START HERE - Type or print. Use black ink. See Instructions for information about	For USCIS Use Only	
eligibility and how to complete and file this application. The recipient of the T nonimmigrant classification is referred to as the principal applicant. His or her family	Returned Receipt	
member(s) is referred to as a derivative applicant. Form I-914, Supplement A, is to be completed by the principal applicant.	Date	
PART A. Family Member Relationship to You (the principal)	Date	
The family member that I am filing for is my: (Check one)	- Resubmitted	
☐ Husband/Wife ☐ Child ☐ Parent ☐ Unmarried Sibling Under Age 18	Date	
PART B. Family Member Relationship to Your Derivative	Date Reloc Sent	
The family member I am filing for is my adult or minor child of my derivative (my child, my grandchild, my step-child, my niece or nephew, or my sibling) who faces a present	Date	
danger of retaliation as a result of my escape from the severe form of trafficking in persons or my cooperation with law enforcement.	Date	
Derivative's Adult or Minor Child	Reloc Rec'd	
DADT C. Commel Information About View (d. 1997)	Date	
PART C. General Information About You (the principal) Fourth Name (Last Name) Circa Name (First Name) Middle Name (if we)	Date	
Family Name (Last Name) Given Name (First Name) Middle Name (if any)	Validity Dates	
Date of Birth (mm/dd/yyyy) A-Number (if any)	From:	
	То:	
Status of your Form I-914, Application for T Nonimmigrant Status: (Check one)	Remarks	
Filing this Form I-914, Supplement A, concurrently	10	
Pending Approved		
PART D. Information About Your Family Member (the derivative)		
Family Name (Last Name) Given Name (First Name) Middle Name (if any)	Conditional Approval	
Other Names Used (include maiden name/nickname)	Stamp # Date	
	Action Block	
Residence or Intended Residence in the United States Street Number and Name Apt. Number		
Succe Number and Name Apr. Number		
City or Town State ZIP Code		
State Zir Code		
Safe Mailing Address (if other than above)		
In Care Of Name		
	To Be Completed by Attorney or Representative, if any	
Street Number and Name Apt. Number	Fill in box if G-28 is attached to	
	represent the applicant.	
City or Town State ZIP Code	ATTY State License #	

PART D. Information Abo	out Your Family M	Iember (the derivati	ive) (co	ntinued)	
Safe Mailing Address (continue	ed)				
Province		Postal Code		Country	
Trovince					
Home Telephone Number	Safe Daytime Tele	phone E-Mail A	\ ddmogg		
(with area code)	Number (with area			4	A-Number (if any)
	,			4-	Ti (dinoci (ij tiriy)
U.S. Social Security No. (if any)		Male Marita	al Status	s: Single/Neve	r Married Married Widowed
Date of Birth (mm/dd/yyyy)	Country of Birth	cinare		Country of Citizen	
Date of Birtii (mm/aa/yyyy)	Country of Birtin			Country of Citizen	isiiip
Passport Number	Place of Is	rayanaa —			Date of Issue (mm/dd/yyyy)
1 assport Number	Trace of 1s	ssuance			Date of Issue (mm/aa/yyyy)
		UU J			
Give the following information	n about your family	member if he or she	is curre	ently in the United S	tates.
Place of Last Entry				Date	e of Last Entry (mm/dd/yyyy)
I-94 Number (Arrival-Departu	re Document)	Current	Immig	ration Status	
Give the following information	n about your family	member if he or she	has pre	viously traveled to t	he United States.
Place of Entry		Date of Entry		Authorized Stay	Immigration Status
		(mm/dd/yyyy)	Expi	ired (mm/dd/yyyy)	
	/		4/		
				0 4 6	
If your family member was pr such as divorce decrees or dea			uses an	d dates of terminati	on of marriage. Documents
Name of Former Spouse(s)		Date Marriage Ende (mm/dd/yyyy)	ed	Where and How M	arriage Ended

