



DS-3035 Form for OMB Submission

J Visa Waiver Online (JWOL)
User Interface Design
November 11, 2011

Login to Account

**U.S. DEPARTMENT of STATE**
CONSULAR ELECTRONIC APPLICATION CENTER

J Visa Waiver Online

Welcome!

Certain exchange visitors are subject to the two-year foreign residence requirement of Section 212(e) of the Immigration and Nationality Act. This web site allows exchange visitors to request a waiver of 212(e) by entering a case number and begin the paperwork for their request to the Department of State Waiver Review Division for a waiver recommendation. For more information, visit www.travel.state.gov


[Click here](#) to find out if you are subject to the two-year foreign residence requirement of Section 212(e) of the Immigration and Nationality Act.

Sign In

Email Address

Password

Enter the code as shown



Continue

How to Sign In

New user? [Click here](#) to create an account.

Forgot your password? [Click here.](#)

Having troubles signing in? Read our [FAQ.](#)

Check Application Status

Enter Case Number


Submit



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Forgot Password



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J Visa Waiver Online

Forgot Password

Enter the email address associated with your account and the characters in the picture below and click Continue.

Email Address

Enter the code as shown:



Help: Forgot Password

Help text...



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Change Password



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J Visa Waiver Online

Change Password

Passwords must be a minimum of 12 characters in length. It must be a combination of at least three of the following four groups from the standard keyboard:

1. Upper case letters (A-Z)
2. Lower case letters (a-z)
3. Arabic numerals (0-9)
4. Non-alphanumeric characters (such as !, \$, #, %)

Password

New Password

Confirm New Password

Continue

Cancel

Help: Password Change



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Create New Account



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J Visa Waiver Online

Create Account

Please enter the following information to create your account.

Email Address

Select a Security Question
- Select one - 

Answer

Enter the code as shown:



Create AccountCancel

Help: Security Question
When retrieving your application, you will need to enter the answer exactly as you submit it on this page.



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Create Applicant Profile

Displayed if Waiver Applicant selected

U.S. DEPARTMENT of STATE

CONSULAR ELECTRONIC APPLICATION CENTER

FEE

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Manage Account

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J Visa Waiver Online

OMB CONTROL NUMBER: 1405-0135
FORM NUMBER: DS-3035
EXPIRATION DATE: 8/31/2014
ESTIMATED BURDEN: 1 Hour

Profile Information

Please complete the following information.

I am the
☒ Waiver Applicant
☐ Attorney / Representative

Personal Information

Title
- SELECT ONE -

Surnames
(e.g., FERNANDEZ GARCIA)

Given Names
(e.g., JUAN MIGUEL)

Q: Have you ever used other names (i.e., religious, professional, alias, etc.)?
A: ☐ Yes ☐ No

Sex
☐ Male ☐ Female

Date of Birth
(Format: DD-MMM-YYYY)

City of Birth

Place of Birth
- SELECT ONE -

Citizenship Country
- SELECT ONE -

Country of Legal Permanent Residence
- SELECT ONE -

Current Address

Street Address (Line 1)

Street Address (Line 2) *Optional

City

State
- SELECT ONE -
☐ Does Not Apply

Postal Zone/ZIP Code
☐ Does Not Apply

Country
- SELECT ONE -

Phone
Primary Phone Number

Email
Email Address
☐ Does Not Apply

Help: Surnames
Enter all surnames as listed in your passport. If only one name is

Help: Given Names
If your passport does not include a given name, please enter

Help: Place of Birth
Select the name that is currently in use for the place where you were

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: A/ISS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202

INA Section 222(f) provides that the records of the Department of States and of diplomatic and consular offices of the United States pertaining to the issuance and refusal of visas or permits to enter the United States shall be considered confidential and shall be used only for the formulation, amendment, administration, or enforcement of the immigration, nationality, and other laws of the United States. Certified copies of such records may be made available to a court provided the court certifies that the information contained in such records is needed in a case pending before the court.

