

## PROMPT SHEET FOR COMPLETING DS-160

PLEASE NOTE, AS DIRECTED BY THE US EMBASSY, THIS FORM MUST BE COMPLETED A MINIMUM OF 5 DAYS IN ADVANCE OF YOUR INTERVIEW DATE.

Before you begin to complete this form please read through the details contained in this prompt sheet to ensure you have all the information required for filling out the form beside you before you begin as the form will time out after approximately 5 minutes of inactivity. You must also ensure that you have your correct digital photo image ready to download on to the form – See 2009 J1 Visa Guide for details on obtaining this photo.

### STEP 1

Select Location where you will be Submitting your application

Select “Manila, Philippines”

### STEP 2

Start a New Online Application

Click “Start a new Application” form

### PERSONAL INFORMATION 1

|   |  |
|---|--|
| What is the given name of your Mother’s Mother?<br>Please Provide (Name/Middle name/ Surname) |  |
|---|--|

|  |  |
|--|--|
| Surname  |  |
| Given Names  |  |
| Middle Name  |  |
| Full name in Native Alphabet   |  |
| Other Surnames ‘Maiden, Aliases’   |  |
| Do you have a telecode that represents your name? (Yes or No)<br><b>*Telecodes are 4 digit code numbers that represent character in some non-roman alphabet names.</b> |  |
| If Yes   |  |

|                            |  |
|----------------------------|--|
| Telecode Surnames          |  |
| Telecode Given Names       |  |
| Sex                        |  |
| Marital Status             |  |
| Date of Birth “dd/mm/yyyy” |  |
| Place of Birth             |  |
| State/Province of Birth    |  |
| Country of Birth           |  |

Click Next: Personal 2

## PERSONAL INFORMATION 2

|                                |  |
|--------------------------------|--|
| Nationality                    |  |
| Do you hold other Nationality  |  |
| National Identification Number |  |
| U.S Social Security Number     |  |
| U.S taxpayer ID Number         |  |

Click Next: Address and Phone

|   |  |
|---|--|
| Home Address  |  |
| State/Province  |  |
| Postal Zone/ Zip Code   |  |
| Country   |  |
| Is your mailing address same as your Home Address? (This is the address to which your passport will be sent if you qualify for a visa.) |  |
| IF No (Please answer Below)   |  |
| Mailing Address   |  |
| City  |  |
| State / Province  |  |
| Postal Zone / ZIP Code  |  |
| Country   |  |
| Primary Phone Number  |  |
| Secondary Phone Number  |  |
| Work Phone  |  |
| Email Address   |  |

Click Next: Passport

|   |  |
|---|--|
| Passport / Travel Document Type?<br>Please check below your travel document type. |  |
| Regular   |  |
| Official  |  |
| Diplomatic  |  |
| Other   |  |
| Passport Number   |  |
| Passport Book Number  |  |
| Country/Authority that issued Passport  |  |
| Where was Passport Issued   |  |
| State/Province  |  |
| Country   |  |
| Issuance Date “dd/mm/yyyy”  |  |
| Expiration Date “dd/mm/yyyy”  |  |
| Have you ever lost/stolen   |  |
| If yes Please provide passport No   |  |
| Country/Authority that Issued Passport  |  |

Click Next: Travel

#### TRAVEL INFORMATION

|   |  |
|---|--|
| Are you the principal applicant           |  |
| Purpose of Trip to US                     |  |
| Intended Date of arrival in US dd/mm/yyyy |  |
| Intended length of stay in US             |  |
| Address where you will stay in US         |  |
| Street Address Line 1                     |  |
| Street Address Line 2                     |  |
| City                                      |  |
| State                                     |  |
| Zip Code                                  |  |
| Person/Entity paying for your trip        |  |
| Self                                      |  |
| Other Person                              |  |
| Surname of person paying for your trip    |  |
| Given Names of person paying for trip     |  |
| Telephone Number                          |  |
| Email Address                             |  |
| Relationship to you                       |  |

|  |  |
|--|--|
| Is the address of the party paying for your trip the same as your home or mailing address? |  |
| If No  |  |
| Street address line 1  |  |
| Street address line 2  |  |
| City   |  |
| State / Province   |  |
| Postal Zone / Zip Code   |  |
| Country  |  |
|  |  |
| Company / Organization   |  |
| Name of Company / Organization Paying for your trip  |  |
| Telephone number   |  |
| Relationship to you  |  |

