

**I -361, Affidavit of Financial Support and Intent to  
Petition for Legal Custody of P.L. 97-359 Amerasian****Instructions****What Is the Purpose of This Form?**

This affidavit may be used only to sponsor persons born in Korea, Laos, Vietnam, Kampuchea and Thailand after December 31, 1950 and before October 22, 1982, who were fathered by U.S. citizens. It must be filed in support of Form I-360, Petition for Amerasian, Widow(er) or Special Immigrant.

The sponsor must complete, sign and submit this form in duplicate with Form I-360 to the district or suboffice of U.S. Citizenship and Immigration Services (USCIS) that has jurisdiction over the sponsor's place of residence. Failure to submit this form in duplicate may result in the rejection of your petition.

**Sponsor Eligibility.**

In order to sponsor a Public Law 97-359 Amerasian, you must be a U.S. citizen or lawful permanent resident 21 years of age or older, and of good moral character.

**Financial Sponsorship Requirements.**

You must furnish financial support during the entire five-year period, beginning:

- On the date the Amerasian acquires the status of an alien lawfully admitted for permanent residence, or
- During the entire period, beginning on the date the Amerasian acquires the status of an alien lawfully admitted for permanent residence and ending on the date when the Amerasian becomes 21 years of age, whichever period is longer.

The financial support must be sufficient to maintain your family, including the Amerasians in the United States, at a level equal to at least 125 percent of the current official poverty line (as established by the Director of the Office of Management and Budget, under section 673(2) of the Omnibus Budget Reconciliation Act of 1981 and as revised by the Secretary of Health and Human Services under section 652 of that Act) for a family of the same size as your family including the Amerasian.

**Special Sponsorship Requirement.**

You must agree to petition the court having jurisdiction within 30 days of the Amerasian's arrival in the United States to be awarded legal custody in accordance with the laws of the state where the Amerasian will reside until the Amerasian is 18 years of age.

In addition, an appropriate public, private or state agency must arrange the Amerasian's placement with you in the United States, and you must be able to accept the Amerasian for care in your home under the laws of the state of the Amerasian's intended residence.

Please see the instructions on Form I-360 concerning placement of a beneficiary under 18 years old.

**Execution of Affidavit.**

You must sign the affidavit in your full, true and correct name and affirm or make it under oath.

If you are in the United States, the affidavit must be sworn to or affirmed before a USCIS Officer.

If you are outside the United States, the affidavit must be sworn to or affirmed before a USCIS Officer or a U.S. Department of State Consular Officer.

**Supporting Evidence.**

You must submit in duplicate evidence of income and resources, as appropriate:

- Statement from an officer of the bank or other financial institution in which you have deposits, giving the following details regarding your account:
  - .... Date the account was opened.
  - .... Total amount deposited for the past year.
  - .... Present balance.
- Statement of your employer, preferably on business stationery, showing:
  - .... Dates and nature of employment.
  - .... Salary paid.
  - .... Whether position is temporary or permanent.
- If you are self-employed:
  - .... Copy of last income tax return filed or,
  - .... Report of commercial rating concern.
- List containing the serial numbers and denominations of bonds and name(s) of record of the owner(s).

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## **Sponsor and Alien Liability.**

Public Law 97-359 provides that this guarantee of financial support and intent to petition for legal custody may be enforced with respect to the Amerasian against you in a civil suit brought by the Secretary of Homeland Security in the United States district court for the district in which you reside, except that you or your estate will not be liable under this guarantee if you die or are adjudicated as bankrupt under Title 11, United States Code.

If the Amerasian is under 18 years of age, you are responsible for interim costs incurred by the Amerasian from the time he or she is released for emigration by his or her mother or legal guardian until you are awarded legal custody of the Amerasian. Furthermore, while all health costs incurred by the Amerasian are your responsibility, note that some health insurance policies may not cover persons who are not members of the policy holder's immediate family.

Effective October 1, 1980, amendments to section 1614 (f) of the Social Security Act and Part A of Title XVI of the Social Security Act establish certain requirements for determining the eligibility of aliens who apply for the first time for Supplemental Security Income (SSI) benefits.

Effective October 1, 1981, amendments to section 415 of the Social Security Act establish similar requirements for determining the eligibility of aliens who apply for the first time for Aid to Families with Dependent Children (AFDC) benefits.

Effective December 22, 1981, amendments to the Food Stamp Act of 1977 affect the eligibility of alien participation in the Food Stamp Program.

These amendments require that the income and resources for any person who, as the sponsor of an alien's entry into the United States, executed an affidavit of support or similar agreement on behalf of the alien, and the income and resources of the sponsor's spouse (if living with the sponsor) will be deemed to be the income and resources of the alien under formulas for determining eligibility for SSI, AFDC and food stamp benefits during the three years following the alien's entry into the United States.

