**TABLE OF CHANGES – INSTRUCTIONS**

**Supplement A to Form I-539**

**OMB NO 1615-0004**

**10/16/2014**

**Reason for Revision:** Format of instructions has been revised to be in full page format to be more customer friendly, and instructions have been updated in some sections to provide the most current information.

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| **LOCATION** | **CURRENT VERSION** | **PROPOSED VERSION** |
| **Instructions format** | Two column format | Full page format. |
| **Page 1** | OMB Number | Will be changing OMB number at the top of the form and in the PRA section to be consistent with the main form and instructions (1615-0003) once the supplement is approved by OMB. |
| **Page 1,**  **What Is the Purpose of This Form<** | This form contains additional instructions for Form I-539, Application to Extend/Change Nonimmigrant Status, if you are physically in the United States and are applying to U.S. Citizenship and Immigration Services (USCIS) for V nonimmigrant status. If you are not applying to obtain V nonimmigrant staus, you do not need to use this form. If you are applying for V nonimmigrant status, you should compete Form I-539, and follow the instructions contained in this Supplement A to Form I-539 as well as those contained in Form I-539.  **NOTE:** If you are filing Supplement A with Form I-539, you do not necessarily have to be in valid nonimmigrant status to obtain V nonimmigrant status in the United States.  See “**Who Is Eligible for V Nonimmigrant Status?”** below. | **Page 1,**  **What Is the Purpose of This Form?**  Use Supplement A if you are physically in the United States and are applying to U.S. Citizenship and Immigration Services (USCIS) for V nonimmigrant status.   Supplement A is part of Form I-539. Follow these instructions and the instructions in Form I-539, and complete Form I-539 and Supplement A.  **If you are not applying for V nonimmigrant status, do not this Supplement.**  **NOTE:** If you are filing Supplement A with Form I-539, you do not necessarily have to be in valid nonimmigrant status to obtain V nonimmigrant status in the United States.  See **Who Is Eligible for V Nonimmigrant Status** below. |
| **Page 1,**  **Who Is Eligible for V Nonimmigrant Status?** | To be eligible…filed three or more years… | To be eligible…filed 3 or more years… |
| **Page 1, Additional Instructions** | 1. Check Item 1, Box “b” in Part 2…. 2. Use information…**Part 3, Question 4** of Form I-539. | **Page 1,**  **Additional Instructions**   1. Select **Item Number** **2.a**. in **Part 2**, **Application Type** of Form I-539, and indicate “V” in **Item Number 2.b.**   **2.** Use information…**Part 3, Item Number**  **3.a.** of Form I-539 |
| **Page 1,**  **Additional Evidence Requirements** | …   1. Form I-693, Medical Examination of Aliens Seeking Adjustment of Status…. | **…**  **1.** Form I-693, Report of Medical Examination and Vaccination Record…. |
| **Page 1,**  **Additional Evidence Requirements** | In addition to the General Filing Instructions and Initial Evidence required by the instructions to Form I-539, the following requirements must be submitted: | **Page 1,**  **Additional Evidence Requirements**  In addition to the General Filing Instructions and Initial Evidence required by the Form I-539 instructions, you **must** submit:  1….. |
| **Page 2,**  **What is the Fee?** | In addition to the application fee required of $290 for Form I-539, you must remit the biometrics services fee of $85 as required by 8 CFR….  **How to Check If the Fees Are Correct**  The form fee on this form is current as of the edition date appearing in the lower right corner of this page. However, because USCIS fees change periodically, you can verify if the fees are correct by following one of the steps below:  **1.**  Visit our Web site at **www.uscis.gov**, select "FORMS" and check the appropriate fee; or  **2.**  Telephone our National Customer Service Center at **1-800-375-5283** and ask for the fee information. | **What Is the Filing Fee?**  In addition to the required application fee of $290 for Form I-539, you must remit the biometrics services fee of $85 as required by 8 CFR….  **How to Check If the Fees Are Correct**  The fee on this form is current as of the edition date appearing in the lower left corner of this page. However, because USCIS fees change periodically, you can verify if the fees are correct by following one of the steps below:  **1.**  Visit the USCIS Web site at **www.uscis.gov**, select "FORMS" and check the appropriate fee; or  **2.**  Call the USCIS National Customer Service Center at **1-800-375-5283** and ask for the fee information. For TDD (deaf or hard of hearing) call: **1-800-767-1833**. |
| **Page 1,** | **Where to File?**  You must submit your Form I-539 to the **USCIS Chicago Lockbox:**  For U.S. Postal Service deliveries:  **USCIS**  P.O. Box 7219  Chicago, IL 60680 – 7219  For Express mail and commercial courier deliveries:  **USCIS**  **Attn: VKL**  131 South Dearborn- 3rd Floor  Chicago, IL 60603-5517 | Page 2  **Where to File?**  Please see our Web site at **www.uscis.gov/i-539** or call our National Customer Service Center at **1-800-375-5283** for the most current information about where to file this benefit request. For TDD (deaf or hard of hearing) call: **1-800-767-1833**. |
| **Page 2,**  **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-539. | **USCIS Privacy Act Statement**  **AUTHORITIES:** The information requested on this form, and the associated evidence, is collected under the Immigration and Nationality Act, section 101, et seq.  **PURPOSE:** The primary purpose for providing the requested information on this form is to determine if you have established eligibility for the immigration benefit for which you are filing. The information you provide will be used to grant or deny the benefit sought.  **DISCLOSURE:**  The information you provide is voluntary. However, failure to provide the requested information, and any requested evidence, may delay a final decision or result in denial of your form.  **ROUTINE USES:** The information you provide on this form may be shared with other Federal, State, local, and foreign government agencies and authorized organizations following approved routine uses described in the associated published system of records notices [DHS-USCIS-007 – Benefits Information System and DHS-USCIS-001 – – Alien File, Index, and National File Tracking System of Records, which can be found at [**www.dhs.gov/privacy**](http://www.dhs.gov/privacy)]. The information may also be made available, as appropriate, for law enforcement purposes or in the interest of national security. |
| Page 2,  **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, Office of the Executive Secretariat, 20 Massachusetts Avenue, N.W., Washington, DC 20529-2020. OMB No. 1615-0004. **Do not mail your application to this address.** | **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 Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave NW, Washington, DC 20529-2140. OMB No. 1615-0004. **Do not mail your completed Form I-539 to this address.** |