Click Next: Travel Companions

|   |  |
|---|--|
| Are there other persons traveling with you?           |  |
| Please Provide Complete (Name, Middle Name, Surname)  |  |
| Name of person traveling with you?                    |  |
| Relationship to you?                                  |  |
| Name of person traveling with you?                    |  |
| Relationship to you?                                  |  |
| Name of person traveling with you?                    |  |
| Relationship to you?                                  |  |
| Name of person traveling with you?                    |  |
| Relationship to you?                                  |  |
| Name of person traveling with you?                    |  |
| Relationship to you?                                  |  |
| Name of person traveling with you?                    |  |
| Relationship to you?                                  |  |
| Name of person traveling with you?                    |  |
| Relationship to you?                                  |  |
| Name of Person traveling with you?                    |  |
| Relationship to you?                                  |  |
| Are you traveling as part of a group or organization? |  |

Click Next: Previous US Travel

|  |  |
|--|--|
| Have you ever been in the US? If yes<br>Please provide in your information on<br>your last five U.S Visits   |  |
| Previous US Visits “dd/mm/yyyy”  |  |
| Length of Stay   |  |
| Previous US Visits “dd/mm/yyyy”  |  |
| Length of Stay   |  |
| Previous US Visits “dd/mm/yyyy”  |  |
| Length of Stay   |  |
| Previous US Visits “dd/mm/yyyy”  |  |
| Length of Stay   |  |
| Previous US Visits “dd/mm/yyyy”  |  |
| Length of Stay   |  |
| Do you or Did you hold a U.S Drivers<br>Licence?<br><br>IF YES<br>1. Driver’s License Number<br>2. State of Driver’s License   |  |
| Have you even been issued a US Visa  |  |
| Date Last Visa was issued “dd/mm/yyyy”   |  |
| Visa Number  |  |
| Are you applying for the same type of<br>visa?   |  |
| Are you applying in the same country<br>where the visa above is issued and is<br>this country your principal country of<br>residence?  |  |
| Have you been ten-printed? (Yes or No)<br><b>*Ten-printed means that you have provided<br/>fingerprints for all your fingers, as opposed<br/>to having provided only two fingerprints.</b> |  |
| Has your US Visa ever been lost or<br>stolen?  |  |
| Has your US Visa ever been cancelled<br>or revoked?  |  |
| Have you ever been refused a US visa,  |  |

|   |  |
|---|--|
| been refused admission to the United States, or withdrawn your application for admission at the point of entry?         |  |
| Has anyone ever filed an immigrant petition on your behalf with the United States Citizenship and Immigration services? |  |
| Date of refusal “dd/mm/yyyy”  |  |
| Visa Type   |  |
| Explain   |  |

Click Next: US Contact

#### U.S. CONTACT INFORMATION

|                                 |  |
|---------------------------------|--|
| Contact Person                  |  |
| Give Names                      |  |
| Organization Name if applicable |  |
| Relationship to you             |  |
| Street Address Line 1           |  |
| Street Address Line 2           |  |
| City                            |  |
| State                           |  |
| Zip Code                        |  |
| Phone Number                    |  |
| Email Address                   |  |

