

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, and 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.

Who May Sponsor?

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.

What Are the Financial Sponsorship Requirements?

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

1. On the date the Amerasian acquires the status of an alien lawfully admitted for permanent residence; or
2. 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 according to 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.

See the instructions on Form I-360 concerning placement of a beneficiary under 18 years of age.

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:

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

Sponsor and Alien Liability

Public Law 97-359 provides that the Secretary of Homeland Security may seek to enforce this guarantee of financial support and intent to petition for legal custody with respect to the Amerasian against you in a civil suit in the U.S. district court for the district in which you reside. However, 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, you should be aware 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 considered as 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. This means the sponsor would be fully responsible if the alien is unable to pay.

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.

USCIS Forms and Information

To order USCIS forms, call our toll-free number 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 Web site at **www.uscis.gov**.

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 Web site. 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.

Penalties

If you knowingly and willfully falsify or conceal a material fact or submit a false document with Form I-361, we will deny your Form I-361 and may deny any other immigration benefit.

In addition, you will face severe penalties provided by law and may be subject to criminal prosecution.

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

Privacy Act Notice

We ask for the information on this form, and associated evidence, to determine if you have established eligibility for the immigration benefit for which you are filing. Our legal right to ask for this information can be found in the Immigration and Nationality Act, as amended. We may provide this information to other government agencies. Failure to provide this information, and any requested evidence, may delay a final decision or result in denial of your Form I-361.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 30 minutes per response, including the time for reviewing instructions and completing and submitting the form. 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 Products Division, 111 Massachusetts Avenue, N. W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0021. **Do not mail your application to this address.**

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

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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:

- A. If a U.S. citizen through naturalization, give certificate of naturalization number: _____
- B. If a U.S. citizen through parent(s) or marriage, give citizenship certificate number: _____
- C. If U.S. citizenship was derived by some other method, attach an explanation.
- D. If a lawfully admitted permanent resident of the United States, give A-Number: A

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 to assure 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 that 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 the size of 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 according to 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 the Secretary of Homeland Security may enforce this guarantee of financial support and intent to petition for legal custody for the person named in **item 3** against me in a civil suit in the United States district court of the district in which I reside. However, 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)

A. 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.) \$ _____

B. I have on deposit in savings banks in the United States: \$ _____

C. I have other personal property, the reasonable value of which is: \$ _____

D. 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: \$ _____

E. I have life insurance in the sum of: \$ _____

With a cash surrender value of: \$ _____

F. 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
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

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: _____

If the affidavit was prepared by other than the deponent, 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.

(Signature)

(Print or Type Name)

(Date)

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

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:

- A. If a U.S. citizen through naturalization, give certificate of naturalization number: _____
- B. If a U.S. citizen through parent(s) or marriage, give citizenship certificate number: _____
- C. If U.S. citizenship was derived by some other method, attach an explanation. _____
- D. If a lawfully admitted permanent resident of the United States, give A-Number: A _____

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 to assure 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 that 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 Services under section 652 of that Act) for a family the size of my family, including the named person.
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Submit This Form in Duplicate.

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.
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9. That I understand that the Secretary of Homeland Security may enforce this guarantee of financial support and intent to petition for legal custody for the person named in **item 3** against me in a civil suit in the United States district court of the district in which I reside. However, 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 _____
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A. 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.) \$ _____

B. I have on deposit in savings banks in the United States: \$ _____

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D. 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: \$ _____

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With mortgages or other encumbrances on it amounting to: \$ _____

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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: _____

If the affidavit was prepared by other than the deponent, 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.

(Signature)

(Print or Type Name)

(Date)

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

Telephone Number

E-Mail Address (*if any*)