

HOCHSTATTER, MCCARTHY, RIVAS & RUNDE, S.C.

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MILWAUKEE, WISCONSIN 53217

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Emeritus Attorney:
MICHAEL C. RUNDE

E-Mail: jrivas@hmrvisa.com

July 23, 2015

VIA FEDERAL EXPRESS COURIER SERVICE

United States Department of Homeland Security
United States Citizenship and Immigration Services
California Service Center
Attn: Form I-129H
24000 Avila Road
2nd Floor, Room 2312
Laguna Niguel, CA 92677

RE: County of Milwaukee d/b/a Milwaukee County Behavioral Health Division –
Petitioner/Employer
Suraj Pal SINGH -- Beneficiary/Employee
Receipt No.: WAC-15-182-50571
Our File No.: 10978.021

****CAP EXEMPT****

REQUEST FOR PREMIUM PROCESSING PETITION FOR EXTENSION OF NONIMMIGRANT WORKER STATUS (FORM I-129H)

Dear Sir or Madam:

Enclosed is a copy of your notice associated with the resumption of Premium Processing for extension of stay of H-1B status. To that end we enclose our Form G-28, Notice of Entry of Appearance as Attorney or Representative. We further enclose our Form I-907 and a copy of the Notice of Action/Receipt Notice associated with our H-1B extension petition filed on June 12, 2015. We also enclose our check in the amount of \$1,225.00.

Your prompt response in this regard will be appreciated. Thank you for your courtesy in this matter.

Sincerely,

HOCHSTATTER, MCCARTHY, RIVAS & RIVAS, S.C.



Joseph M. Rivas

/jmr

Enclosure(s)

Cc: Ms. Lora M. Dooley, Director off Medical Staff Services, Milwaukee County Behavioral Health Division (via e-mail)
Ms. Angela Nixon, Employment and Staffing Manager, Dept. of Human Resources, County of Milwaukee (via e-mail)
Dr. Suraj Pal Singh (via-email)

HOCHSTATTER, MCCARTHY, RIVAS & RUNDE, S.C.

27851

DATE	DESCRIPTION	INVOICE #	AMOUNT	CHECK	
				DEDUCTION	NET AMOUNT
07/23/15	U.S. Department of Homeland Security MCBHD/SINGH, Suraj Pal; I-907 Premium Processing/10978.021		1,225.00		1,225.00

CHECK DATE	CONTROL NUMBER	TOTALS	Gross:	Ded:	Net:
07/23/15	27851	▶	1,225.00	0.00	1,225.00

HOCHSTATTER, MCCARTHY, RIVAS & RUNDE, S.C.
5555 N. PORT WASHINGTON ROAD, SUITE 300
MILWAUKEE, WISCONSIN 53217
414-962-7440

US BANK, NA
777 E WISCONSIN AVE
MILWAUKEE, WI 53259
12-2/750

27851

DATE	CHECK	AMOUNT
07/23/15	**\$1,225.00	

PAY *** ONE THOUSAND TWO HUNDRED TWENTY-FIVE & 00/100 DOLLARS

TO THE ORDER OF:
U.S. Department of Homeland Security
Citizenship & Immigration Services

Joseph M. Rivas

AUTHORIZED SIGNATURE

⑈027851⑈ ⑈075000022⑈ 121500482⑈



Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 03/31/2018

Part 1. Information About Attorney or Accredited Representative

1. USCIS ELIS Account Number (if any)

▶

Name and Address of Attorney or Accredited Representative

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

4. Daytime Telephone Number

5. Fax Number

6. E-Mail Address (if any)

7. Mobile Telephone Number (if any)

Part 2. Notice of Appearance as Attorney or Accredited Representative

This appearance relates to immigration matters before
(Select only one box):

1.a. USCIS

1.b. List the form numbers

2.a. ICE

2.b. List the specific matter in which appearance is entered

3.a. CBP

3.b. List the specific matter in which appearance is entered

I enter my appearance as attorney or accredited representative at the request of:

4. Select only one box:

Applicant Petitioner Requestor

Respondent (ICE, CBP)

