Edward Hasbrouck The Identity Project 1736 Franklin Street, 9th Floor Oakland, CA 94612

> edward@hasbrouck.org office 510-208-7744 cell/mobile 415-824-0214

> > April 27, 2011

Office of Information Programs and Services A/GIS/IPS/RL U. S. Department of State Washington, D. C. 20522-8100

(by USPS and by fax to 202-261-8579)

FOIA REQUEST Fee benefit requested Fee waiver requested

Dear FOIA Officer:

This is a request pursuant to the federal Freedom of Information Act, 5 U.S.C. § 552.

We request access to and copies of (1) the most recent version and each previous version of the document described as "Supplemental Worksheet", copies of which are provided to some applicants for U.S. passports, a copy of one version of which is attached, (2) any records of the number of copies of each version of this form printed or distributed or the dates of such printing or distribution, (3) any records of the number of individuals who have been requested to complete this form or the range of dates during which such requests have been made, (4) any policies, procedures, standards, guidelines, or directives to DOS staff or contractors with respect to when to require an applicant to complete the "Supplemental Worksheet" or what action to take if an applicant declines or is unable or unwilling to complete all or part of the "Supplemental Worksheet", and (5) any communication (including but not limited to e-mail messages in their full and complete form including all headers and fully expanded addresses) within the Department of State (DOS) or between DOS and other agencies including the Office of Management and Budget (OMB) regarding the content of, or approval for use of, this form, including in particular any records related to requests for or approvals of this form by OMB, any OMB control number for any version of this form, or the potential need for such approval, and (6) any records of communications within DOS or between DOS and other agencies regarding the relationship of the "Supplemental Worksheet" to the proposed DOS Form DS-5513.

As a representative of the news media we are only required to pay for the direct cost of duplication after the first 100 pages. Through this request, we are gathering information on DOS procedures that is of current interest to the public in relation to the pending proposal by the DOS for OMB approval of a proposed Form DS-5513 that contains elements substantially identical to portions of the "Supplemental Worksheet". This information is being sought on behalf of The Identity Project

The Identity Project FOIA request for "Supplemental Worksheet" and related records (page 1 of 2)

("IDP"). IDP provides advice, assistance, publicity, and legal defense to those who find their rights infringed or their legitimate activities curtailed by demands for identification, and builds public awareness about the effects of ID requirements on fundamental rights. IDP is a program of the First Amendment Project, a nonprofit organization providing legal and educational resources dedicated to protecting and promoting First Amendment rights.

One of the principal activities of IDP is publication of the informational and educational Web site at <http://www.papersPlease.org>, where we have published documents obtained in response to our previous FOIA requests, for dissemination to the general public. This information will also be publicized through my own Web site and blog of travel news, information, and advice.

Please waive any applicable fees. Release of the information is in the public interest because it will contribute significantly to public understanding of government operations and activities. The records we are requesting clearly relate to government operations and activities. It is in the public interest for the traveling public – who will of course learn of these requirements when they are announced on flights – to know in advance with what conditions will be placed on their exercise of the right to travel, a right which has been conditioned on possession of a valid U.S. passport. There has been, and continues to be, extensive and intense interest in the DOS forms and procedures for passport applicants, and whether those forms have been approved by OMB. The Identity Project is a nonprofit organization with no commercial interest in this information.

If our request is denied in whole or part, we ask that you justify all deletions by reference to specific exemptions of the act. We will also expect you to release all segregable portions of otherwise exempt material. We, of course, reserve the right to appeal your decision to withhold any information or to deny a waiver of fees.

Please respond as soon as possible (including by e-mail) to confirm your receipt of this request. We look forward to your complete reply within 20 business days, as the statute requires.

To minimize unnecessary delay, and because most of the responsive documents are likely to be already in electronic form, please send your response by e-mail in addition to any paper copy.

Sincerely,

Edward Hasbrouck The Identity Project

SUPPLEMENTAL WORKSHEET

To better assist us in the processing of your recent application for a United States passport, please complete this form in its entirety and return it to this office for processing. If additional space is needed in any section of this form, please use a blank piece of paper as a continuation sheet. <u>Failure to complete this form in detail may</u> further delay the processing of your application for a United States passport.

Para asistimos en el proceso de su solicitud mas reciente para un pasaporte de los Estados Unidos, por favor de llenar por completo este formulario y regréselo a esta oficina. Si necesita mas espacio en cualquier sección de este formulario, puede escribir la información en otra hoja aparte y añadirla a este formulario. <u>El no llenar por</u> <u>completo este formulario puede demorar aun más la aprobación de su solicitud para un pasaporte de los</u> <u>Estados Unidos.</u>

| Your Full Name | | | | |
|---|----------------------|--------------|-----------|-----------------------------|
| Su Nombre Completo:_ | | · | | |
| Your Date of Birth: | , | 1 | | |
| Su Fecha de Nacimiento | | // | w/ 1 5 c) | |
| | (Month/Mes) (D | ay/Dia) (Yea | ir/Anoj | |
| Your Social Security Nu | imber: | | | |
| Su Número de Seguro S | ocial: | | - | |
| Your Place of Birth: | | | | |
| Lugar de Nacimiento: _ | | / | | _/ |
| Lugar de Nacimiento: | (City/Ciudad) | (State/E | stado) | (Country/País) |
| Your Current Home Ad | ldress/Su Dirección: | | | |
| | 1 | 1 | 1 | |
| (Street/Calle) | (City/Ciudad) | (State/I | Estado) (| Zip Code/Código Postal) |
| Your Contact Telephon | | | | |
| (Home Phone/Casa) | (Work Phone/T | rabajo) | (Cell Pho | ne /Celular) |
| When did you leave the Cuando salió de los Est | | | (Mon | / th/Mes) (Year/Año) |
| When did you return to | the United States? | | | |
| Cuando regresó a los E | | | | // |
| | | | (Mo | onth/Mes) (Year/Año) |
| Where and when were | you hantized? | | | |
| Dónde y cuándo fue bai | | | 1 | |
| bonde y caundo rae sa | | (Month/ | Mes) (| Year/Año) |
| | 1 | | 1 | 1 |
| (Name of church/Nomb | re de la iglesia) (C | ity/Ciudad) | (State/ | / Estado) (Country/País) |
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Residences/Domicilios:

Please list all of your <u>former</u> residences <u>inside and outside</u> of the United States. If additional space is needed, please use a blank sheet of paper as a continuation sheet. <u>It is extremely important that you list all of your former</u> residences inside and outside of the United States.

