



Supplement J, Confirmation of Bona Fide Job Offer or Request for Job Portability Under INA Section 204(j)

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

USCIS
Form I-485
OMB No. 1615-xxxx
Expires xx/xx/xxxx

NOTE: Use Form I-485, Supplement J, Confirmation of Bona Fide Job Offer or Request for Job Portability Under INA Section 204(j) (Supplement J), to either confirm that the job offered to you in Form I-140, Immigrant Petition for Alien Worker, that is the basis of your Form I-485, Application to Register Permanent Residence or Adjust Status, remains available to you or to request job portability under the Immigration and Nationality Act (INA) section 204(j).

▶ **START HERE - Type or print in black ink.**

Part 1. Reason for Filing Supplement J

1. **This supplement is being filed to** (Select **only one** box):

- A. Confirm that the job offered to you in the Form I-140, that is the basis of your Form I-485, remains a bona fide job offer that you intend to accept **once your Form I-485 is approved.**
- B. Request job portability under INA section 204(j) to a new, full-time, permanent job offer that you intend to accept **once your Form I-485 is approved.**

Part 2. Information About You (Applicant)

1. Your Current Legal Name (Do **not** provide a nickname)

Family Name (Last Name)

Given Name (First Name)

Middle Name

2. U.S. Mailing Address

In Care Of Name

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Other Information

3. Alien Registration Number (A-Number) (if any)

4. USCIS **Online** Account Number (if any)

▶ A-

▶

5. Date of Birth (mm/dd/yyyy)

6. Country of Birth

Basic Information About Your Form I-485 and the Underlying Form I-140

7. Form I-485 Receipt Number
(If already filed with USCIS)

8. Form I-485 Filing Date (mm/dd/yyyy)
(If already filed with USCIS)

9. Form I-140 Receipt
Number

10. Has your Form I-140 been approved?

Yes No Unknown

Part 3. Applicant's Statement, Contact Information, Certification, and Signature

NOTE: Read the information on penalties in the **Penalties** section of the Supplement J Instructions before completing this part. You must file Supplement J while in the United States.

Applicant's Statement

Select **all applicable** boxes.

- 1. I can read and understand English, and have read and understand every question and instruction on this supplement, as well as my answer to every question.
- 2. I have requested the services of and consented to , who is is not an attorney or accredited representative, preparing this supplement for me.

Applicant's Contact Information

- 3. Applicant's Daytime Telephone Number
- 4. Applicant's Mobile Telephone Number (if any)
- 5. Applicant's Email Address (if any)

Applicant's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that U. S. Citizenship and Immigrations Services (USCIS) may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this supplement, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I certify, under penalty of perjury, that the information provided in **Part 1.** and **Part 2.** of this supplement, my responses to each question, and any document submitted with my supplement were provided by me and are complete, true, and correct.

I further declare under penalty of perjury that I have reviewed the job offer described in **Part 5.** of this supplement, and I intend to accept the position offered in **Part 5.** of this supplement upon approval of my Form I-485.

Applicant's Signature

- 6. Applicant's Signature Date of Signature (mm/dd/yyyy)

IMPORTANT: The employer confirming an existing bona fide job offer or offering you a new, permanent job must complete **Parts 4., 5., and 6.**

Part 4. Information About the Employer

1. Type of employer: (Select **only one** box)
 Business/Organization Self/Individual

2. Employer's U.S. Mailing Address

In Care Of Name

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Information About the Business Entity Employer

If you, the employer, are a business entity, provide the information requested in **Item Numbers 3. - 10.**

3. Business or Organization Name

4. Employer Identification Number

5. Type of Business

6. Date Established (mm/dd/yyyy)

7. Current Number of U.S. Employees

8. Gross Annual Income

9. Net Annual Income

10. NAICS Code

Information About the Individual Employer

If you, the employer, are an individual, provide the information requested in **Item Numbers 11. - 15.**

11. Your Current Legal Name (do **not** provide a nickname)

Family Name (Last Name)

Given Name (First Name)

Middle Name

12. Date of Birth (mm/dd/yyyy)

13. U.S. Social Security Number (if any)

14. Annual Income

15. Occupation

Part 5. Information About the Job Offer

You, the employer, provide the information requested in **Part 5.**

1. Job Title

2. SOC Code

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Part 5. Information About the Job Offer (continued)

3. Nontechnical Description of Job (If you need extra space to complete this section, use the space provided in **Part 8. Additional Information.**)

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4. A. Is this a full-time position? Yes No
B. If you answered "No" to **Item A.** in **Item Number 4.**, provide the number of hours per week the applicant will work in this **position.**

5. Is this a permanent position? Yes No

6. Wages Offered (Specify hour, week, month, or year) \$ per

7. Employer's U.S. Physical Address
Provide the physical address where the applicant will work if different from the employer's mailing address in **Item Number 2.** in **Part 4.** or the address provided in Form I-140 on which the applicant's Form I-485 is based.