If your family member is outside the United States, indicate the U.S. consulate or inspection facility you wan application is approved.	t notified if this
Type of Office (Check one):	
Office Address (City) U.S. State or Foreign Cour	ntry
Foreign Address Where You Want Notification Sent	
In Care Of Name Street Number and Name Apt. No	o. or Suite No.
City or Town Province	
Postal Code Country	
Immigration History	
Has your family member ever been in immigration proceedings?	☐ Yes ☐ No
If "Yes," what type of proceedings? (Check all that apply)	
Removal Date Exclusion Date Deportation Date Rescission Date	Judicial Date
(mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy)	(mm/dd/yyyy)
Is your family member requesting an Employment Authorization Document? (If "Yes," submit Form 1-765, Application for Employment Authorization Document, separately with Form I-914 Supplement A or separately.)	Yes No
NOTE: If your family member is living outside the United States, he or she is not eligible to receive employment as the or she is lawfully admitted to the United States. Do not file Form I-765 for a family member living outside the United States.	
PART E. Processing Information	
Answer the following questions about your family member. For the purposes of this application, if applicable, you to the following questions even if the records were sealed or otherwise cleared or if anyone, including a judge, law officer, or attorney, told you that your family member no longer has a record. (If your answer is "Yes" to any one of explain on a separate sheet of paper. Answering "Yes" does not necessarily mean that your family member will be a nonimmigrant status.)	enforcement f these questions,
1. Has the family member for whom you are filing EVER:	
a. Committed a crime or offense for which he or she has not been arrested?	Yes No
b. Been arrested, cited, or detained by any law enforcement officer (including DHS, former INS, and military officers) for any reason?	Yes No
c. Been charged with committing any crime or offense?	Yes No
d. Been convicted of a crime or offense (even if violation was subsequently expunged or pardoned)?	☐ Yes ☐ No
e. Been placed in an alternative sentencing or a rehabilitative program (for example: diversion, deferred prosecution, withheld adjudication, deferred adjudication)?	Yes No
f. Received a suspended sentence, been placed on probation, or been paroled?	Yes No
g. Been in jail or prison?	Yes No
h. Been the beneficiary of a pardon, amnesty, rehabilitation, or other act of clemency or similar action?	Yes ☐ No

PA	ART E. Processing Information	(Continued)		
	i. Exercised diplomatic immunity to avoid	prosecution for a crit	minal offense in the United States?	☐ Yes ☐ N
	If the answer is "Yes" to any of the above of paper.	questions, complete t	he following table. If you need more	space, use a separate sheet of
	Why was the family member for whom you are filing arrested, cited, detained, or charged?	Date of arrest, citation, detention, charge (mm/dd/yyyy)	Where was the family member for whom you are filing arrested, cited, detained, or charged? (City, State, Country)	Outcome or disposition (e.g., no charges filed, charges dismissed, jail, probation, etc.)
		T		
		NOT	tor	
	YY 1 6 11 1 6 1			
	Has the family member for whom you are f.a. Engaged in prostitution or procurement of procurement of prostitution?	•	s he or she intend to engage in prosti	tution or Yes N
			g? Yes N	
c. EVER knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States Yes illegally?			ted States Yes N	
	d. EVER illicitly trafficked in any controlled substance, or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance?			
3.	Has the family member for whom you are f. to, or conspired to commit, gathered inform			in, threatened to, attempted
	a. Hijacking or sabotage of any conveyance			☐ Yes ☐ N
b. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained?				
	c. Assassination?			Yes N
	d. The use of any firearm with intent to end to cause substantial damage to property?		directly, the safety of one or more inc	lividual or Yes N
	e. The use of any biological agent; chemical or dangerous device, with intent to endar to cause substantial damage to property?	nger, directly or indir		
4.	Has the family member for whom you are fattended military training (as defined in security with an organization that is:	_	•	
	a. Designated as a terrorist organization un	der section 219 of the	e Immigration and Nationality Act?	☐ Yes ☐ N
	b. Any other group of two or more individu subgroup which has engaged in:	als, whether organiz	zed or not, which has engaged in or ha	as a
	1. Hijacking or sabotage of any conveya	nce (including an air	rcraft, vessel, or vehicle)?	☐ Yes ☐ N