An alien applying for SSI must make available to the Social Security Administration documentation concerning his or her income and resources and those of the sponsor, including information that was provided in support of a petition for immigration benefits. An alien applying for AFDC or food stamps must make similar information available to the state public assistance agency.

The Secretary of Health and Human Services and the Secretary of Agriculture are authorized to obtain copies of any documentation of this type submitted to USCIS or the Department of State and release this documentation to a state public assistance agency.

Sections 1621(c) and 415(d) of the Social Security Act and 5(i) of the Food Stamp Act also provide that an alien and his or her sponsor will be jointly and severably liable to repay any SSI, AFDC or food stamps benefits that are incorrectly paid because of misinformation provided by a sponsor or because of a sponsor's failure to provide information.

Incorrect payments that are not repaid will be withheld from any subsequent payments for which the alien or sponsor are otherwise eligible under the Social Security or Food Stamp Acts, except where the sponsor was without fault or where good cause existed.

The provisions do not apply to the SSI, AFDC or food stamp eligibility of aliens admitted as refugees or granted asylum, and of dependent children of the sponsor's spouse. The provisions also do not apply to the SSI eligibility for an alien who becomes blind or disabled after admission to the United States for permanent residence.

## **Authority, Use and Penalties.**

Authority for the collection of the information requested on this form is contained in 8 U.S.C. 1154(g) and 1182 (a)(15).

The information will be used principally by USCIS, or by any officer to whom it may be furnished, to support a petition for benefits under the Immigration and Nationality Act in behalf of a Public Law 97-359 Amerasian. It may also, as a matter of routine use, be disclosed to other Federal, state, local and foreign law enforcement and regulatory agencies. Submission of the information is voluntary. Failure to provide the information may result in the denial of benefits to the Amerasian.

This affidavit must be of recent date. The affidavit will not be accepted if more than a year has elapsed from the date of execution.

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## **USCIS Forms and Information.**

To order USCIS forms call our toll-free forms line at **1-800-870-3676**. You can also get USCIS forms and information on immigration laws, regulations and procedures by telephoning our National Customer Service Center at **1-800-375-5283** or visiting our internet website at **www.uscis.gov**.

## **Use InfoPass for Appointments.**

As an alternative to waiting in line for assistance at your local USCIS office, you can now schedule an appointment through our internet-based system, **InfoPass**. To access the system, visit our website at **www.uscis.gov**. Use the **InfoPass** appointment scheduler and follow the screen prompts to set up your appointment. **InfoPass** generates an electronic appointment notice that appears on the screen. Print the notice and take it with you to your appointment. The notice gives the time and date of your appointment, along with the address of the USCIS office.

## **Reporting Burden.**

A person is not required to respond to a collection of information unless it displays a currently valid OMB control number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources gathering and maintaining the data needed, and completing and reviewing the collection of information.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N. W., Washington, DC 20529; OMB No. 1615-0021  
**Do not mail your completed application to this address.**

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

# I -361, Affidavit of Financial Support and Intent to Petition for Legal Custody of P.L. 97-359 Amerasian

**NOTE: Use only to sponsor a Public Law 97-359 Amerasian. (Answer all items. Type or print legibly in black ink.)**

I, \_\_\_\_\_ residing at \_\_\_\_\_  
(Name) (Street and number)

\_\_\_\_\_  
(City) (State) (Zip Code if in U.S.) (Country)

**Being Duly Sworn Depose and Say:**

1. That I was born on \_\_\_\_\_ at \_\_\_\_\_  
(Date) (City) (Country)

If you are not a native born U.S. citizen, answer the following as appropriate:

- If a U.S. citizen through naturalization, give certificate of naturalization number \_\_\_\_\_
- If a U.S. citizen through parent(s) or marriage, give citizenship certificate number \_\_\_\_\_
- If U.S. citizenship was derived by some other method, attach a statement of explanation.
- If a lawfully admitted permanent resident of the United States, give "A" number \_\_\_\_\_

2. That I am \_\_\_\_\_ years of age and have resided in the United States since (date) \_\_\_\_\_

3. That this affidavit is executed on behalf of the following person:

Name		Gender	Date of Birth (mm/dd/yyyy)	
Born in (Country)	Alien Registration Number	Marital Status		Relationship to Deponent
Presently Resides at: (Street and Number)	(City)	(State)	(Country)	

4. That this affidavit is made by me for the purpose of assuring the U.S. Government that the person named in **item 3** will not become a public charge in the United States.
5. That I am willing and able to receive, maintain and support the person named in **item 3** and that I agree to furnish financial support during the entire five-year period beginning on the date the named person acquires the status of an alien lawfully admitted for permanent residence and ending on the date on which the named person becomes 21 years of age, whichever period is longer. The financial support which I furnish must be sufficient to maintain my family, including the named person in the United States, at a level equal to at least 125 percent of the current official poverty line (as established by the Director of the Office of Management and Budget, under Section 673(2) of the Omnibus Budget Reconciliation Act of 1981 and as revised by the Secretary of Health and Human and Services under section 652 of that Act) for a family size as my family, including the named person.
6. That, if the person named in **item 3** is under 18 years of age, I agree to petition the court having jurisdiction within 30 days of the named person's arrival in the United States to be awarded legal custody in accordance with the laws of the state where he or she will reside until he or she is 18 years of age.