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Create Applicant Profile (cont.)

Displayed if user indicates they have used other names



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J Visa Waiver Online

OMB CONTROL NUMBER: 1405-0135
FORM NUMBER: DS-3035
EXPIRATION DATE: 8/31/2014
ESTIMATED BURDEN: 1 Hour

Profile Information

Please complete the following information.

I am the
☒ Waiver Applicant
☐ Attorney / Representative

Personal Information

Title
- SELECT ONE -

Surnames
(e.g., FERNANDEZ GARCIA)

Given Names
(e.g., JUAN MIGUEL)

Q: Have you ever used other names (i.e., religious, professional, alias, etc.)?
A: ☒ Yes ☐ No

Provide the following information:
Surname
Given Name

* Add Another Remove

Sex
☐ Male ☐ Female

Date of Birth
(Format: DD-MMM-YYYY)

City of Birth

Place of Birth
- SELECT ONE -

Citizenship Country
- SELECT ONE -

Country of Legal Permanent Residence
- SELECT ONE -

Current Address
Street Address (Line 1)
Street Address (Line 2) *Optional
City
State
- SELECT ONE -
☐ Does Not Apply
Postal Zone/ZIP Code
☐ Does Not Apply
Country
- SELECT ONE -
Phone
Primary Phone Number
Email
Email Address
☐ Does Not Apply

Help: Surnames
Enter all surnames as listed in your passport. If only one name is

Help: Given Names
If your passport does not include a given name, please enter

Help: Place of Birth
Select the name that is currently in use for the place where you were


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Create Attorney Profile

Displayed if Attorney/Representative selected

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J Visa Waiver Online

OMB CONTROL NUMBER: 1405-0135
FORM NUMBER: DS-3035
EXPIRATION DATE: 8/31/2014
ESTIMATED BURDEN: 1 Hour

Profile Information

Please complete the following information.

I am the

☐ Waiver Applicant

☒ Attorney / Representative

Attorney Information

ATTENTION: Please note that all the information used to create an attorney account in your name or your Firm/Organization's name will be viewable by any individual who creates an individual account. Further, the display of this information will allow the waiver applicant to select you as their legal representative to assist them during their waiver process. You should not create an account if you do not wish to have your information viewable.

Law Firm or Organization Name

Surnames

Given Names

Primary Phone Number

Secondary Phone Number

☐ Does Not Apply

Fax Number

☐ Does Not Apply

Email Address

☐ Does Not Apply

Current Address

Street Address (Line 1)

Street Address (Line 2) *Optional

City

State

- SELECT ONE -

☐ Does Not Apply

Postal Zone/ZIP Code

☐ Does Not Apply


Country

- SELECT ONE -

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: **A/ISS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202**

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Summary Page

Appears for All Users



U.S. DEPARTMENT of STATE
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J Visa Waiver Online

Summary

What would you like to do?



[Create New Application](#)
Complete an online application for a J-1 waiver recommendation.



[Request an Advisory Opinion](#)
Request an advisory opinion.

John, Doe

[Address Change Notification](#)

Application No.	Basis Selection	Submitted	Status	Fee Status
AA00000001	No Objection	1/1/0001 12:00:00 AM	In Progress	In Progress
AA00000002	No Objection	1/17/2011 12:00:00 AM	Submitted	In Progress

Jane, Doe

[Address Change Notification](#)

Application No.	Basis Selection	Submitted	Status	Fee Status
AA00000001	No Objection	1/1/0001 12:00:00 AM	In Progress	In Progress
AA00000002	No Objection	1/17/2011 12:00:00 AM	Submitted	In Progress



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Creating a New Application



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Program / Non-Program

J2

J Visa / Status Information

Help: Navigation Buttons

Click on the buttons above to access previously entered data.