P	ART E. Processing Information (Continued)		
	2. Seizing or detaining, and threatening to kill, injure, or continue to detain another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained?	Yes	☐ No
	3. Assassination?	Yes	☐ No
	4. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individual or to cause substantial damage to property?	Yes	☐ No
	5. Soliciting money or members or otherwise providing material support to a terrorist organization?	Yes	☐ No
	6. The use of any biological agent; chemical agent; or nuclear weapon or device; explosive; or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?	Yes	□ No
5.	Does the family member for whom you are filing intend to engage in the United States in:		
	a. Espionage?	∐ Yes	∐ No
	b. Any unlawful activity, or any activity the purpose of which is in opposition, to control or overthrow of the Government of the United States?	Yes	☐ No
	c. Solely, principally, or incidentally in any activity related to espionage or sabotage or to violate any law involving the export of goods, technology, or sensitive information?	Yes	☐ No
6.	Has the family member for whom you are filing EVER been or does he or she continue to be a member of the Communist or other totalitarian party, except when membership was involuntary?	Yes	☐ No
7.	Has the family member for whom you are filing, during the period of March 23, 1933, to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever ordered, incited, assisted, or otherwise participated in the persecution of any person because of race, religion, nationality, membership in a particular social group, or political opinion?	Yes	□ No
8.	Has the family member for whom you are filing EVER been present or nearby when any person was:		
	a. Intentionally killed, tortured, beaten, or injured?	Yes	☐ No
	b. Displaced or moved from his or her residence by force, compulsion, or duress?	Yes	☐ No
	c. In any way compelled or forced to engage in any kind of sexual contact or relations?	Yes	☐ No
9.	a. Are removal, exclusion, rescission, or deportation proceedings pending against the family member for whom your are filing?	Yes	☐ No
	b. Have removal, exclusion, rescission, or deportation proceedings EVER been initiated against the family member for whom your are filing?	Yes	☐ No
	c. Has the family member for whom your are filing EVER been removed, excluded, or deported from the United States?	Yes	☐ No
	d. Has the family member for whom your are filing EVER been ordered to be removed, excluded, or deported from the United States?	Yes	☐ No
	e. Has the family member for whom your are filing EVER been denied a visa or denied admission to the United States? (If a visa was denied, explain why on a separate sheet of paper.)	Yes	☐ No
	f. Has the family member for whom your are filing EVER been granted voluntary departure by an immigration officer or an immigration judge and failed to depart within the allotted time?	Yes	☐ No

PA	RT E. Processing Information (Continued)	
10.	Has the family member for whom you are filing (or has any member of his or her family) EVER ordered, incite committed, assisted, helped with, or otherwise participated in any of the following:	d, called for,
	a. Acts involving torture or genocide?	Yes No
	b. Killing any person?	Yes No
	c. Intentionally and severely injuring any person?	Yes No
	d. Engaging in any kind of sexual contact or relations with any person who was being forced or threatened?	Yes No
	e. Limiting or denying any person's ability to exercise religious beliefs?	Yes No
11.	Has the family member for whom you are filing EVER: a. Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization?	Yes No
	b. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons?	Yes No
12.	Has the family member for whom you are filing EVER been a member of, assisted in, or participated in any group, unit, or organization of any kind in which he or she or any other persons used any type of weapon against any person or threatened to do so?	Yes No
13.	Has the family member for whom you are filing EVER assisted or participated in selling or providing weapons to any person who to his or her knowledge used them against another person, or in transporting weapons to any person who to his or her knowledge used them against another person?	Yes No
14.	Has the family member for whom you are filing EVER received any type of military, paramilitary, or weapons training?	Yes No
15.	Is the family member for whom you are filing under a final order or civil penalty for violating section 274C (producing and/or using false documentation to unlawfully satisfy a requirement of the Immigration and Nationality Act)?	Yes No
16.	Has the family member for whom you are filing EVER, by fraud or willful misrepresentation of a material fact, sought to procure, or procured, a visa or other documentation, for entry into the United States or any immigration benefit?	Yes No
17.	Has the family member for whom you are filing EVER left the United States to avoid being drafted into the U.S. Armed Forces?	Yes No
18.	Has the family member for whom you are filing EVER been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement and not yet complied with that requirement or obtained a waiver of such?	Yes No
19.	Has the family member for whom you are filing EVER detained, retained, or withheld the custody of a child, having a lawful claim to U.S. citizenship, outside the United States from a U.S. citizen granted custody?	Yes No
20.	Does the family member for whom you are filing plan to practice polygamy in the United States?	☐ Yes ☐ No
21.	Did the family member for whom you are filing enter the United States as a stowaway?	Yes No