7. That, if the person named in **item 3** is under 18 years of age, I agree to pay the interim costs incurred by that person from the time he or she is released for immigration by his or her mother or legal guardian until I am awarded legal custody of him or her.
8. That, if the person named in **item 3** is 18 years of age or older, I agree to pay the interim costs involved in his or her travel to the United States.
9. That I understand that this guarantee of financial support and intent to petition for legal custody may be enforced with respect to the person named in **item 3** against me in a civil suit brought by the Secretary of Homeland Security in the United States district court of the district in which I reside, except that I or my estate will not be liable under this guarantee if I die or am adjudicated as bankrupt under Title 11, United States Code.
10. That I understand that the information and documentation provided by me may be made available to the Secretary of Health and Human Services, the Secretary of Agriculture or the Food and Nutrition Service, who may make it available to a public assistance agency.
11. That I have read the instructions to this form and am aware of my responsibilities under the Social Security Act as amended, the Food Stamp Act and Public Law 97-359.

12. That I am employed as or engaged in the business of \_\_\_\_\_ with \_\_\_\_\_  
 (Type of Business) (Name of Concern)

at \_\_\_\_\_  
 (Street and Number) (City) (State) (Zip Code)

- I derived an annual income of (if self-employed, I have attached a copy of my last income tax return or report of commercial rating concern which I certify to be true and correct to the best of my knowledge and belief.) ..... \$ \_\_\_\_\_
- I have on deposit in savings banks in the United States. .... \$ \_\_\_\_\_
- I have other personal property, the reasonable value of which is ..... \$ \_\_\_\_\_
- I have stocks and bonds with the following market value, as indicated on the attached list which I certify to be true and correct to the best of my knowledge and belief. .... \$ \_\_\_\_\_
- I have life insurance in the sum of ..... \$ \_\_\_\_\_
- ... With a cash surrender value of ..... \$ \_\_\_\_\_
- I own real estate valued at ..... \$ \_\_\_\_\_
- ... With mortgages or other encumbrances on it amounting to ..... \$ \_\_\_\_\_
- ... Which is located at \_\_\_\_\_  
 (Street and Number) (City) (State) (Zip Code)

**13.** That the following persons are dependent upon me for support: (Place a check in the appropriate column to indicate whether the person named is wholly or partially dependent upon you for support.)

Name of Person	Wholly Dependent	Partially Dependent	Age	Relationship to Me

**14.** That I have previously submitted or am submitting affidavit(s) of support for the following person(s). *If none, state "None."*

Name	Relationship	Date Submitted
_____	_____	_____
_____	_____	_____

**15.** That I have submitted visa petition(s) to USCIS on behalf of the following person(s). *If none, state "None."*

Name	Relationship	Date Submitted
_____	_____	_____
_____	_____	_____

**Oath or Affirmation of Deponent**

I swear (affirm) that I know the contents of this affidavit signed by me and the statements are true and correct.

Signature of deponent \_\_\_\_\_

Subscribed and sworn to (affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_

at \_\_\_\_\_

Signature of immigration or consular office administering oath \_\_\_\_\_

Title \_\_\_\_\_

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**If the affidavit was prepared by other than the deponent, please complete the following:**

I declare that this document was prepared by me at the request of the deponent and it is based on all information of which I have any knowledge.

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(Signature)

(Print or Type Name)

(Date)

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Address (Street Number and Name, Suite/Room, City, State, Zip Code)

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Telephone Number

E-Mail Address (*If any.*)

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

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I, \_\_\_\_\_ residing at \_\_\_\_\_  
(Name) (Street and number)

\_\_\_\_\_  
(City) (State) (Zip Code if in U.S.) (Country)

**Being Duly Sworn Depose and Say:**

1. That I was born on \_\_\_\_\_ at \_\_\_\_\_  
(Date) (City) (Country)

If you are not a native born U.S. citizen, answer the following as appropriate:

- If a U.S. citizen through naturalization, give certificate of naturalization number \_\_\_\_\_
- If a U.S. citizen through parent(s) or marriage, give citizenship certificate number \_\_\_\_\_
- If U.S. citizenship was derived by some other method, attach a statement of explanation.
- If a lawfully admitted permanent resident of the United States, give "A" number \_\_\_\_\_

