

TABLE OF CHANGES – FORM
Form I-918, Supplement A, Petition for Qualifying Family Member of U-1 Recipient
OMB Number: 1615-0104
1/17/2017

Reason for Revision: Reformatted form to 2-column format and incorporated I-94 data collections, child soldier questions, standard language, and new signature sections into form.

Current Page Number and Section	Current Text	Proposed Text
Page 1 [Bottom Right]	<p>To Be Completed by Attorney or Representative, if any.</p> <p>Fill in box if G-28 is attached to represent the applicant.</p> <p>ATTY State License Number</p>	<p>[Page 1, Below USCIS Only Box]</p> <p>To be completed by an attorney or accredited representative (if any).</p> <p>Select this box if Form G-28 is attached.</p> <p>Attorney State Bar Number (if applicable)</p> <p>Attorney or Accredited Representative USCIS Online Account Number (if any)</p>
Page 1 [Below USCIS Only Box]	<p>START HERE - Please type or print in black ink.</p> <p><i>(The recipient of the U-1 nonimmigrant classification is referred to as the "principal." His or her family member(s) is referred to as a "derivative." Form I-918, Supplement A is to be completed by the principal.)</i></p>	<p>[Page 1, Before Data Collections]</p> <p>START HERE - Type or print in black or blue ink.</p> <p>NOTE: The recipient of the U-1 nonimmigrant classification is referred to as the "principal." His or her family members are referred to as "derivatives." The principal should complete Supplement A.</p>
Page 1, Part 1. Family member(s) relationship to you (the principal).	<p>Part 1. Family member(s) relationship to you (the principal).</p> <p>The family member that I am filing for is my: Spouse/Child/Parent/Unmarried sibling under 18 years of age</p>	<p>[Page 1]</p> <p>Part 1. Family Member's Relationship To You (Principal)</p> <p>1. The family member that I am filing for is my: Spouse Parent Child Unmarried sibling under 18 years of age</p>
Page 1, Part 2. Information about you.	<p>Part 2. Information about you.</p> <p>Family Name Given Name Middle Name</p> <p>Date of Birth (mm/dd/yyyy)</p>	<p>[Page 1]</p> <p>Part 2. Information About You (Principal)</p> <p>1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name</p> <p>Other Information</p> <p>2. Date of Birth (mm/dd/yyyy)</p>

	<p>A-Number <i>(if any)</i></p> <p>Status of your Form I-918, Petition for U Nonimmigrant Status. Pending/Approved</p>	<p>3. Alien Registration Number (A-Number) (if any)</p> <p>4. USCIS Online Account Number (if any)</p> <p>5. Status of your Form I-918</p> <p>Pending Approved</p>
<p>Page 1, Part 3. Information about your family member (the derivative).</p>	<p>Part 3. Information about your family member (the derivative).</p> <p>Family Name Given Name Middle Name</p> <p>Other Names Used (Include maiden name/nickname)</p> <p>Residence or Intended Residence in the U.S.</p> <p>Street Number and Name Apt. No. City State/Province Zip/Postal Code</p> <p>Safe Mailing Address (if other than above) - Street Number and Name Apt. No. C/O <i>(in care of)</i>: City State/Province Zip/Postal Code</p> <p>A-No. <i>(if any)</i> U.S. Social Security No. <i>(if any)</i></p> <p>Date of Birth <i>(mm/dd/yyyy)</i> Country of Birth Country of Citizenship Home Phone No. <i>(with area code)</i> Safe Daytime Phone No. <i>(with area code)</i> Marital Status Single/Married/ Divorced/Widowed</p>	<p>[Page 1]</p> <p>Part 3. Information About Your Qualifying Family Member (Derivative)</p> <p>1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name</p> <p>Other Names Used (Include maiden name, nicknames, and aliases, if applicable) 2.a. Family Name (Last Name) 2.b. Given Name (First Name) 2.c. Middle Name</p> <p>NOTE: If you need extra space to complete this section, use the space provided in Part 11. Additional Information.</p> <p>Residence or Intended Residence in the United States</p> <p>3.a. Street Number and Name 3.b. Apt. Ste. Flr. [Fillable Field] 3.c. City or Town 3.d. State 3.e. ZIP Code</p> <p>[Page 2]</p> <p>Safe Mailing Address (if other than <i>Residence</i>)</p> <p>4.a. In Care Of Name 4.b. Street Number and Name 4.c. Apt. Ste. Flr. [Fillable Field] 4.d. City or Town 4.e. State 4.f. ZIP Code 4.g. Province 4.h. Postal Code 4.i. Country</p> <p>Other Information About Qualifying Family Member</p> <p>5. A-Number (if any) 6. U.S. Social Security Number (if any) 7. USCIS Online Account Number (if any) 8. Date of Birth (mm/dd/yyyy) 9. Country of Birth 10. Country of Citizenship or Nationality [Deleted] [Deleted] 11. Marital Status Single/Married/Divorced/Widowed</p>