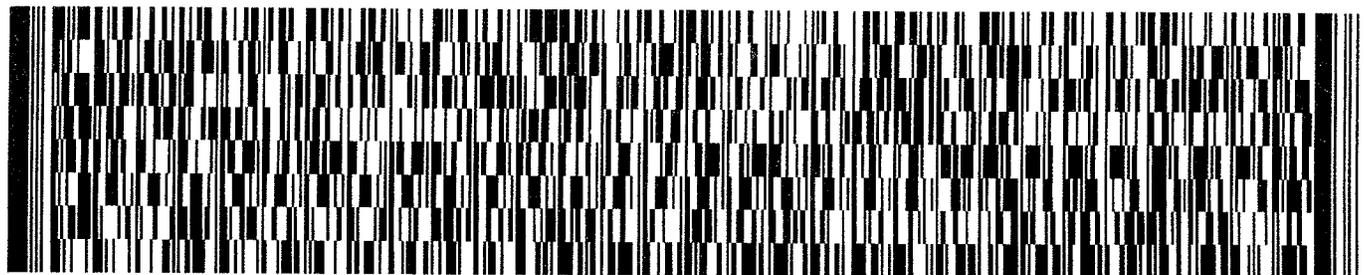
Information About Applicant, Petitioner, Requestor, or Respondent

5.a. Family Name (Last Name)

5.b. Given Name (First Name)

5.c. Middle Name

6. Name of Company or Organization (if applicable)



Part 2. Notice of Appearance as Attorney or Accredited Representative (continued)

Information About Applicant, Petitioner, Requestor, or Respondent (continued)

7. USCIS ELIS Account Number (if any)
▶
8. Alien Registration Number (A-Number) or Receipt Number
9. Daytime Telephone Number
10. Mobile Telephone Number (if any)
11. E-Mail Address (if any)

Mailing Address of Applicant, Petitioner, Requestor, or Respondent

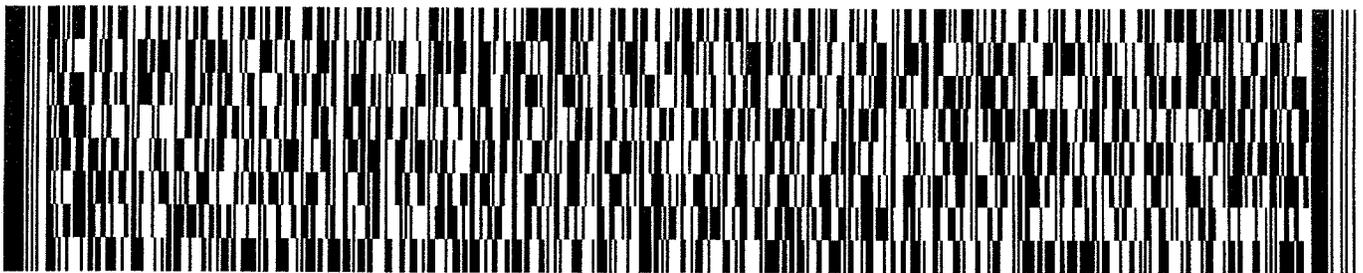
NOTE: Provide the mailing address of the applicant, petitioner, requestor, or respondent. If the applicant, petitioner, requestor, or respondent has used a safe mailing address on the application, petition, or request being filed with this Form G-28, provide it in these spaces.

- 12.a. Street Number and Name
- 12.b. Apt. Ste. Flr.
- 12.c. City or Town
- 12.d. State 12.e. ZIP Code
- 12.f. Province
- 12.g. Postal Code
- 12.h. Country

Part 3. Eligibility Information for Attorney or Accredited Representative

Select all applicable items.

- 1.a. I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. (If you need additional space, use Part 6.)
- Licensing Authority
- 1.b. Bar Number (if applicable)
- 1.c. Name of Law Firm
- 1.d. I (choose one) am not 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 orders, explain in the space below. (If you need additional space, use Part 6.)
- 2.a. I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals, in accordance with 8 CFR 292.2. Provide the name of the organization and the expiration date of accreditation.
- 2.b. Name of Recognized Organization
- 2.c. Date accreditation expires
(mm/dd/yyyy) ▶



Part 3. Eligibility Information for Attorney or Accredited Representative (continued)

3. I am associated with
the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative is at his or her request.

NOTE: If you select this item, also complete **Item Numbers 1.a. - 1.b. or Item Numbers 2.a. - 2.c. in Part 3. (whichever is appropriate).**

4.a. I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2)(iv).