Favor de incluir una lista de domicilios donde ha vivido, <u>dentro y fuera</u> de los Estados Unidos. Si necesita más espacio, use otra hoja de papel. <u>Es extremadamente importante que incluya todos los domicilios donde ha vivido dentro y fuera de los Estados Unidos.</u>

| Street/ Calle | City/ Ciudad | State/ Estado | Zip Code/ Código Postal | Country/ País | Time of Residence / Tiempo de Residencia |
|--|-----------------------------------|--|--|-------------------------------|---|
| (Example) (Ejemplo) 123 Maín St | (Example) (Ejemplo) Houston | (Example) (Ejemplo) Texas | (Example) (Ejemplo) 39408 | (Example) (Ejemplo) USA | (Example) (Ejemplo) <u>March 1990</u> To <u>June 2002</u> |
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Please use a blank piece of paper as a continuation sheet, if additional space is needed. Favor de usar otra página si necesita más espacio.

Employment/Empleo:

Please list all of your current and former places of employment. If additional space is needed, please use a blank sheet of paper as a continuation sheet.

Favor de incluir una lista de lugares de empleo. Incluya su empleo actual y pasado. Si necesita más espacio, añada otra hoja al formulario.

| Name of Employer/ Nombre del Empleador | Address of thisEmployer/ Dirección | City located Ciudad | State Located Estado | Country located País | Year(s) Employed Años Empleado | Name of Supervisor Nombre del Supervisor | Telephone Number Número de Teléfono |
|---|--|-----------------------------------|-------------------------------------|-----------------------------------|---|---|---|
| (Example) (Ejemplo) ABC Industries | (Example) (Ejemplo) 10001 Lone Star Dríve | (Example) (Ejemplo) Houston | (Example) (Ejemplo) <i>TX</i> | (Example) (Ejemplo) USA | (Example) (Ejemplo) 1999- 2001 | (Example) (Ejemplo) Ms. Hall | (Example) (Ejemplo) 316 - 555 - 1212 |
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Please use a blank piece of paper as a continuation sheet, if additional space is needed. Favor de usar otra página si necesita más espacio.

Family/Familia:

| Relationship (Relación) | Full Name (Nombre Completo) | Place of Birth City & State (Lugar de Nacimiento) | Date of Birth (Fecha de Nacimiento) | Is this family member a United States Citizen? Es esta persona ciudadano de los Estados Unidos? |
|------------------------------------|--------------------------------|--|---|--|
| (Example) (Ejemplo) Brother/ | (Example) (Ejemplo) | (Example) (Ejemplo) | (Example) (Ejemplo) | (Example) (Ejemplo) |
| Hermano | John Q. Public | Albany New York | December 25, 1980 | YES |
| Father/ Padre | | | | |
| Mother/ Madre | | | | |
| Spouse/ Esposo(a) | | | | |
| Ex-Spouse/ Ex-Esposo(a) | | | | |
| Brother/ Hermano | | | | |
| Brother/ Hermano | | | | |
| Sister/ Hermana | | | | |
| Sister/ Hermana | | | | |

Please use a blank piece of paper as a continuation sheet, if additional space is needed. Favor de usar otra página si necesita más espacio.

Schools/Escuelas:

Please complete the school data requested below. It is extremely important that you list all schools that you have attended *inside and outside* of the United States.

Favor de completar los datos escolares que se piden abajo. Es extremadamente importante que incluya los nombres de todas las escuelas a las que haya asistido, **dentro y fuera** de los Estados Unidos. Si necesita más espacio, use otra hoja de papel.

| Name of School/ Nombre de Escuela | Address of this School/ Dirección | City/ Ciudad | State/ Estado | Country/ País | What Year(s) did you attend this school?/ En que año(s) asistió a ésta escuela? |
|---|---|-----------------------------------|--|-------------------------------|--|
| (Example) (Ejemplo) Sam Houston Elementary | (Example) (Ejemplo) 800 West Elm St | (Example) (Ejemplo) Houston | (Example) (Ejemplo) Texas | (Example) (Ejemplo) USA | (Example) (Ejemplo) <u>August 1990</u> To <u>June 1994</u> |
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I declare under penalty of perjury that I am a United States citizen (or a non-citizen United States national) and have not, since acquiring United States citizenship (or United States nationality), performed any expatriating acts that have caused me to lose my U.S. citizenship (or nationality). I further declare that all responses contained in this document are true and correct, to the best of my knowledge.

Yo declaro bajo pena de perjurio que soy ciudadano (o un no-ciudadano nacional) de los Estados Unidos y que, desde que adquirí la ciudadanía (o nacionalidad) de los Estados Unidos, no he realizado ningún acto de expatriación que me haya hecho perder mi ciudadanía (o nacionalidad) de los Estados Unidos. Además declaro, que todas las respuestas contenidas en este documento son verdaderas y correctas, según mi conocimiento y entender.

Signature/Firma

Date/Fecha