	<p>Gender Male/Female I-94 No. (if any)</p>	<p>12. Gender Male/Female 13. Form I-94 Arrival-Departure Record Number 14. Passport Number 15. Travel Document Number 16. Country of Issuance for Passport or Travel Document 17. Date of Issuance for Passport or Travel Document (mm/dd/yyyy) 18. Expiration Date for Passport or Travel Document (mm/dd/yyyy)</p>
<p>Page 2, Part 4. Additional information about your family member.</p>	<p>Part 4. Additional information about your family member.</p> <p>1. Give the following information about your family member if he or she is currently in the United States.</p> <p>Place of Last Entry Date of Last Entry</p> <p>Current Immigration Status Passport Number Place of Issuance Date of Issue (mm/dd/yyyy)</p> <p>2. Give the following information about your family member if he or she has previously traveled to the United States.</p> <p>Date of Entry (mm/dd/yyyy) Place of Entry</p> <p>Date Authorized Stay Expired (mm/dd/yyyy)</p> <p>Immigration Status</p> <p>Place of Entry Date of Entry (mm/dd/yyyy)</p> <p>Date Authorized Stay Expired (mm/dd/yyyy)</p>	<p>[Page 2]</p> <p>Part 4. Additional Information About Your Qualifying Family Member</p> <p>Provide the date of last entry, place of last entry, and current immigration status for your family member if he or she is currently in the United States.</p> <p>1.a. Date of Last Entry into the United States (mm/dd/yyyy) Place of Last Entry into the United States 1.b. City or Town 1.c. State 1.d. Current Immigration Status [Deleted] [Deleted] [Deleted]</p> <p>Provide the date of entry, place of entry, and status at entry for your family member's last entry if he or she has previously traveled to the United States but is not currently in the United States.</p> <p>2.a. Date of Last Entry into the United States (mm/dd/yyyy) Place of Last Entry into the United States 2.b. City or Town 2.c. State 2.d. Date Authorized Stay Expired (mm/dd/yyyy) 2.e. Status at the Time of Entry (for example, F-1 student, B-2 tourist, entered without inspection)</p> <p>[Deleted]</p>

	<p>Immigration Status</p> <p>4. If your relative is outside the United States give the U.S. consulate or inspection facility you want notified if this petition is approved.</p> <p>Type of Office (<i>Check one</i>): Consulate/Pre-flight inspection/Port of Entry</p> <p>Office Address (<i>City</i>) U.S. State or Foreign Country</p> <p>Foreign Address Where You Want Notification Sent.</p> <p>3. If your relative was previously married, list names of prior spouses and dates of termination of marriage. Documents such as divorce decrees or death certificates must be attached.</p> <p>Name of Former Spouse(s)</p> <p>Date Marriage Ended (<i>mm/dd/yyyy</i>) Where and How Marriage Ended</p> <p>Name of Former Spouse(s)</p> <p>Date Marriage Ended (<i>mm/dd/yyyy</i>) Where and How Marriage Ended</p> <p>5. Has your family member ever been in immigration proceedings?</p> <p>If "Yes," what type of proceedings? (<i>Check all that apply.</i>)</p>	<p>If your family member is outside the United States, provide the U.S. Consulate or inspection facility or a safe foreign mailing address you want notified if this supplement is approved.</p> <p>3.a. Type of Office (Select only one box): U.S. Consulate/Pre-Flight Inspection/Port-of-Entry</p> <p>3.b. City or Town</p> <p>3.c. State</p> <p>3.d. Country</p> <p>Safe Foreign Address Where You Want Notification Sent (if other than U.S. Consulate, Pre-Flight Inspection, or Port-of-Entry)</p> <p>4.a. Street Number and Name</p> <p>4.b. Apt. Ste. Flr. [Fillable Field]</p> <p>4.c. City or Town</p> <p>4.d. Province</p> <p>4.e. Postal Code</p> <p>4.f. Country</p> <p>If your family member was previously married, list the names of your family member's prior spouses and the dates his or her marriages were terminated. You must attach documents such as divorce decrees or death certificates.</p> <p>5.a. Family Name (Last Name)</p> <p>5.b. Given Name (First Name)</p> <p>5.c. Middle Name</p> <p>5.d. Date Marriage Ended (mm/dd/yyyy)</p> <p>5.e. Where did the marriage end?</p> <p>5.f. How did the marriage end?</p> <p>6.a. Family Name (Last Name)</p> <p>6.b. Given Name (First Name)</p> <p>6.c. Middle Name</p> <p>6.d. Date Marriage Ended (mm/dd/yyyy)</p> <p>6.e. Where did the marriage end?</p> <p>6.f. How did the marriage end?</p> <p>Other Information</p> <p>7.a. Your family member was or is in immigration proceedings.</p> <p>If you answered "Yes," select the type of proceedings. If your family member was in proceedings in the past and is no longer in proceedings, provide the date of action. If your</p>
