

THE LAW OFFICE OF  
**WILLIAM FRICK**

9 AUGUST 2011

Turgut Tarhan  
2308 – 188<sup>th</sup> Place SW  
Lynnwood, WA 98036

Dear Turgut:

Enclosed please find a G-28, Notice of Entry of Appearance as Attorney, and G-639, Freedom of Information/Privacy Act Request. Please sign all forms where I have highlighted in yellow and return these to our office in the self-addressed envelope enclosed.

If you have any questions, please do not hesitate to contact me. I can be reached at (206)979-3514.

Your assistance in this regard is appreciated.

Sincerely,



Christine A. Phillips

Enclosures

*7900 SE 28<sup>th</sup> Street Suite 500  
Mercer Island, Washington 98040  
206.286.0167 (voice) 206.770.7215 (fax)  
william@fricklawfirm.info*  
MEMBER OF THE BAR: PENNSYLVANIA WASHINGTON STATE  
MEMBER: AMERICAN IMMIGRATION LAWYERS ASSOCIATION

## G-28, Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

### Part 1. Notice of Appearance as Attorney or Accredited Representative

**A. This appearance is in regard to immigration matters before:**

- USCIS - List the form number(s): All Matters  CBP - List the specific matter in which appearance is entered:  
 ICE - List the specific matter in which appearance is entered: \_\_\_\_\_

**B. I hereby enter my appearance as attorney or accredited representative at the request of:**

List Petitioner, Applicant, or Respondent. **NOTE:** Provide the mailing address of Petitioner, Applicant, or Respondent being represented, and **not** the address of the attorney or accredited representative, except when filed under VAWA.

<b>Principal Petitioner, Applicant, or Respondent</b>				A Number or Receipt Number, if any	<input type="checkbox"/> Petitioner <input type="checkbox"/> Applicant <input type="checkbox"/> Respondent
Name: Last	First	Middle			
TARHAN	Turgut			A-088737523	
Address: Street Number and Street Name		Apt. No.	City	State	Zip Code
14200 Linden N.		201	Seattle	WA	98133

Pursuant to the Privacy Act of 1974 and DHS policy, I hereby consent to the disclosure to the named Attorney or Accredited Representative of any record pertaining to me that appears in any system of records of USCIS, USCBP, or USICE.

**Signature of Petitioner, Applicant, or Respondent** \_\_\_\_\_ **Date** \_\_\_\_\_

### Part 2. Information about Attorney or Accredited Representative *(Check applicable item(s) below)*

- A.  I am an attorney and a member in good standing of the bar of the highest court(s) of the following State(s), possession(s), territory(ies), commonwealth(s), or the District of Columbia: Washington; Pennsylvania  
 I am not  or  am subject to any order of any court or administrative agency disbaring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law (If you are subject to any order(s), explain fully on reverse side).
- B.  I am an accredited representative of the following qualified non-profit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals pursuant to 8 CFR 1292.2. Provide name of organization and expiration date of accreditation:  
 \_\_\_\_\_
- C.  I am associated with \_\_\_\_\_  
 The attorney or accredited representative of record previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative is at his or her request (If you check this item, also complete item A or B above in Part 2, whichever is appropriate).

### Part 3. Name and Signature of Attorney or Accredited Representative

**I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before the Department of Homeland Security. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.**

Name of Attorney or Accredited Representative		Attorney Bar Number(s), if any
William Frick		26648 (WA); 65592 (Penn.)
Signature of Attorney or Accredited Representative		Date
Complete Address of Attorney or Organization of Accredited Representative (Street Number and Street Name, Suite No., City, State, Zip Code)		
Law Office of William Frick, 7900 SE 28th Street, Suite 500, Mercer Island, Washington 98040		
Phone Number (Include area code)	Fax Number, if any (Include area code)	E-Mail Address, if any
(206) 286-0167	(206) 770-7215	william@crossborders.us

## G-28, Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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List Petitioner, Applicant, or Respondent. **NOTE:** Provide the mailing address of Petitioner, Applicant, or Respondent being represented, and **not** the address of the attorney or accredited representative, except when filed under VAWA.

<b>Principal Petitioner, Applicant, or Respondent</b>				A Number or Receipt Number, if any	<input type="checkbox"/> Petitioner <input type="checkbox"/> Applicant <input type="checkbox"/> Respondent
Name: Last	First	Middle			
TARHAN	Turgut			A-088737523	
Address: Street Number and Street Name		Apt. No.	City	State	Zip Code
14200 Linden N.		201	Seattle	WA	98133

Pursuant to the Privacy Act of 1974 and DHS policy, I hereby consent to the disclosure to the named Attorney or Accredited Representative of any record pertaining to me that appears in any system of records of USCIS, USCBP, or USICE.

