

O-1 Beneficiary INFORMATION FORM
(To be completed by the Extraordinary Ability International Employee)

Please complete, sign and return the O-1 Beneficiary Information Form to the Lab Administrator.

PASSPORT NAME: _____
(Family) (Given) (Middle)

All Other Names Used (including maiden name and names from all previous marriages): _____

Date of Birth: ____/____/____ Place of Birth (City, Province, Country): _____
(Month) (Day) (Year)

Country of Citizenship: _____ Male Female Marital Status: _____

Foreign Address: _____

& Telephone (include Country Code) _____

Email Address: _____

Social Security Number (if any): _____ A# (if any): _____

Passport Issue Date: _____ Passport Expiration Date: _____ Passport Number: _____

HAS ANYONE EVER FILED AN IMMIGRANT PETITION (for green card) FOR YOU OR YOUR SPOUSE? Yes No

IF YOU ARE IN THE U.S. CONTINUE WITH QUESTIONS 1 – 5:

1. DATE OF LAST U.S. ENTRY: _____ I-94 Number: _____

2. EXPIRATION DATE OF CURRENT STATUS: ____/____/____ 3. WORK PHONE NUMBER: _____
(Month) (Day) (Year)

4. U.S. HOME ADDRESS: _____
& TELEPHONE (include area code) _____

5. **ARE YOU OR ANY OF YOUR DEPENDENTS TRAVELING OUTSIDE OF THE U.S. DURING THE NEXT SIX MONTHS?**
Yes No IF YES, send email with travel date information to: tsriglobal@scripps.edu

IF MARRIED AND DEPENDENT PETITION IS REQUIRED with the O-1 CONTINUE WITH QUESTIONS 6 – 12:

6. Spouse's Full Name: _____
As it appears in the passport (Family) (Given) (Middle)

7. Date of Birth: ____/____/____ 8. Place of Birth (City, Province, Country): _____

9. Country of Citizenship: _____

10. Current Visa Status: _____ 11. Social Security Number/ITIN: _____

12. Employed in the U.S.? Yes No

If yes, provide company name, address, and hourly income: _____

\$ _____ / per hour _____

CHILDREN TO BE INCLUDED WITH DEPENDENT PETITION (Provide separate sheet if necessary):

NAME: _____
As it appears in the passport (Family) (Given) (Middle)

Date of Birth: ____/____/____ Country of Citizenship: _____
(Month) (Day) (Year)

Place of Birth: _____ Social Security Number/ITIN: _____
(City, Province, Country)

IF YOU ARE OUTSIDE THE U.S. CONTINUE WITH QUESTION 13 / 14:

13. U.S. CONSULATE WHERE YOU WILL APPLY FOR H-1B VISA:

CITY _____ COUNTRY _____

14. CITY OF PRE-FLIGHT INSPECTION (Canadian citizens only): _____

Mailing Address (if outside TSRI): _____

All information provided on this form is true and correct to my knowledge.

Beneficiary Signature

Date

Please attach all the relevant documents:

- ✓ Copy of current Bio page in Passport. [*Page(s) with the passport expiration date and your picture.*]
- ✓ Current C.V. & Bibliography.

IF CURRENTLY IN U.S, ALSO ATTACH THE FOLLOWING DOCUMENTS:

- ✓ **READABLE** copy of **current** I-94 arrival/departure card (both sides).
- ✓ **READABLE** copy of **current** Visa Page/Visa Stamp.
- ✓ For current O visa classification copy of most recent pay stub and current I-797 Approval Notice.
- ✓ If anyone has filed an immigrant petition on your behalf provide copy of Receipt Notice(s).

IF DEPENDENTS WILL CHANGE TO / EXTEND H-4 STATUS:

- ✓ Copy of current Bio page in Passport for all dependents.
- ✓ **READABLE** copies of **current** I-94 arrival/departure cards for all dependents within U.S. (both sides).
- ✓ **READABLE** copies of **current** Visa Page/Visa Stamp for all (*non-U.S. citizen*) dependents requiring a U.S. visa classification.
- ✓ If applicable, a copy of the Marriage Certificate or Birth Certificate with English translation.
- ✓ If (*non-U.S. citizen*) dependents will be included with the O-1 petition, enclose a \$300 check, payable to the 'Department of Homeland Security.' *Personal bank checks are acceptable for the \$300 fee.*