--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	<p>Removal Date(mm/dd/yyyy)</p> <p>Exclusion Date(mm/dd/yyyy)</p> <p>Deportation Date(mm/dd/yyyy)</p> <p>Rescission Date(mm/dd/yyyy)</p> <p>Judicial Date(mm/dd/yyyy)</p> <p>6. Is your family member requesting an Employment Authorization Document? (If "Yes," submit Form I-765, Application for Employment Authorization Document, separately.)</p> <p>NOTE: <i>If your family member is living outside the United States, he or she is not eligible to receive employment authorization until he or she is lawfully admitted to the United States. Do not file an I-765 for a family member living outside the United States.</i></p>	<p>family member is currently in proceedings, type or print "Current" in the appropriate date field. Select all applicable boxes. Use the space provided in Part 11. Additional Information to provide an explanation.</p> <p>7.b. Removal Proceedings Removal Date (mm/dd/yyyy)</p> <p>7.c. Exclusion Proceedings Exclusion Date (mm/dd/yyyy)</p> <p>7.d. Deportation Proceedings Deportation Date (mm/dd/yyyy)</p> <p>7.e. Rescission Proceedings Rescission Date (mm/dd/yyyy)</p> <p>7.f. Judicial Proceedings Judicial Date (mm/dd/yyyy)</p> <p>8. Your family member would like an Employment Authorization Document.</p> <p>NOTE: If you answered "Yes," submit Form I-765, Application for Employment Authorization Document, separately. If your family member is living outside the United States, he or she is not eligible to receive employment authorization until he or she is lawfully admitted to the United States. Do not file Form I-765 for a family member living outside the United States.</p>
<p>Page 3-7, Part 4. Additional information about your family member.</p>	<p>[Page 3]</p> <p>Please answer the following questions about your family member. For the purposes of this petition, you must answer "Yes" to the following questions, if applicable, even if the records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney, told you that your family member no longer has a record. (<i>Answering "Yes" does not necessarily mean that your family member will be denied U nonimmigrant status.</i>)</p>	<p>[Page 4]</p> <p>Part 5. Processing Information</p> <p>Answer the following questions about the family member for whom you are filing this supplement. For the purposes of this supplement, you must answer "Yes" to the following questions, if applicable, even if your family member's records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney, told your family member that he or she no longer has a record.</p> <p>NOTE: If you answer "Yes" to ANY question in Part 5., provide an explanation in the space provided in Part 11. Additional Information.</p> <p>NOTE: Answering "Yes" does not necessarily mean that U.S. Citizenship and Immigration Services (USCIS) will deny your Supplement A, Petition for Qualifying Family Member of</p>

	<p>8. Has the family member for whom you are filing EVER:</p> <p>a. Committed a crime or offense for which he or she has not been arrested?</p> <p>b. Been arrested, cited, or detained by any law enforcement officer (including DHS (former INS) and military officers) for any reason?</p> <p>c. Been charged with committing any crime or offense?</p> <p>d. Been convicted of a crime or offense (even if violation was subsequently expunged or pardoned)?</p> <p>e. Been placed in an alternative sentencing or a rehabilitative program (for example: diversion, deferred prosecution, withheld adjudication, deferred adjudication)?</p> <p>f. Received a suspended sentence, been placed on probation, or been paroled?</p> <p>g. Been in jail or prison?</p> <p>h. Been the beneficiary of a pardon, amnesty, rehabilitation, or other act of clemency or similar action?