Click Next: Family

#### FAMILY INFORMATION

|                          |  |
|--------------------------|--|
| Father's Full Name       |  |
| Father's Date of Birth   |  |
| Is your father in the US |  |
| Mother's Full Name       |  |
| Mother's Date of Birth   |  |
| Is your mother in the US |  |

|   |  |
|---|--|
| Do you have any immediate relatives, not including parents in the US? |  |
| If Yes Relative Name  |  |
| Relationship to you   |  |
| Status: ie; US Citizen; US Legal                                      |  |

|  |  |
|--|--|
| Permanent Resident                                   |  |
| Do you have any other relatives in the United States |  |

|                           |  |
|---------------------------|--|
| Spouse's Full Name        |  |
| Spouse's Date of Birth    |  |
| Spouse's Nationality      |  |
| Spouse's City of Birth    |  |
| Spouse's Country of Birth |  |
| Spouse's Address          |  |

Click Next: Work/Education/Training

#### WORK / EDUCATION / TRAINING INFORMATION

|   |  |
|---|--|
| Primary Occupation                                      |  |
| Present Employer or School Name                         |  |
| Address Line 1  |  |
| Address Line 2  |  |
| City  |  |
| Province/State  |  |
| Postal Zone/Zip Code                                    |  |
| Country   |  |
| Telephone Number  |  |
| Month Salary in Local Currency                          |  |
| Position/Briefly Describe you Duties                    |  |
| <b>For previously employed &amp; Retired applicant:</b> |  |
| Were you previously employed?                           |  |
| Employer Name   |  |
| Employer Street Address                                 |  |
| Address Line 1  |  |
| Address Line 2  |  |
| City  |  |
| Province/State  |  |
| Postal Zone   |  |
| Country   |  |
| Telephone No.   |  |
| Position / Briefly describe your duties                 |  |
| Supervisor's Surname                                    |  |
| Supervisor's Give Name                                  |  |
| Monthly Salary  |  |

|                                      |  |
|--------------------------------------|--|
| Employment date From dd/mm/year      |  |
| Employment date To dd/mm/year        |  |
| Position/Briefly Describe you Duties |  |

Click Next: Work/Education/Training

**ADDITIONAL WORK / EDUCATION / TRAINING INFORMATION**

**For College**

|   |  |
|---|--|
| Have you attended any educational institutions other than elementary schools? |  |
| Name of Institutions/School   |  |
| School Street Address   |  |
| Address Line 1  |  |
| Address Line 2  |  |
| City  |  |
| Province/State  |  |
| Postal Zone   |  |
| Country   |  |
| Course of Study   |  |
| Date of Attendance From DD/MM/YY  |  |
| Date of Attendance To DD/MM/YY  |  |

**For High School**

**ADDITIONAL WORK / EDUCATION / TRAINING INFORMATION**

|   |  |
|---|--|
| Have you attended any educational institutions other than elementary schools? |  |
| Name of Institutions/School   |  |
| School Street Address   |  |
| Address Line 1  |  |
| Address Line 2  |  |
| City  |  |
| Province/State  |  |
| Postal Zone   |  |
| Country   |  |
| Course of Study   |  |
| Date of Attendance From DD/MM/YY  |  |
| Date of Attendance To DD/MM/YY  |  |



|  |  |
|--|--|
| Do you belong to a clan or tribe?  |  |
| Provide List of Language You Speak   |  |
|  |  |
|  |  |
| Have you travelled to any countries within the last 5 years?   |  |
| What countries?  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Have you belong to contribute to, or work for any professional, social, or charitable organization?  |  |
| Do you have any specialized skills or training, such as firearms, explosives, nuclear, biological, or chemical experience?                                   |  |
| Have you ever served in the military?  |  |
| Have you ever served in, been a member of, or been involved with a paramilitary unit, vigilant unit, rebel group, gerilla group, or in surgeon organization? |  |