J Visa Waiver Online

OMB CONTROL NUMBER: 1405-0135
FORM NUMBER: DS-3035
EXPIRATION DATE: 8/31/2014
ESTIMATED BURDEN: 1 Hour

Exchange Visitor Information

Select an Applicant
- SELECT ONE -

Help: Personal Information
Some help text...Some help text...Some help text...Some help

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: **A/ISS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202**

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Exchange Visitor Information Page



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J Visa / Status Information

Help: Navigation Buttons

Click on the buttons above to access previously entered data.

J Visa Waiver Online

OMB CONTROL NUMBER: 1405-0135
FORM NUMBER: DS-3035
EXPIRATION DATE: 8/31/2014
ESTIMATED BURDEN: 1 Hour

Exchange Visitor Information

Select an Applicant
NEW APPLICANT...

Enter this information as found on the exchange visitor's passport.

Title
- SELECT ONE -

Surnames
(e.g., FERNANDEZ GARCIA)

Given Names
(e.g., JUAN MIGUEL)

Maiden Name

Help: Personal Information
Some help text...Some help text...Some help text...Some help

Help: Surnames
Enter all surnames as listed in your passport. If only one name is

Help: Given Names
If your passport does not include a given name, please enter

Q: Have you ever used other names (i.e., religious, professional, alias, etc.)?
A: ☐ Yes ☐ No
Sex
☐ Male ☐ Female
Date of Birth
(Format: DD-MMM-YYYY)
City of Birth
Place of Birth
Citizenship Country
Country of Legal Permanent Residence


Help: Place of Birth
Select the name that is currently in use for the place where you were

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: A/ISS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202
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Exchange Visitor Information Page

Displays if user indicates other names were used



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J Visa / Status Information

Help: Navigation Buttons

Click on the buttons above to access previously entered data.

J Visa Waiver Online

OMB CONTROL NUMBER: 1405-0135
FORM NUMBER: DS-3035
EXPIRATION DATE: 8/31/2014
ESTIMATED BURDEN: 1 Hour

Exchange Visitor Information

Select an Applicant
NEW APPLICANT...

Enter this information as found on the exchange visitor's passport.

Title
- SELECT ONE -

Surnames
(e.g., FERNANDEZ GARCIA)

Given Names
(e.g., JUAN MIGUEL)

Maiden Name

Help: Personal Information
Some help text...Some help text...Some help text...Some help

Help: Surnames
Enter all surnames as listed in your passport. If only one name is

Help: Given Names
If your passport does not include a given name, please enter

Q: Have you ever used other names (i.e., religious, professional, alias, etc.)?
A: ☒ Yes ☐ No
Provide the following information:
Other Surnames Used (religious, professional, aliases, etc.)
Other Given Names Used
Add Another Remove

Sex
☐ Male ☐ Female

Date of Birth
(Format: DD-MMM-YYYY)

City of Birth

Place of Birth
- SELECT ONE -

Citizenship Country
- SELECT ONE -


Country of Legal Permanent Residence
- SELECT ONE -

Help: Place of Birth
Select the name that is currently in use for the place where you were

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Attorney Information Page



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J Visa Waiver Online

WAIVER APPLICANT: Sample, Maria
CASE NUMBER: 800001

Attorney Information

Are you represented by an attorney or other organization?
☐ Yes ☐ No

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Help: Navigation Buttons

Click on the buttons above to access previously entered data.



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Attorney Information Page (cont.)