</p> <p>i. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States?</p> <p>If the answer is “Yes” to any of the above questions, complete the following table. If you need more space, use a separate sheet(s) of paper.</p> <p>Why was the family member for whom you are filing arrested, cited, detained or charged?</p> <p>Date of arrest, citation, detention, charge. (<i>mm/dd/yyyy</i>)</p> <p>Where was the family member for whom you are filing arrested, cited, detained or charged? (<i>City, State, Country</i>)</p>	<p>U-1 Recipient.</p> <p>Has your family member EVER:</p> <p>1.a. Committed a crime or offense for which he or she has not been arrested?</p> <p>1.b. Been arrested, cited, or detained by any law enforcement officer (including Department of Homeland Security (DHS), former Immigration and Naturalization Service (INS), and military officers) for any reason?</p> <p>1.c. Been charged with committing any crime or offense?</p> <p>1.d. Been convicted of a crime or offense (even if the violation was subsequently expunged or pardoned)?</p> <p>1.e. Been placed in an alternative sentencing or a rehabilitative program (for example, diversion, deferred prosecution, withheld adjudication, deferred adjudication)?</p> <p>1.f. Received a suspended sentence, been placed on probation, or been paroled?</p> <p>1.g. Been held in jail or prison?</p> <p>1.h. Been the beneficiary of a pardon, amnesty, rehabilitation, or other act of clemency or similar action?</p> <p>1.i. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States?</p> <p>[Deleted]</p> <p>Information About Arrests, Citations, Detentions, or Charges</p> <p>2.a Why was your family member arrested, cited, detained, or charged?</p> <p>2.b. Date of arrest, citation, detention, or charge (mm/dd/yyyy)</p> <p>Where was your family member arrested, cited, detained, or charged?</p> <p>2.c. City or Town 2.d. State 2.e. Country</p>
--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	<p>Outcome or disposition. (e.g., no charges filed, charges dismissed, jail, probation, etc.)</p> <p>Why was the family member for whom you are filing arrested, cited, detained or charged?</p> <p>Date of arrest, citation, detention, charge. (mm/dd/yyyy)</p> <p>Where was the family member for whom you are filing arrested, cited, detained or charged? (City, State, Country)</p> <p>Outcome or disposition. (e.g., no charges filed, charges dismissed, jail, probation, etc.)</p> <p>[Four more sets of data collections]</p> <p>Why was the family member for whom you are filing arrested, cited, detained or charged?</p> <p>Date of arrest, citation, detention, charge. (mm/dd/yyyy)</p> <p>Where was the family member for whom you are filing arrested, cited, detained or charged? (City, State, Country)</p> <p>Outcome or disposition. (e.g., no charges filed, charges dismissed, jail, probation, etc.)</p> <p>9. Has the family member for whom you are filing ever received public assistance in the United States from any source, including the U.S. government or any State, county, city or other municipality (other than emergency medical treatment), or is he or she likely to receive public assistance in the future?</p> <p>[Page 4]</p> <p>10. Has the family member for whom you are filing:</p> <p>a. Engaged in prostitution or procurement of prostitution or does he or she intend to engage in prostitution or procurement of prostitution?</p> <p>b. Ever engaged in any unlawful commercialized vice, including, but not limited to illegal gambling?</p> <p>c. Ever knowingly encouraged, induced,</p>	<p>2.f. Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)</p> <p>3.a Why was your family member arrested, cited, detained, or charged?</p> <p>3.b. Date of arrest, citation, detention, or charge (mm/dd/yyyy)</p> <p>Where was your family member arrested, cited, detained, or charged?</p> <p>3.c. City or Town 3.d. State 3.e. Country</p> <p>3.f. Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)</p> <p>[Deleted all four sets]</p> <p>[Deleted]</p> <p>[Page 5]</p> <p>Has your family member EVER:</p> <p>4.a. Engaged in, or does he or she intend to engage in, prostitution or procurement of prostitution?</p> <p>4.b. Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling?</p> <p>4.c. Knowingly encouraged, induced, assisted,</p>