4.b. Name of Law Student or Law Graduate

Part 4. Applicant, Petitioner, Requestor, or Respondent Consent to Representation, Contact Information, and Signature

Consent to Representation and Release of Information

1. I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and DHS policy, I also 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, ICE or CBP.

When you (the applicant, petitioner, requestor, or respondent) are represented, DHS will send notices to both you and your attorney or accredited representative either through mail or electronic delivery.

DHS will also send the Form I-94, Arrival Departure Record, to you **unless** you select **Item Number 2.a.** in **Part 4.** All secure identity documents and Travel Documents will be sent to you (the applicant, petitioner, requestor, or respondent) unless you ask us to send those documents to your attorney of record or accredited representative.

If you do not want to receive original notices or secure identity documents directly, but would rather have such notices and documents sent to your attorney of record or accredited representative, please select **all applicable** boxes below:

2.a. I request DHS send any notice (including Form I-94) on an application, petition, or request to the business address of my attorney of record or accredited representative as listed in this form. I understand that I may change this election at any future date through written notice to DHS.

2.b. I request that DHS send any secure identity document, such as a Permanent Resident Card, Employment Authorization Document, or Travel Document, that I am approved to receive and authorized to possess, to the business address of my attorney of record or accredited representative as listed in this form. I consent to having my secure identity document sent to my attorney of record or accredited representative and understand that I may request, at any future date and through written notice to DHS, that DHS send any secure identity document to me directly.

3.a. Signature of Applicant, Petitioner, Requestor, or Respondent

3.b. Date of Signature (mm/dd/yyyy) ▶ 07/20/2015

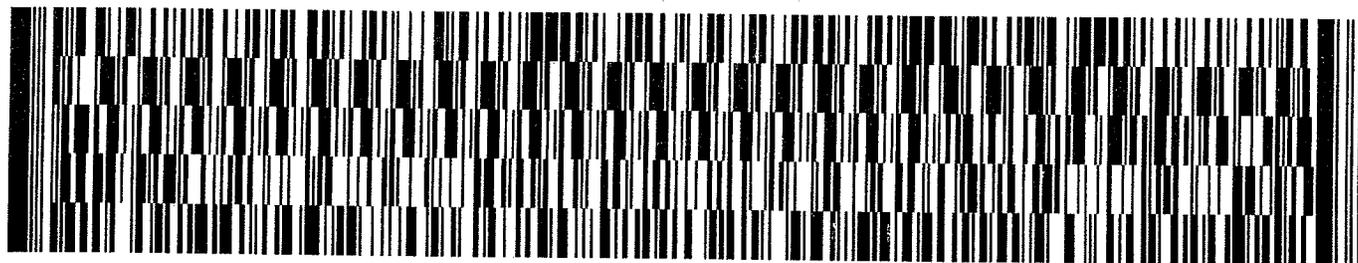
Part 5. Signature of Attorney or Accredited Representative

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.

1. Signature of Attorney or Accredited Representative

2. Signature of Law Student or Law Graduate

3. Date of Signature (mm/dd/yyyy) ▶ 07/17/2015





Request for Premium Processing Service

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-907
OMB No. 1615-0048
Expires 01/31/2018

For USCIS Use Only	Request Physically Received by USCIS	Returned	Resubmitted	Receipt
	<input type="text"/> Date	<input type="text"/> Date	<input type="text"/> Date	
	<input type="text"/> Date	<input type="text"/> Date	<input type="text"/> Date	Action Block
Remarks				

To be completed by an attorney or accredited representative (if any).	<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable) <input type="text" value="1012613"/>	Attorney or Accredited Representative USCIS ELIS Account Number (if any) <input type="text"/>
---	---	---	--

► **START HERE - Type or print in black ink.**

Part I. Information About the Person Filing This Request

1. Alien Registration Number (A-Number) (if any)

► A-

2. Family Name (Last Name) Given Name (First Name) Middle Name

3. Company or Organization Named in the Related Case: If filed on behalf of a company or organization

4. Mailing Address

In Care Of Name

Street Number and Name or PO Box Number

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

5. Is your current mailing address the same as your physical address?

Yes No

If you answered "No," provide your physical address in **Item Number 6.**

Part 1. Information About the Person Filing This Request (continued)

6. Physical Address

Street Number and Name

Apt. Ste. Flr.

