9 FAM 41.121 Exhibit II

(TL:VISA-359; 02-28-2002)

REFUSAL WORKSHEET
FOR OFFICE USE ONLY

☐ Category I
☐ Category II

JUSTIFICATION (Give a concise summarization of the facts on which decision to refuse is based and indicate the means whereby such facts were ascertained.

_____ was refused on _____
(Applicant's name) *(Date) (mm-dd-yyyy)*

under Section(s) _____ because:

NOTE: If a visa is refused on medical grounds, attach Form OF-157

SIGNATURE AND NAME STAMP OF REFUSING OFFICER	POST

ACTION BY PRINCIPAL OFFICER, DESIGNEE OR CHIEF CONSULAR OFFICER

☐ Refusal confirmed.

☐ Refusal not confirmed. Case referred to Department for advisory opinion.

☐ Recommend that the case be reconsidered for the following reasons:

_____ _____
(Date) (mm-dd-yyyy) *(Signature)*

FOR RECONSIDERATION CASES

☐ Approved for issuance.

☐ Not approved for issuance; still ineligible under Sec. _____, because: _____

_____

Waiver requested: ☐ 212(e); ☐ 212(a)(3)(D); ☐ 212(g); ☐ 212(h); ☐ 212(i); ☐ 212(d)(3)(a)

_____ _____
(Date) (mm-dd-yyyy) *(Signature of Consular Officer)*

NOTIFICATION TO APPLICANT

☐ OF-194 was handled/mailed to applicant today or on _____.

☐ Alien notified on _____ that review of refusal indicates that he/she may be eligible to receive a visa.

☐ CLOK entry sent	Date: *(mm-dd-yyyy)* _____	By: _____
☐ CLASS entry made	Date: *(mm-dd-yyyy)* _____	By: _____
☐ IVACS updated	Date: *(mm-dd-yyyy)* _____	By: _____
☐ NIVCAPS updated	Date: *(mm-dd-yyyy)* _____	By: _____
☐ Petition returned to INS	Date: *(mm-dd-yyyy* _____	By: _____

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