2. That I am \_\_\_\_\_ years of age and have resided in the United States since (date) \_\_\_\_\_

3. That this affidavit is executed on behalf of the following person:

Name		Gender	Date of Birth (mm/dd/yyyy)	
Born in (Country)	Alien Registration Number	Marital Status		Relationship to Deponent
Presently Resides at: (Street and Number)	(City)	(State)	(Country)	

4. That this affidavit is made by me for the purpose of assuring the U.S. Government that the person named in **item 3** will not become a public charge in the United States.
5. That I am willing and able to receive, maintain and support the person named in **item 3** and that I agree to furnish financial support during the entire five-year period beginning on the date the named person acquires the status of an alien lawfully admitted for permanent residence and ending on the date on which the named person becomes 21 years of age, whichever period is longer. The financial support which I furnish must be sufficient to maintain my family, including the named person in the United States, at a level equal to at least 125 percent of the current official poverty line (as established by the Director of the Office of Management and Budget, under Section 673(2) of the Omnibus Budget Reconciliation Act of 1981 and as revised by the Secretary of Health and Human and Services under section 652 of that Act) for a family size as my family, including the named person.
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7. That, if the person named in **item 3** is under 18 years of age, I agree to pay the interim costs incurred by that person from the time he or she is released for immigration by his or her mother or legal guardian until I am awarded legal custody of him or her.
8. That, if the person named in **item 3** is 18 years of age or older, I agree to pay the interim costs involved in his or her travel to the United States.
9. That I understand that this guarantee of financial support and intent to petition for legal custody may be enforced with respect to the person named in **item 3** against me in a civil suit brought by the Secretary of Homeland Security in the United States district court of the district in which I reside, except that I or my estate will not be liable under this guarantee if I die or am adjudicated as bankrupt under Title 11, United States Code.
10. That I understand that the information and documentation provided by me may be made available to the Secretary of Health and Human Services, the Secretary of Agriculture or the Food and Nutrition Service, who may make it available to a public assistance agency.
11. That I have read the instructions to this form and am aware of my responsibilities under the Social Security Act as amended, the Food Stamp Act and Public Law 97-359.

12. That I am employed as or engaged in the business of \_\_\_\_\_ with \_\_\_\_\_  
 (Type of Business) (Name of Concern)

at \_\_\_\_\_  
 (Street and Number) (City) (State) (Zip Code)

- I derived an annual income of (if self-employed, I have attached a copy of my last income tax return or report of commercial rating concern which I certify to be true and correct to the best of my knowledge and belief.) \_\_\_\_\_ \$ \_\_\_\_\_
- I have on deposit in savings banks in the United States. \_\_\_\_\_ \$ \_\_\_\_\_
- I have other personal property, the reasonable value of which is \_\_\_\_\_ \$ \_\_\_\_\_
- I have stocks and bonds with the following market value, as indicated on the attached list which I certify to be true and correct to the best of my knowledge and belief. \_\_\_\_\_ \$ \_\_\_\_\_
- I have life insurance in the sum of \_\_\_\_\_ \$ \_\_\_\_\_
- With a cash surrender value of \_\_\_\_\_ \$ \_\_\_\_\_
- I own real estate valued at \_\_\_\_\_ \$ \_\_\_\_\_
- With mortgages or other encumbrances on it amounting to \_\_\_\_\_ \$ \_\_\_\_\_
- Which is located at \_\_\_\_\_  
 (Street and Number) (City) (State) (Zip Code)

**13.** That the following persons are dependent upon me for support: (Place a check in the appropriate column to indicate whether the person named is wholly or partially dependent upon you for support.)

Name of Person	Wholly Dependent	Partially Dependent	Age	Relationship to Me

**14.** That I have previously submitted or am submitting affidavit(s) of support for the following person(s). *If none, state "None."*

Name	Relationship	Date Submitted
_____	_____	_____
_____	_____	_____

**15.** That I have submitted visa petition(s) to USCIS on behalf of the following person(s). *If none, state "None."*

Name	Relationship	Date Submitted
_____	_____	_____
_____	_____	_____

**Oath or Affirmation of Deponent**

I swear (affirm) that I know the contents of this affidavit signed by me and the statements are true and correct.

Signature of deponent \_\_\_\_\_

Subscribed and sworn to (affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_

at \_\_\_\_\_

Signature of immigration or consular office administering oath \_\_\_\_\_

Title \_\_\_\_\_

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**If the affidavit was prepared by other than the deponent, please complete the following:**

I declare that this document was prepared by me at the request of the deponent and it is based on all information of which I have any knowledge.

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(Signature)

(Print or Type Name)

(Date)

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Address (Street Number and Name, Suite/Room, City, State, Zip Code)

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Telephone Number

E-Mail Address (*If any.*)