Number

City or Town

State

ZIP Code

Province

Postal Code

Country

7. Request for Premium Processing Service: (select only one box)

- I am the **petitioner** who is filing or has filed a petition eligible for Premium Processing Service.
- I am the attorney or accredited representative **for the petitioner** who is filing or has filed a petition eligible for Premium Processing Service. (Complete and submit Form G-28, if Form G-28 has not been submitted with the petition.)
- I am the **applicant** who is filing or has filed an application eligible for Premium Processing Service.
- I am the attorney or accredited representative **for the applicant** who is filing or has filed an application eligible for Premium Processing Service. (Complete and submit Form G-28, if Form G-28 has not been submitted with the application.)

Part 2. Information About the Request

1. Form Number of Related Petition or Application

Form I-129H

2. Receipt Number of Related Petition or Application

WAC-15-182-50571

3. Classification or Eligibility Requested

H-1B

4. Petitioner or Applicant in the Related Case

Family Name (Last Name)

County of Milwaukee

Given Name (First Name)

Middle Name

5. Beneficiary in the Related Case

Family Name (Last Name)

SINGH

Given Name (First Name)

Suraj

Middle Name

Pal

6. Name of Point of Contact for the Company or Organization

Family Name (Last Name)

Schneider

Given Name (First Name)

John

Middle Name

H

Position Title

Chief Medical Officer

7. Company or Organization IRS Tax Number (if any)

39-6005720

Part 2. Information About the Request (continued)

8. Address of Petitioner, Applicant, Company or Organization Named in Related Case

Street Number and Name

9455 West Watertown Plank Road, Milwaukee County Behavioral Health Division

Apt. Ste. Flr.

Number

City or Town

Milwaukee

State

WI

ZIP Code

53226

Province

Postal Code

Country

United States

Part 3. Requestor's Statement, Certification, Signature, and Contact Information

I understand that U.S. Citizenship and Immigration Services (USCIS) will refund the Premium Processing Service fee to the person listed in **Part 1.** of this request if USCIS does not take an action on the related case within 15 calendar days after the appropriate USCIS office physically receives this request. I understand that case actions include a referral for investigation of suspected fraud or misrepresentation, or the issuance of:

1. An approval notice;
2. A request for evidence;
3. A notice of intent to deny; or
4. A denial notice.

Requestor's Statement

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Requestor's Statement Regarding the Interpreter

- A. I can read and understand English, and have read and understand each and every question and instruction on this request, as well as my answer to each question.
- B. The interpreter named in **Part 4.** has read to me each and every question and instruction on this request, as well as my answer to each question, in , a language in which I am fluent. I understand each and every question and instruction on this request as translated to me by my interpreter, and have provided true and correct responses in the language indicated above.

2. Requestor's Statement Regarding the Preparer

- I have requested the services of and consented to , who is is not an attorney or accredited representative, preparing this request for me.

Requestor's Certification

I certify, under penalty of perjury under the laws of the United States of America, that the information in my request and any document submitted with my request is complete, true and correct.

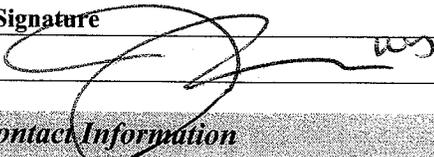
Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this request and in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration of U.S. immigration laws.

Part 3. Requestor's Statement, Certification, Signature, and Contact Information (continued)

Requestor's Signature

3. Requestor's Signature



Date of Signature

(mm/dd/yyyy)

07/20/2015

Requestor's Contact Information

4. Requestor's Daytime Telephone Number

(414) 257-7217

5. Requestor's Mobile Telephone Number (if any)

(414) 257-8018

6. Requestor's Email Address (if any)

john.schneider@milwaukeecountywi.gov

7. Requestor's Fax Number (if any)

(414) 257-8018

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter:

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

3. Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Email Address (if any)

Interpreter's Certification

I certify that:

I am fluent in English and , which is the same language provided in Part 3., Item B. in Item Number 1.;

I have read to this requestor each and every question and instruction on this request, as well as the answer to each question, in the language provided in Part 3., Item B. in Item Number 1.; and

The requestor has informed me that they understand each and every instruction and question on the request, as well as their answer to each question.

