penalty under INA 274C. Yes No

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*Public reporting burden for this collection of information is estimated to average 1 hour per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. In accordance with 5 CFR 1320 5(b), persons are not required to respond to the collection of this information unless this form displays a currently valid OMB control number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: U.S. Department of State (A/ISS/DIR) Washington, DC 20520.

- g. An alien who is permanently ineligible for U.S. citizenship; or who departed the United States to evade military service in time of war. Yes No
- h. An alien who was previously ordered removed within the last 5 years or ordered removed a second time within the last 20 years; who was previously unlawfully present and ordered removed within the last 10 years or ordered removed a second time within the last 20 years; who was convicted of an aggravated felony and ordered removed; who was previously unlawfully present in the United States for more than 180 days but less than one year who voluntarily departed within the last 3 years; or who was unlawfully present for more than one year or an aggregate of one year within the last 10 years. Yes No
- i. An alien who is coming to the United States to practice polygamy; who withholds custody of a U.S. citizen child outside the United States from a person granted legal custody by a U.S. court or intentionally assists another person to do so; who has voted in the United States in violation of any law or regulation; or who renounced U.S. citizenship to avoid taxation. Yes No
- j. An alien who is a former exchange visitor who has not fulfilled the 2-year foreign residence requirement. Yes No
- k. An alien determined by the Attorney General to have knowingly made a frivolous application for asylum. Yes No
- l. An alien who has ordered, carried out or materially assisted in extrajudicial and political killings and other acts of violence against the Haitian people; who has directly or indirectly assisted or supported any of the groups in Colombia known as FARC, ELN, or AUC; who through abuse of a governmental or political position has converted for personal gain, confiscated or expropriated property in Cuba, a claim to which is owned by a national of the United States, has trafficked in such property or has been complicit in such conversion, has committed similar acts in another country, or is the spouse, minor child or agent of an alien who has committed such acts; who has been directly involved in the establishment or enforcement of population controls forcing a woman to undergo an abortion against her free choice or a man or a woman to undergo sterilization against his or her free choice; or who has disclosed or trafficked in confidential U.S. business information obtained in connection with U.S. participation in the Chemical Weapons Convention or is the spouse, minor child or agent of such a person. Yes No

31. Have you ever been charged, arrested or convicted of any offense or crime? (If answer is Yes, please explain) Yes No

32. Have you ever been refused admission to the United States at a port-of-entry? (If answer is Yes, please explain) Yes No

33a. Have you ever applied for a Social Security Number (SSN)?
 Yes Give the number _____ No
 Do you want the Social Security Administration to assign you an SSN (and issue a card) or issue you a new card (if you have an SSN)? You must answer "Yes" to this question and to the "Consent To Disclosure" in order to receive an SSN and/or card.
 Yes No

33b. **Consent to Disclosure:** I authorize disclosure of information from this form to the Department of Homeland Security (DHS), the Social Security Administration (SSA), such other U.S. Government agencies as may be required for the purpose of assigning me an SSN and issuing me a Social Security card, and I authorize the SSA to share my SSN with the INS. Yes No
 The applicant's response does not limit or restrict the Government's ability to obtain his or her SSN, or other information on this form, for enforcement or other purposes as authorized by law.

34. Were you Assisted in Completing this Application? Yes No
 (If answer is Yes, give name and address of person assisting you, indicating whether relative, friend, travel agent, attorney, or other)

DO NOT WRITE BELOW THE FOLLOWING LINE
The consular officer will assist you in answering item 35.
DO NOT SIGN this form until instructed to do so by the consular officer

35. I claim to be:
 A Family-Sponsored Immigrant I derive foreign state chargeability under Sec. 202(b) through my _____ Preference _____
 An Employment-Based Immigrant Numerical limitation (foreign state) _____
 A Diversity Immigrant
 A Special Category (Specify) _____
 (Returning resident, Hong Kong, Tibetan, Private Legislation, etc.)

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, consisting of Form DS-230 Part I and Part II combined, have been made by me, including the answers to items 1 through 35 inclusive, and that they 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.
 I understand that completion of this form by persons required by law to register with the Selective Service System (males 18 through 25 years of age) constitutes such registration in accordance with the Military Selective Service Act.

 Signature of Applicant

Subscribed and sworn to before me this _____ day of _____ at: _____

 Consular Officer