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

8. A. Is the applicant named in **Part 2.** of this supplement currently employed by you? Yes No
B. If you answered "Yes" to **Item A.** in **Item Number 8.**, when did the applicant begin employment with you (mm/dd/yyyy)?

Part 6. Statement, Contact Information, Certification, and Signature of the Individual Employer or Authorized Signatory

NOTE: Read the information on penalties in the **Penalties** section of the Supplement J Instructions before completing this part.

Individual Employer's or Authorized Signatory's Statement

Select **all applicable** boxes.

- 1. I can read and understand English, and have read and understand every question and instruction on this supplement, as well as my answer to every question.
- 2. I have requested the services of and consented to , who is is not an attorney or accredited representative, preparing this supplement for me.

Part 6. Statement, Contact Information, Certification, and Signature of the Individual Employer or Authorized Signatory (continued)

Individual Employer's or Authorized Signatory's Contact Information

3. Name and Title of Individual Employer or Authorized Signatory

Family Name (Last Name)

Given Name (First Name)

Title

4. Individual Employer's or Authorized Signatory's Daytime Telephone Number

5. Individual Employer's or Authorized Signatory's Mobile Telephone Number (if any)

6. Individual Employer's or Authorized Signatory's Email Address (if any)

Individual Employer's or Authorized Signatory's Certification

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the employer, I may be required to submit original documents to USCIS at a later date.

I authorize the release of any information from my records, or from the employing organization's records, that USCIS needs to determine eligibility for the immigration benefit sought. I recognize the authority of USCIS to conduct audits of this supplement using publicly available open source information. I also recognize that USCIS may verify any supporting evidence submitted in support of this supplement through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization.

I certify, under penalty of perjury, that I have reviewed this supplement, and that all of the information contained in **Part 4.** and **Part 5.** of this supplement, including all responses provided by me to specific questions and in the supporting documents provided by me, is complete, true, and correct.

I further declare under penalty of perjury and attest to the following:

- A. I am a viable employer and I am extending a bona fide job offer to the applicant named in **Part 2.** of this supplement;
- B. The job opportunity is for full-time, permanent employment; and
- C. I intend to employ the applicant in the job offer described in **Part 5.** of this supplement upon the approval of the applicant's Form I-485.

Individual Employer's or Authorized Signatory's Signature

7. Signature of Individual Employer or Authorized Signatory

Date of Signature (mm/dd/yyyy)

Part 7. Contact Information, Statement, Certification, and Signature of the Person Preparing This Supplement, If Other Than the Applicant and/or Employer

Provide the following information about the preparer.

Preparer's Full Name

1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

NOTE: If applicable, provide the name of your accredited organization recognized by the Board of Immigration Appeals (BIA).

Preparer's Mailing Address

3. Street Number and Name Apt. Ste. Flr. Number
City or Town State ZIP Code
Province Postal Code Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number 5. Preparer's **Mobile Telephone Number (if any)**

6. Preparer's Email Address (if any)

Preparer's Statement

7. A. I am not an attorney or accredited representative but have prepared this supplement on behalf of the applicant and/or employer and with the applicant's and/or employer's consent.
B. I am an attorney or accredited representative and my representation of the applicant and/or employer in this case extends does not extend beyond the preparation of this supplement.

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this supplement, you must submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this supplement.

Preparer's Certification

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this supplement on behalf of, at the request of, and with the express consent of the applicant and/or individual employer or authorized signatory. The applicant and/or employer has reviewed this completed supplement and informed me that all of the answers and any other information in the supplement and in the supporting documents are complete, true, and correct.

Preparer's Signature

8. Preparer's Signature Date of Signature (mm/dd/yyyy)

Part 8. Additional Information

If you need extra space to provide any additional information within this supplement, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this supplement or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers, and sign and date each sheet.

1. Family Name (Last Name) Given Name (First Name) Middle Name

2. A-Number (if any) ▶ A-

3. A. Page Number B. Part Number C. Item Number

D. _____

4. A. Page Number B. Part Number C. Item Number

D. _____

5. A. Page Number B. Part Number C. Item Number

D. _____

6. A. Page Number B. Part Number C. Item Number

D. _____