Part 4. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Signature

6. Interpreter's Signature

Date of Signature

(mm/dd/yyyy) ▶

Part 5. Name, Contact Information, Declaration, and Signature of the Person Preparing this Request, If Other Than the Requestor

Provide the following information about the preparer:

Preparer's Full Name

1. Preparer's Family Name (Last Name)

Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

3. Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Preparer's Contact information

4. Preparer's Telephone Number

5. Preparer's Fax Number

6. Preparer's Email Address (if any)

Preparer's Statement

7.A. I am not an attorney or accredited representative but have prepared this request on behalf of the requestor with the requestor's consent.

7.B. I am an attorney or accredited representative and my representation of the requestor in this case (choose one) extends does not extend beyond the preparation of this request.

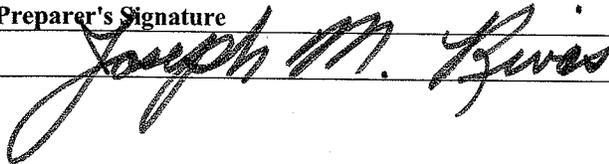
Part 5. Name, Contact Information, Declaration, and Signature of the Person Preparing this Request, If Other Than the Requestor (continued)

Preparer's Declaration

By my signature, I certify, swear or affirm, under penalty of perjury, that I prepared this request on behalf of, at the request of, and with the express consent of, the requestor. I completed the request based only on responses the requestor provided to me. After completing the request, I reviewed it and all of the requestor's responses with the requestor, who agreed with each and every answer provided for each question on the request and, when required, supplied additional information to respond to a question on the request.

Preparer's Signature

8. Preparer's Signature



Date of Signature

(mm/dd/yyyy) ▶

07/17/2015



U.S. Citizenship and Immigration Services

USCIS Resumes Premium Processing for Extension of Stay H-1B Petitions

Beginning July 13, 2015, USCIS will resume accepting Form I-907, Request for Premium Processing Service for all Form I-129, Petition for a Nonimmigrant Worker, H-1B extension of stay petitions. Premium processing requests for Form I-129 H-1B extension of stay petitions received by USCIS before July 13, 2015 will be rejected.

We previously announced on May 19, 2015, that premium processing service would be suspended for Form I-129 H-1B extension of stay petitions from May 26, 2015 to July 27, 2015. The temporary suspension allowed us to implement the Employment Authorization for Certain H-4 Dependent Spouses final rule in a timely manner and begin adjudication of applications for employment authorization filed by H-4 nonimmigrants under the new regulation. Premium processing remained available for all other types of Form I-129 H-1B petitions during the temporary suspension.

We have closely monitored our workloads and have determined that we can resume premium processing service for H-1B extension of stay petitions on July 13, 2015.

As a reminder, we **will accept only** the new version (edition date: 01/29/2015) of Form I-907. You can find the edition date printed on the bottom left corner of every page of the form and instructions. We will reject previous editions of this form.

Last Reviewed/Updated: 07/13/2015

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

RECEIPT NUMBER WAC-15-182-50571		CASE TYPE I129 PETITION FOR A NONIMMIGRANT WORKER	
RECEIVED DATE June 12, 2015	PRIORITY DATE	PETITIONER COUNTY OF MILWAUKEE	
NOTICE DATE June 12, 2015	PAGE 1 of 2	BENEFICIARY A208 048 002 SINGH, SURAJ P.	
JOSEPH MANUEL RIVAS HOCHSTATTER MCCARTHY RIVAS RE: COUNTY OF MILWAUKEE 5555 N PORT WASHINGTON RD STE 300 MILWAUKEE WI 53217		Notice Type: Receipt Notice Amount received: \$325.00 U.S. Class requested: H1B	

This notice is to advise you of action taken on this case. The official notice has been mailed according to the mailing preferences noted on the Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative. Any relevant documentation was mailed according to the specified mailing preferences.

Receipt Notice- This notice confirms that USCIS received your application or petition ("this case") as shown above. **If any of the above information is incorrect, please immediately call 800-375-5283 to let us know.** This will help avoid future problems.

This notice does not grant any immigration status or benefit, nor is it evidence that this case is still pending. It only shows that the application or petition was filed on the date shown.