Displayed if user indicates they are represented by an attorney or other organization

The screenshot shows the CEAC interface for the 'Attorney Information' section. At the top, there's a header with the U.S. Department of State logo and navigation links like 'Manage Account' and 'Sign Out'. Below this is a progress bar with tabs: 'FEE', 'SUMMARY', 'COMPLETE' (highlighted), 'REVIEW', and 'SIGN'. The main heading is 'J Visa Waiver Online'. On the right, it displays 'WAIVER APPLICANT: Sample, Maria' and 'CASE NUMBER: 800001'. A left sidebar contains a list of navigation buttons: 'Exchange Visitor Info', 'Attorney' (selected), 'Address and Phone', 'Waiver Basis', 'Program / Non-Program', 'J2', and 'J Visa / Status Information'. Below these is a 'Help: Navigation Buttons' section. The main content area asks 'Are you represented by an attorney or other organization?' with 'Yes' selected. It then provides a search form with fields for 'Law Firm or Organization Name', 'Surnames of Attorney or Representative', 'Given Names of Attorney or Representative', and 'Email Address', followed by a 'Search' button. At the bottom of the form are 'Back', 'Save', and 'Next' buttons. The footer contains a disclaimer and links for 'Copyright', 'Disclaimer', and 'Paperwork Reduction'.

U.S. DEPARTMENT of STATE
CONSULAR ELECTRONIC APPLICATION CENTER

Manage Account | Sign Out

FEE SUMMARY COMPLETE REVIEW SIGN

J Visa Waiver Online

WAIVER APPLICANT: Sample, Maria
CASE NUMBER: 800001

Attorney Information

Are you represented by an attorney or other organization?
☒ Yes ☐ No

Please use the following fields to search for the attorney or organization:

Law Firm or Organization Name

Surnames of Attorney or Representative

Given Names of Attorney or Representative

Email Address

Search


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- The user must enter information in one or more fields to initiate the search.
- The attorney must already be registered.

Attorney Information Page (cont.)

G-28 question displayed after user selects an attorney/representative

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CONSULAR ELECTRONIC APPLICATION CENTER

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Exchange Visitor Info

Attorney

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J Visa / Status Information

Help: Navigation Buttons
Click on the buttons above to access previously entered data.

J Visa Waiver Online

WAIVER APPLICANT: Sample, Maria
CASE NUMBER: 800001

Attorney Information

Are you represented by an attorney or other organization?
☒ Yes ☐ No

Please use the following fields to search for the attorney or organization:

Law Firm or Organization Name

Surnames of Attorney or Representative

Given Names of Attorney or Representative

Email Address

Search

Selected

Smith, John
Smith and Jones Attorney at Law
123 Anywhere Street
jsmith@yahoo.com


Is there a G-28 stating this information?
☐ Yes ☐ No

Note: If an exchange visitor has an attorney, U.S.C.I.S. will require a form G-28.

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Address and Phone Page



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Click on the buttons above to access previously entered data.

J Visa Waiver Online

WAIVER APPLICANT: Sample, Maria
CASE NUMBER: 800001

Address and Phone

Current Address

Street Address (Line 1)

Street Address (Line 2) *Optional

City

State

- SELECT ONE -

☐ Does Not Apply

Postal Zone/ZIP Code

☐ Does Not Apply

Country

- SELECT ONE -

Phone

Primary Phone Number

Secondary Phone Number

☐ Does Not Apply

Business Phone Number

☐ Does Not Apply

Fax Number

☐ Does Not Apply

Email Address

☐ Does Not Apply

Please indicate where you would like the Waiver Review Division to send correspondence, including the recommendation:

☐ Current Address


☐ Attorney's Address

☐ Other mailing address (if different from current or attorney address)

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Address and Phone Page (cont.)

Displays if current address is not in U.S.



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J Visa Waiver Online

WAIVER APPLICANT: Sample, Maria
CASE NUMBER: 800001

Address and Phone

Current Address

Street Address (Line 1)

Street Address (Line 2) *Optional

City

State
- SELECT ONE -

Postal Zone/ZIP Code

Country
ANTIGUA AND BARBUDA

Please enter the most recent U.S. city and state where you lived.

U.S. City

U.S. State
- SELECT ONE -

Phone

Primary Phone Number

Secondary Phone Number

Business Phone Number

Fax Number

Email Address

Please indicate where you would like the Waiver Review Division to send correspondence, including the recommendation:

☐ Current Address


☐ Attorney's Address

☐ Other mailing address (if different from current or attorney address)

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Address and Phone Page (cont.)