Click Next: Security and Background

## SECURITY AND BACKGROUND INFORMATION

Note: Please answer all questions "TRUTHFULLY"

|  |  |
|--|--|
| <p>Do you have a communicable disease of public health significance? (Communicable diseases of public health significance include chancroid, gonorrhea, infectious leprosy, lymphogranuloma, venereum, infectious stage syphilis, active tuberculosis, and other diseases as determined by the department of health and Human Services.)</p> |  |
| <p>Do you have a mental or physical disorder that poses or is likely to pose a threat to the safety or welfare of yourself or others?</p>  |  |
| <p>Are you or have you ever been a drug abuser or addict?</p>  |  |

|  |  |
|--|--|
| <p>Have you ever been arrested or convicted for any offense or crime, even though subject of a pardon, amnesty, or other similar action?</p>   |  |
| <p>Have you ever violated, or engaged in a conspiracy to violate, any law relating to controlled substances?</p>   |  |
| <p>Are you coming to the United States to engage in prostitution or unlawful commercialized vice or have you been engaged in prostitution or procuring prostitutes within the past 10 years?</p>   |  |
| <p>Have you ever been involved in, or do you seek to engage in, money laundering?</p>  |  |
| <p>Have you ever committed or conspired to commit a human trafficking offense in the United States or outside the United States?</p>   |  |
| <p>Are you the spouse, son or daughter of an individual who has committed or conspired to commit a human trafficking offense in the United States or outside the United States and have you within the last five years, knowingly benefited from the</p> |  |

|  |  |
|--|--|
| trafficking activities?  |  |
| Have you knowingly aided, abetted, assisted or collude with an individual who has committed or conspired to commit a severe human trafficking offense in the United States or outside the United States? |  |

|   |  |
|---|--|
| Do you seek to engage in espionage, sabotage, export control violations, or any other illegal activity while in the United States?  |  |
| Do you seek to engage terrorist activities while in the United States or have you ever engaged in terrorist activities?   |  |
| Have you ever or do you intend to provide financial assistance or other support to terrorists or terrorist organizations?   |  |
| Are you a member or representative of a terrorist organization?   |  |
| Have you ever ordered, incited, committed, assisted, or otherwise participated in genocide?   |  |
| Have you ever committed, ordered, incited, assisted, or otherwise participated in torture?  |  |
| Have you committed, ordered, incited, assisted, or otherwise participated in extrajudicial killings, political killings, or other acts of violence?   |  |
| Have you ever engaged in the recruitment or the use of a child soldier?   |  |
| Have you, while serving as a government official, been responsible for or directly carried out, at any time, particularly severe violations of religious freedom?   |  |
| Have you ever been directly involved in the establishment or enforcement of the population controls forcing a woman to undergo an abortion against her free choice or a man or woman to undergo sterilization against his or her free will? |  |
| Have you ever been directly involved in the coercive transplantation of human organs or bodily tissue?  |  |

|   |  |
|---|--|
| Have you ever been the subject of a removal or deportation hearing?   |  |
| Have you ever sought to obtain or assist others to obtain a visa, entry into the United States, or any other United States immigration benefit by fraud or willful misrepresentation or other unlawful means? |  |
| Have you failed to attend a hearing on resolvability or inadmissibility within the last five years?   |  |
| Have you ever been unlawfully present, overstayed the amount of time granted by an immigration official or otherwise violated the terms of a U.S. visa?   |  |

|   |  |
|---|--|
| Have you ever withheld custody of a U.S. citizen child outside the United States from a person granted legal custody by a U.S. court?                   |  |
| Have you voted in the United States in violation of any law or regulation?  |  |
| Have you ever renounced United States citizenship for the purpose of avoiding taxation?   |  |
| Have you attended a public elementary school on student (F) status or a public secondary school after November 30, 1996 without reimbursing the school? |  |

#### LOCAL INFORMATION

|                  |                     |
|------------------|---------------------|
| Current Location | MANILA, PHILIPPINES |
|------------------|---------------------|

#### PREPARER OF APPLICATION:

|  |    |
|--|----|
| Did anyone assist you in filling out this application? | NO |
|--|----|