**Signature of Petitioner, Applicant, or Respondent** \_\_\_\_\_ **Date** \_\_\_\_\_

### Part 2. Information about Attorney or Accredited Representative *(Check applicable item(s) below)*

- A.  I am an attorney and a member in good standing of the bar of the highest court(s) of the following State(s), possession(s), territory(ies), commonwealth(s), or the District of Columbia: Washington; Pennsylvania  
 I am not  or  am subject to any order of any court or administrative agency disbarring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law (If you are subject to any order(s), explain fully on reverse side).
- B.  I am an accredited representative of the following qualified non-profit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals pursuant to 8 CFR 1292.2. Provide name of organization and expiration date of accreditation:  
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William Frick	26648 (WA); 65592 (Penn.)
Signature of Attorney or Accredited Representative	Date

Complete Address of Attorney or Organization of Accredited Representative (Street Number and Street Name, Suite No., City, State, Zip Code)

Law Office of William Frick, 7900 SE 28th Street, Suite 500, Mercer Island, Washington 98040

Phone Number (Include area code)	Fax Number, if any (Include area code)	E-Mail Address, if any
(206) 286-0167	(206) 770-7215	william@crossborders.us

THE UNIVERSITY OF CHICAGO  
DEPARTMENT OF CHEMISTRY

REPORT OF THE COMMITTEE ON THE PROGRESS OF CHEMISTRY  
IN THE UNITED STATES OF AMERICA  
FOR THE YEAR 1911

PREPARED BY THE COMMITTEE ON THE PROGRESS OF CHEMISTRY  
IN THE UNITED STATES OF AMERICA  
FOR THE YEAR 1911

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# Form G-639, Freedom of Information/Privacy Act Request

**NOTE:** Use of this form is optional. Any written format for a Freedom of Information or Privacy Act request is acceptable.

**START HERE - Type or print in black ink. Read instructions before completing this form.**

## 1. Type of Request (Check appropriate box)

- Freedom of Information Act (FOIA) (Complete all items except Number 6.)
- Privacy Act (PA) (Number 6 must be completed in addition to all other applicable items.)
- Amendment of Record (PA only) (Number 5 must be completed in addition to all other applicable items.)

## 2. Requester Information

Name of Requester (Last, First, and Middle Names)		Date (mm/dd/yyyy)	Daytime Telephone
FRICK, William			(206) 286-0167
Address (Street Number and Name)			Apt. Number
Law Office of William Frick, 7900 SE 28th Street, Suite 500			
City	State	Zip Code	
Mercer Island	Washington	98040	

By my signature, I consent to pay all costs incurred for search, duplication and review of materials up to \$25 (See instructions)

Signature of Requester: \_\_\_\_\_

- Deceased Subject - Proof of death must be attached (Obituary, Death Certificate, or other proof of death required)

## 3. Consent to Release Information (Complete if person is different from requester.) (Numbers 7 and 8 must be completed.)

Print Name of Person/Record Subject Giving Consent	Signature of Person Giving Consent (Original signature required)
Turgut TARHAN	

By my signature, I consent to allow the requester named in Number 2 above to review (Check applicable box):

- All of my records
- A portion of my records (If a portion, specify below what part, i.e., copy of application.)

(Consent is required for records of U. S. citizens (USC) and lawful permanent residents (LPR).)

## 4. Information Needed to Search for Record(s)

Identify the documents, records, or information you are seeking. Be as specific as possible.

All documents, records and information.
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**Purpose:** (Optional: You are not required to state the purpose of your request. However, doing so may assist USCIS in locating the records needed to respond to your request.)

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## 5. Data Needed on Subject of Record (Note: Items marked with an asterisk (\*) must be provided if known.)

*Family Name (Last Name)	Given Name (First Name)	Middle Name
TARHAN	Turgut	

**5. Data Needed on Subject of Record** (Continued)

*Other Names Used (if any)		* Name at time of entry into the U.S.	I-94 Admission #
		Turgut Tarhan	
*Alien Registration Number (A#)	* Petition or Claim Receipt #	* Country of Birth	*Date of Birth (mm/dd/yyyy)
A-088737523		Turkey	08/27/1984

**Names of other family members that may appear on requested record(s) (i.e., spouse, daughter, son):**

*Family Member's Name: Given Name (First Name)	Middle Name	Family Name (Last Name)	Relationship
*Father's Name: Given Name (First Name)	Middle Name	Family Name (Last Name)	
*Mother's Name: Given Name (First Name)	Middle Name	Family Name (Last Name) (including Maiden Name)	

Country of Origin (Place of Departure)	Port of Entry Into the U.S.	Date of Entry (mm/dd/yyyy)
Manner of Entry (Air, Sea, Land)	Mode of Travel (Name of Carrier)	

**6. Verification of Subject of Record's Identity** (See instructions for explanation. Check one box.)

In-Person With ID     Notarized Affidavit of Identity     Other (Specify): \_\_\_\_\_

**7. Signature of Subject of Record**

(Original signature required): \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_  
 Telephone No. \_\_\_\_\_

**8. Notary** (Normally needed from persons who are the subject of the record sought or for a sworn declaration under penalty of perjury. See below.)

Subscribed and sworn to before me this \_\_\_\_\_ day of August in the year 2011

Signature of Notary \_\_\_\_\_ My Commission Expires on \_\_\_\_\_

**OR**

**NOTE:** If a declaration is provided in lieu of a notarized signature, it must state at a minimum the following (include notary seal or stamp in the appropriate space below):

**Executed outside the United States**

If executed outside the United States: "I declare (certify, verify, or state) under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Signature \_\_\_\_\_

**Executed in the United States**

If executed within the United States, its territories, possessions, or commonwealths: "I declare (certify, verify, or state) under penalty of perjury that the foregoing is true and correct.

Signature \_\_\_\_\_

Seal or Stamp

Seal or Stamp