Displays if another mailing address for correspondence is selected



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Attorney

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J Visa / Status Information

Help: Navigation Buttons

Click on the buttons above to access previously entered data.

J Visa Waiver Online

WAIVER APPLICANT: Sample, Maria
CASE NUMBER: 800001

Address and Phone

Current Address

Street Address (Line 1)

Street Address (Line 2) *Optional

City

State
- SELECT ONE -

☐ Does Not Apply

Postal Zone/ZIP Code

☐ Does Not Apply

Country
- SELECT ONE -

Phone

Primary Phone Number

Secondary Phone Number ☐ Does Not Apply

Business Phone Number ☐ Does Not Apply

Fax Number ☐ Does Not Apply

Email Address ☐ Does Not Apply

Please indicate where you would like the Waiver Review Division to send correspondence, including the recommendation:
☐ Current Address
☐ Attorney's Address
☒ Other mailing address (if different from current or attorney address)

Street Address (Line 1)

Street Address (Line 2) *Optional

City

State
- SELECT ONE -

☐ Does Not Apply

Postal Zone/ZIP Code


☐ Does Not Apply

Country
- SELECT ONE -

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Waiver Basis Page

Displayed for all users



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J Visa / Status Information

Help: Navigation Buttons

Click on the buttons above to access previously entered data.

J Visa Waiver Online

WAIVER APPLICANT: Sample, Maria
CASE NUMBER: 800001

Waiver Basis

Please read the following information carefully to determine the basis on which test test is applying.

- No objection statement from the home government
- Request by a State Health Agency
- Request by an Interested (U.S.) Government Agency (IGA)
- Other
- Request by an Interested (U.S.) Government Agency (IGA) Physician
- Exceptional hardship to a United States citizen's (or permanent resident) spouse or child of exchange visitor
- Persecution

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MULTIMAXARRAY
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Waiver Basis Page

Displays if No objection from home government selected

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J Visa Waiver Online

WAIVER APPLICANT: Sample, Maria
CASE NUMBER: 800001

Waiver Basis

Please read the following information carefully to determine the basis on which test test is applying.

☒ No objection statement from the home government

Please explain why you want to waive your two-year home residence requirement.

☐ Request by a State Health Agency

☐ Request by an Interested (U.S.) Government Agency (IGA) Other

☐ Request by an Interested (U.S.) Government Agency (IGA) Physician

☐ Exceptional hardship to a United States citizen's (or permanent resident) spouse or child of exchange visitor

☐ Persecution

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The user must enter why they want to waive the two-year residence requirement.

Waiver Basis Page

Displays if Request by State Health Agency selected

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J Visa Waiver Online

WAIVER APPLICANT: Sample, Maria
CASE NUMBER: 800001

Waiver Basis

Please read the following information carefully to determine the basis on which test test is applying.

☐ No objection statement from the home government
☒ Request by a State Health Agency

Has the exchange visitor's government funded any portion of his/her program while under a "J" visa?

☒ Yes ☐ No

The physician who received funding from their home country government must submit a statement of no objection with the Conrad/State Department of Health Waiver. Click [here](#) more information:

☐ Request by an Interested (U.S.) Government Agency (IGA) Other
☐ Request by an Interested (U.S.) Government Agency (IGA) Physician
☐ Exceptional hardship to a United States citizen's (or permanent resident) spouse or child of exchange visitor
☐ Persecution

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- The user must indicate if the exchange visitor's government funded any portion of his/her program while under the "J" visa.
- If Yes, the user is instructed to submit a statement of no objection with the Conrad/State Department of Health Waiver.

Waiver Basis Page

Displays if Persecution selected

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J Visa Waiver Online

WAIVER APPLICANT: Sample, Maria
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Waiver Basis

Please read the following information carefully to determine the basis on which test test is applying.