Processing time - Processing times vary by case type. You can check our website at www.uscis.gov for our current "processing times" for this case type at the particular office to which this case is or becomes assigned. On our website's "case status online" page, you can also view status or sign up to receive free e-mail updates as we complete key processing steps on this case. During most of the time this case is pending, however, our systems will show only that the case has been received, and the processing status will not have changed, because we will be working on other cases that were filed earlier than this one. We will notify you by mail, and show in our systems, when we make a decision on this case or if we need something from you. If you do not receive an initial decision or update from us within our current processing time, check our website or call 800-375-5283. Please save this notice, and any other notice we send you about this case, and please make and keep a copy of any papers you send us by any means, along with any proof of delivery to us. Please have all these papers with you if you contact us about this case.

If this case is an I-130 Petition - Filing and approval of a Form I-130, Petition for Alien Relative, is only the first step in helping a relative immigrate to the United States. The beneficiaries of a petition must wait until a visa number is available before they can take the next step to apply for an immigrant visa or adjustment of status to lawful permanent residence. To best allocate resources, USCIS may wait to process I-130 forms until closer to the time when a visa number will become available, which may be years after the petition was filed. Nevertheless, USCIS processes I-130 forms in time not to delay relatives' ability to take the next step toward permanent residence once a visa number does become available. If, before final action on the petition, you decide to withdraw your petition, your family relationship with the beneficiary ends, or you become a U.S. citizen, call 800-375-5283.

Applications requiring biometrics- In some types of cases USCIS requires biometrics. In such cases, USCIS will send you a SEPARATE appointment notice with a specific date, time and place for you to go to a USCIS Application Support Center (ASC) for biometrics processing. You must WAIT for that separate appointment notice and take it (NOT this receipt notice) to your ASC appointment along with your photo identification. Acceptable kinds of photo identification are: a passport or national photo identification issued by your country, a drivers license, a military photo identification, or a state-issued photo identification card. If you receive more than one ASC appointment notice, even for different cases, take them both to the first appointment.

If your address changes- If your mailing address changes while your case is pending, call 800-375-5283 or use the "Online Change of Address" function on our website. Otherwise, you might not receive notice of our action on this case.

Number of workers: 1

Name	DOB	COB	Class Consulate / POE OCC
SINGH, SURAJ PAL	01/09/1978	INDIA	070

NOTICE: Pursuant to the terms of the United States Immigration & Nationality Act (INA), the information provided on and in

Please see the additional information on the back. You will be notified separately about any other cases you filed.

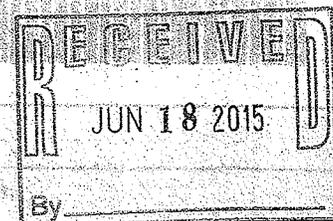
U.S. CITIZENSHIP & IMMIGRATION SVC

CALIFORNIA SERVICE CENTER

P. O. BOX 30111

LAGUNA NIGUEL CA 92607-0111

Customer Service Telephone: (800) 375-5283



Please see the back of this notice for important information

By _____

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

RECEIPT NUMBER WAC-15-182-50571		CASE TYPE I129 PETITION FOR A NONIMMIGRANT WORKER
RECEIVED DATE June 12, 2015	PRIORITY DATE	PETITIONER COUNTY OF MILWAUKEE
NOTICE DATE June 12, 2015	PAGE 2 of 2	BENEFICIARY A208 048 002 SINGH, SURAJ P.

(continued)
support of applications and petitions is submitted under penalty of perjury. USCIS and the U.S. Department of Homeland Security reserve the right to verify this information before and/or after adjudication to ensure conformity with applicable laws, rules, regulations, and other authorities. Methods used for verifying information may include, but are not limited to, the review of public information and records, contact by correspondence, the internet, or telephone, and site inspections of businesses and residences. Information obtained during the course of verification will be used to determine eligibility for the benefit sought. Applicants, petitioners, and representatives of record will be provided an opportunity to address derogatory information before any formal decision is made and/or proceeding is initiated.

U.S. CITIZENSHIP & IMMIGRATION SVC
CALIFORNIA SERVICE CENTER
P. O. BOX 30111
LAGUNA NIGUEL CA 92607-0111
Customer Service Telephone: (800) 375-5283



Please see the back of this notice for important information.