
**ABA Section of International Law
J-1 Visa Training Program Application**

1. First Name _____ Middle Name _____
Last Name _____

2. Current Mailing Address _____

3. Permanent Address _____
(if different from above) _____

4. Telephone and Fax Numbers and E-mail Address
Office _____ Fax _____
Home _____ E-mail _____

5. Country of Present Citizenship _____

6. Date and Place of Birth
Mo./Day/Yr. _____ City _____ State/Province _____ Country _____

7. Marital Status married single

Will your spouse and/or children be accompanying you during your placement? _____
(if yes, please fill in the following information)

First Name _____ Middle Name _____

Last Name _____ Male Female

Date and Place of Birth (city, country) _____

First Name _____ Middle Name _____

Last Name _____ Male Female

Date and Place of Birth _____

First Name _____ Middle Name _____

Last Name _____ Male Female

Date and Place of Birth _____

(Please attached a separate page for additional dependents if necessary.)

8. List educational institutions attended beyond secondary (preparatory) school and include any current registration in a degree program or professional enrichment course, special institute, etc.

Under the U.S. Department of State regulations for the J-1 Visa, trainees must possess a degree or professional certificate from a post-secondary academic institution outside of the U.S.

Name and Location of Institute	Subject(s) Studied	Diploma/Degree/ Certificate (yr)	Dates Attended (month and year)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Date and place of admission to practice law

10. Language Proficiency (list native language first)

Under the new U.S. Department of State regulations for the J-1 Visa (effective July 19, 2007), trainees whose native language is not English must have verifiable English language skills sufficient to function on a day-to-day basis.

Trainees' English language skills must be verified by a recognized language test or signed original documentation from an academic institution or English language school. **A copy of your examination score or signed original documentation from an academic institution or English language school must be included in your application.**

Language: _____

Language: _____

Speaking Yes No

Speaking Yes No

Reading Yes No

Reading Yes No

Writing Yes No

Writing Yes No

Language: _____

Language: _____

Speaking Yes No

Speaking Yes No

Reading Yes No

Reading Yes No

Writing Yes No

Writing Yes No

11. Do you have any physical, dietary or religious restrictions or special requirements?

12. List positions (employment) held (full-time; part-time; salaried; pro bono) -- begin with current or most recent position. (Attach additional sheets if necessary).

Under the U.S. Department of State regulations for the J-1 Visa, trainees must have at least one year of prior related work experience in his/her occupational field acquired outside the U.S.

Employer and Address	Duties Performed	Dates (start/finish dates)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. List Placement Firm/Company Name and Location

Legal Office Name

City and State or Province or Region // Country

14. Placement Period

From _____ To _____
Month/Day/Year Month/Day/Year

Under the U.S. Department of State regulations for the J-1 Visa the maximum duration of a training program is 18 months.

Please be advised that the ILEX office will not issue the DS-2019 form to extend a training program.

15. Previous U.S. Visas: Have you previously been granted another U.S. Visa (such as F-1, H-1)? If so, please list:

Visa Type

Dates

16. **Training Area** Select the area(s) in which you will receive training while in the U.S. and your level of experience at the present time.

Training Area: Check the box

Experience Level: (A-D) A is highest; D is lowest

<input type="checkbox"/> Administrative Law	<input type="checkbox"/> Environmental Law
<input type="checkbox"/> Antitrust Law	<input type="checkbox"/> Family Law
<input type="checkbox"/> Banking and Finance	<input type="checkbox"/> General Practice
<input type="checkbox"/> Commerce and Trade	<input type="checkbox"/> Individual and Civil Rights
<input type="checkbox"/> Corporation and Business Law	<input type="checkbox"/> Initial Court of Record
<input type="checkbox"/> Criminal Law	<input type="checkbox"/> Insurance, Negligence & Compensation
<input type="checkbox"/> Judiciary	<input type="checkbox"/> Public Interest Law
<input type="checkbox"/> Labor Relations Law (Management)	<input type="checkbox"/> Public International Law
<input type="checkbox"/> Labor Relations Law (Union)	<input type="checkbox"/> Real Estate Law
<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> State (District)
<input type="checkbox"/> Legal Aid	<input type="checkbox"/> Tax Law
<input type="checkbox"/> Legislature	<input type="checkbox"/> Trial Court
<input type="checkbox"/> Local	<input type="checkbox"/> Appellate Court
<input type="checkbox"/> National	<input type="checkbox"/> Supreme (High) Court of the Country
<input type="checkbox"/> Patent, Trademark & Copyright Law	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Permanent Special Court	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Probate and Trust Law	<input type="checkbox"/> Other: _____

17. **Professional Activities** (include professional seminars or law classes taught; major publications; active membership in civic or service clubs, local bar association; pro bono work, etc.) Attach additional sheets if necessary.

18. Other Interests, Hobbies, etc.

19. References Please provide two unique reference letters from different sources with the following information:

Name and Position	Relationship to You
Address	

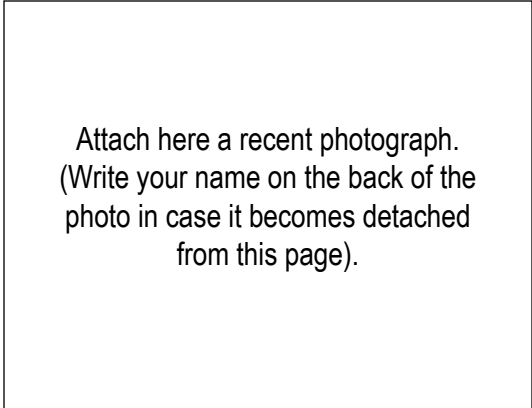
Name and Position	Relationship to You
Address	

20. Please state the name of your health insurance and policy number. In addition, applicants are required to submit an attached statement of proof that the insurance policy will cover health and repatriation costs during the stay of the applicant in the host country. Please see application instructions for more information.

1. _____
Name of Insurance Company

2. _____
Policy Number

21. Personal Statement On a separate page, please state in detail (300-500 words) your specific reasons for seeking training from a law firm or law office in the U.S. under the auspices of the ABA's Section of International Law's J-1 Visa Program.



22. I understand that as a trainee in the J-1 Visa Program, I am fully and solely responsible for my own financial maintenance throughout the placement period and that I am assigned to a host office on a full-time basis.

Compensation Please state total compensation during the training period from the host firm, government (if any) or your personal funds. If funding is being received from a third party, verification from the source is required.

Signature

Printed Name

Date

Please return this application form to:

Ms. Katie Van Geem
ABA Section of International Law
740 15th Street NW
Washington, DC 20005

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intilex@americanbar.org