- ☐ No objection statement from the home government
- ☐ Request by a State Health Agency
- ☐ Request by an Interested (U.S.) Government Agency (IGA)
- Other
- ☐ Request by an Interested (U.S.) Government Agency (IGA) Physician
- ☐ Exceptional hardship to a United States citizen's (or permanent resident) spouse or child of exchange visitor
- ☒ Persecution

Explain:

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The user must enter why they want to waive the two-year residence requirement.

Program/Non-Program Page

The screenshot shows the CEAC J Visa Waiver Online interface. At the top, there's a header with the U.S. Department of State logo and navigation links like 'Manage Account' and 'Sign Out'. Below this is a tabbed menu with 'FEE', 'SUMMARY', 'COMPLETE' (selected), 'REVIEW', and 'SIGN'. The main content area is titled 'J Visa Waiver Online' and 'Program / Non-Program'. It includes a sidebar with a list of sections: Exchange Visitor Info, Attorney, Address and Phone, Waiver Basis, Program / Non-Program (selected), J2, and J Visa / Status Information. The main form area contains instructions and input fields for SEVIS Number, Program Number (with a dropdown set to 'P'), Purpose of the Form (a dropdown menu), Begin Date and End Date (with date pickers and format instructions), Subject/Field Code, and Funding Amount. There are also checkboxes for 'Add Another' and 'Remove'. At the bottom, there are two questions with radio button answers: 'Did any of your exchange visitor program(s) include U.S. Government funds...' and 'Is there any period of time in the U.S. that is not covered by a form DS-2019...'. Navigation buttons 'Back', 'Save', and 'Next' are at the bottom. A footer section contains a disclaimer and links for Copyright, Disclaimer, and Paperwork Reduction.

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FEE SUMMARY COMPLETE REVIEW SIGN

J Visa Waiver Online

WAIVER APPLICANT: Sample, Maria
CASE NUMBER: 800001

Program / Non-Program

A new row must be added for EACH form DS-2019 (formerly IAP-66) of the J-1 exchange visitor only. Start with the most recent DS-2019 form. If you are missing any forms, contact the program sponsor to obtain copies or a letter indicating the information requested below.

SEVIS Number
[Text Field]

Program Number
P [Dropdown] [Text Field]

Purpose of the Form
-- SELECT ONE -- [Dropdown]

Begin Date [Date Picker] End Date [Date Picker]
(Format: DD-MMM-YYYY) (Format: DD-MMM-YYYY)

Subject/Field Code [Text Field] Funding Amount [Text Field]

* Add Another Remove

Did any of your exchange visitor program(s) include U.S. Government funds, funds from your own government or funds from an international organization?
☐ Yes ☐ No

Is there any period of time in the U.S. that is not covered by a form DS-2019 (formerly IAP-66)?
☐ Yes ☐ No

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The user must enter the following information:

- SEVIS Number
- Program Number
- Purpose of the Form
- Begin Date (DD-MMM-YYYY)
- End Date (DD-MMM-YYYY)
- Subject/Field Code
- Funding Amount

Program/Non-Program Page (cont.)

Answers Yes to "Is there any period of time in the U.S. that is not covered by a DS-2019 or IAP-66 form?"



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J Visa / Status Information

Help: Navigation Buttons

Click on the buttons above to access previously entered data.

J Visa Waiver Online

WAIVER APPLICANT: Sample, Maria
CASE NUMBER: 800001

Program / Non-Program

A new row must be added for EACH form DS-2019 (formerly IAP-66) of the J-1 exchange visitor only. Start with the most recent DS-2019 form. If you are missing any forms, contact the program sponsor to obtain copies or a letter indicating the information requested below.

SEVIS Number

Program Number

Purpose of the Form

Begin Date

End Date

Subject/Field Code

Funding Amount

Add Another

Remove

Did any of your exchange visitor program(s) include U.S. Government funds, funds from your own government or funds from an international organization?