PART E. Processing Information (Continued)		
22. a. Does the family member for whom you are filing have a communicable dise significance?	ease of public health	Yes No
b. Does the family member for whom you are filing have or has he or she you disorder and behavior (or a history of behavior that is likely to recur) associhas posed or may pose a threat to the property, safety, or welfare of themsel	ated with the disorder which	Yes No
c. Is the family member for whom you are filing now or has he or she been a d	lrug abuser or drug addict?	Yes No
PART F. Attestation, Release, and Signature		
After reading the information regarding penalties in the instructions, you, the member for whom you are applying must also sign below if he or she is present prepare this supplementary application, he or she must complete Part F.		
I have read, or had read to me, this form, the information provided on it, and the evi	idence provided with it.	
I authorize the release of any information from my record that U.S. Citizenship and eligibility for the benefit I am seeking for the family member for whom I am applyi fraudulent claims. I further authorize USCIS to release information to law enforcen prosecuting crimes of trafficking or related crimes. I further authorize USCIS to relpublic and private agencies providing benefits, to be used solely in making determin 1641(c).	ng, to investigate my claim, and ment agencies and prosecutors lease information to Federal, S	nd to investigate investigating or state, and local
Principal Applicant's Statement and Signature (Choose one of the follow	ving):	
☐ I can read and understand English, and I have read and understand each and ever as my answer to each question.	ery question and instruction or	this form, as well
Each and every question and instruction on this form, as well as my answer to e language, a language in which I am fluent, by the personal signature. I understand each and every question and instruction on this form, a	on named in Interpreter's Sta	tement and
Principal Applicant's Signature (you)	Date (1	nm/dd/yyyy)
Signature of Derivative (your family member if physically present in the United St	tates) Date (r	nm/dd/yyyy)
Signature of Derivative (your family member if physically present in the United St	tates) Date (r	nm/dd/yyyy)
	Date (r	nm/dd/yyyy)
PART G. Preparer and/or Interpreter Certification and Signature		nm/dd/yyyy)
PART G. Preparer and/or Interpreter Certification and Signature To be completed and signed if form is prepared by a person other than the applican		nm/dd/yyyy)
PART G. Preparer and/or Interpreter Certification and Signature To be completed and signed if form is prepared by a person other than the applicant Preparer's Statement and Signature (if applicable) I declare that I prepared this application at the request of the above person, and it is	at. based on all information of w	hich I have
PART G. Preparer and/or Interpreter Certification and Signature To be completed and signed if form is prepared by a person other than the applicant Preparer's Statement and Signature (if applicable) I declare that I prepared this application at the request of the above person, and it is knowledge. I have not knowingly withheld any material information that would affect the state of the sta	based on all information of we feet the outcome of this application.	hich I have
Signature of Derivative (your family member if physically present in the United States PART G. Preparer and/or Interpreter Certification and Signature To be completed and signed if form is prepared by a person other than the applicant Preparer's Statement and Signature (if applicable) I declare that I prepared this application at the request of the above person, and it is knowledge. I have not knowingly withheld any material information that would aff Attorney or Representative: In the event of a Request for Evidence, may USCIS Preparer's Signature	based on all information of we feet the outcome of this application.	hich I have

PART G. Preparer and/or Interpreter Certification	ication and Signature (continued)
Preparer's Printed Name	Preparer's Firm Name (if applicable)
Preparer's Address	
Daytime Phone Number (with area code) Fax Nu	umber (if any) E-Mail Address (if any)
	Irott
Interpretaria Statement and Signature (if	applicable)
Interpreter's Statement and Signature (if	applicable)
I certify that I am fluent in English and the below-me	entioned language.
Language used (language in which applicant is fluen	nt):
	A 1
•	ion and instruction on this form, as well as the answer to each question, to this applicant has understood each and every instruction and question on the form, as
Interpreter's Signature	Date (mm/dd/yyyy)
Printed Name	Telephone Number (with area code)

WARNING: Applicants who are in the United States illegally are subject to removal if their claims are not granted. Any information provided in completing this application may be used as a basis for the institution of, or as evidence in, removal proceedings even if the application is later withdrawn.