Is there any period of time in the U.S. that is not covered by a form DS-2019 (formerly IAP-66)?

Explain:

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Help: Sample Links


Click on the links below to show the different versions of the forms you may have in hand.
[DS-2019\(new\)](#)
[DS-2019\(old\)](#)
[IAP-66](#)

Help: IAP-66

When program approval was on IAP-66: enter N0000000000 (must

Help: IAP-66

Enter the following from the IAP-66 form for the Subject/Field Code: 00.



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The user must enter an explanation if there was any period of time in the U.S. that was not covered by a form DS-2019 (formerly IAP-66).

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J-2 Information Page



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✓ Address and Phone

✓ Waiver Basis

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✓ J2 ▶

✓ J Visa / Status Information

Help: Navigation Buttons

Click on the buttons above to access previously entered data.

J Visa Waiver Online

WAIVER APPLICANT: Sample, Maria
CASE NUMBER: 800001

J-2 Information

Does this application include J-2 dependents?
☐ Yes ☐ No

Is your spouse in J-1 status?
☐ Yes ☐ No

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J-2 Information Page

Answers Yes to J-2 dependents and spouse in J-1 status

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J Visa Waiver Online

WAIVER APPLICANT: Sample, Maria
CASE NUMBER: 800001

J-2 Information

Does this application include J-2 dependents?
☒ Yes ☐ No

Enter information about your J-2 dependent(s):

Surname
Given Names
Date of Birth
(Format: DD-MMM-YYYY)
Country of Birth
Relationship
Add Another Remove

Is your spouse in J-1 status?
☒ Yes ☐ No

Enter information about the J waiver case below:

Surname
Given Names
Date of Birth
(Format: DD-MMM-YYYY)
Country of Birth
J Waiver Case Number

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- For J-2 dependents, enter the Surname, Given Name, Date of Birth, Country of Birth and Relationship
- If spouse in J-1 status, enter the Surname, Given Name, Date of Birth, Country of Birth and J Waiver Case Number

J Visa/Status Information Page



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J Visa / Status Information

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Click on the buttons above to access previously entered data.

J Visa Waiver Online

WAIVER APPLICANT: Sample, Maria
CASE NUMBER: 800001

J Visa / Status Information

Did you originally enter the U.S. on a J-1 visa?

☐ Yes ☐ No

Do you have an Alien Registration Number?

☐ Yes ☐ No

Do you have an I-94 Number?

☐ Yes ☐ No

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J Visa/Status Information Page (cont.)

Answers Yes to all questions

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J Visa Waiver Online

WAIVER APPLICANT: Sample, Maria
CASE NUMBER: 800001

J Visa / Status Information

Did you originally enter the U.S. on a J-1 visa?
☒ Yes ☐ No

Date of Entry
[Month] [Day] [Year]
(Format: DD-MMM-YYYY)

Port of Entry
-- SELECT ONE --

Issuing Post
- SELECT ONE -

Do you have an Alien Registration Number?
☒ Yes ☐ No

Alien Registration Number ('A' number)
[Text Field]

Do you have an I-94 Number?
☒ Yes ☐ No

I-94 Number (no spaces)
[Text Field]


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- The user must enter the date of entry, select Port of Entry from the drop-down list and select the Issuing Post from the drop-down list.
- The user must enter the Alien Registration Number and I-94 Number.

J Visa/Status Information Page (cont.)

Answers No to all questions



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Click on the buttons above to access previously entered data.

J Visa Waiver Online

WAIVER APPLICANT: Sample, Maria
CASE NUMBER: 800001

J Visa / Status Information

Did you originally enter the U.S. on a J-1 visa?
☐ Yes ☒ No

Date of Status Change

(Format: DD-MMM-YYYY)

Original Visa Type

- SELECT ONE -

New I-94 Number

Control Number

Issuing Post of Visa

- SELECT ONE -

Please explain why your status changed.


Do you have an Alien Registration Number?
☐ Yes ☒ No

Do you have an I-94 Number?
☐ Yes ☒ No

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The user must enter the Date of Status Change, Original Visa Type, New I-94 Number, Control Number, Issuing Post of the Visa and explain why their status changed.

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Sign and Submit Page



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Help: Navigation Buttons

Click on the buttons above to access previously entered data.

J Visa Waiver Online

WAIVER APPLICANT: Sample, Maria
CASE NUMBER: 800001

Sign and Submit

Read the following information carefully before electronically signing and submitting the application.

Your application is now ready to be submitted. Please note that this does not necessarily mean that your application for a nonimmigrant visa is complete as additional information may be needed after Department of State personnel have reviewed the application.

By clicking "Sign and Submit Application" you are electronically signing the application. You are required to electronically sign your application yourself, unless otherwise exempt by regulation. When if the application has been prepared by someone other than yourself. Your electronic signature verifies that you have read and understood the questions in this application and that your answers are true and correct to the best of your knowledge and belief. The submission of an application containing any false or misleading statements may result in the permanent refusal of a visa or the denial of entry into the United States. All decisions made on this application are under sworn declarations made under penalty of perjury (U.S.C. 2746).

The information that you have provided in your application and other information submitted with your application may be accessible to other government agencies having statutory or other lawful authority to use such information, including for law enforcement and immigration law enforcement purposes. The photograph that you provide with your application may be used for employment verification or other U.S. law purposes.

Wednesday, November 02, 2011 - 2:21:59 PM EST

Preparer

Q: Did anyone assist you in filling out this application?

A: ☐ Yes ☐ No


E-Signature

I certify under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Enter your Date of Birth

(Format: DD-MMM-YYYY)

Enter the code as shown

XNU6A 


Click the button below to electronically sign your application

Sign and Submit Application

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Sign and Submit Page (cont.)

Answers Yes to “Did someone assist you in filling out this application?”

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Help: Navigation Buttons
Click on the buttons above to access previously entered data.

J Visa Waiver Online

WAIVER APPLICANT: Sample, Maria
CASE NUMBER: 12345678901

Sign and Submit

Read the following information carefully before dating, signing and submitting the application.

Your application is now ready to be submitted. Please note that this does not necessarily mean that your application for a nonimmigrant visa is complete as additional information may be needed after Department of State personnel have reviewed the application.

By clicking "Sign and Submit Application" you are electronically signing the application and certifying that you have read and understood the instructions in this application and that your answers are true and correct to the best of your knowledge and belief. The submission of an application containing a false or misleading statement may result in the permanent refusal of a visa or the denial of entry into the United States. All declarations made in this application are sworn declarations made under penalty of perjury. (28 U.S.C. 465).

The information that you provide in your application and other information submitted with your application may be accessible to other government agencies having statutory or other lawful authority to use such information, including for law enforcement and immigration law enforcement purposes. The photograph that you provide with your application may be used for employment verification or other U.S. law purposes.

Wednesday, November 02, 2011 - 2:25:36 PM EST

Prepared by: [Name]

Q: Did anyone assist you in filling out this application?

A: ☒ Yes ☐ No

Provide the following information

Preparer

Surnames

Given Names

☐ Does Not Apply

Organization Name

☐ Does Not Apply

Address

Street Address (Line 1)

Street Address (Line 2)

City

State/Province

☐ Does Not Apply

Postal Zone/ZIP Code

☐ Does Not Apply

Country

☐ Does Not Apply

Relationship to You


E-Signature

I certify under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Enter your Date of Birth

(Format: DD-MMM-YYYY)

Enter the code as shown




Click the button below to electronically sign your application

Sign and Submit Application

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U.S. Department of State
Washington, D.C. 20520
202-647-6575
Also see <http://contact-us.state.gov/>

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Paperwork Reduction Act Page



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Paperwork Reduction Act

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A/ISS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20520-2202

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