--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	<p>assisted, abetted or aided any alien to try to enter the United States illegally?</p> <p>d. Ever illicitly trafficked in any controlled substance, or knowingly assisted, abetted or colluded in the illicit trafficking of any controlled substance?</p> <p>11. Has the family member for whom you are filing ever committed, planned or prepared, participated in, threatened to, attempted to, or conspired to commit, gathered information for, solicited funds for any of the following:</p> <p>a. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)?</p> <p>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?</p> <p>c. Assassination?</p> <p>d. 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?</p> <p>e. The use of any biological agent, chemical agent, or nuclear weapon or device, or 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?</p> <p>12. Has the family member for whom you are filing ever been a member of, solicited money or members for, provided support for, attended military training (as defined in section 2339D(c)(1) of title 18, United States Code) by or on behalf of, or been associated with an organization that is:</p> <p>b. Any other group of two or more individuals, whether organized or not, which has engaged in or has a subgroup which has engaged in:</p> <p>a. Designated as a terrorist organization under section 219 of the Immigration and Nationality Act?</p> <p>1. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)?</p> <p>2. Seizing or detaining, and threatening to kill,</p>	<p>abetted, or aided any alien to try to enter the United States illegally?</p> <p>4.d. Illicitly trafficked in any controlled substance or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance?</p> <p>Has your family member EVER committed, planned or prepared, participated in, threatened to, attempted to, conspired to commit, gathered information for, or solicited funds for any of the following:</p> <p>5.a. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)?</p> <p>5.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?</p> <p>5.c. Assassination?</p> <p>5.d. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?</p> <p>5.e. The use of any biological agent, chemical agent, 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?</p> <p>Has your family member EVER been a member of, solicited money or members for, provided support for, attended military training (as defined in section 2339D(c)(1) of Title 18, United States Code) by or on behalf of, or been associated with any other group of two or more individuals, whether organized or not, which has been designated as, or has engaged in or has a subgroup which has been designated as, or has engaged in:</p> <p>6.a. A terrorist organization under section 219 of the Immigration and Nationality Act (INA)?</p> <p>6.b. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)?</p> <p>6.c. Seizing or detaining, and threatening to kill,</p>
--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	<p>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?</p> <p>3. Assassination?</p> <p>[Page 5]</p> <p>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?</p> <p>5. The use of any biological agent, chemical agent, or nuclear weapon or device, or 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?</p> <p>6. Soliciting money or members or otherwise providing material support to a terrorist organization?</p> <p>13. Does the family member for whom you are filing intend to engage in the United States in:</p> <p>a. Espionage?</p> <p>b. Any unlawful activity, or any activity the purpose of which is in opposition to, or the control or overthrow of the government of the United States?</p> <p>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?</p> <p>14. Has the family member for whom you are filing ever been or does her or she continue to be a member of the Communist or other totalitarian party, except when membership was involuntary?</p> <p>15. 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,</p>	<p>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?</p> <p>6.d. Assassination?</p> <p>6.e. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?</p> <p>6.f. The use of any biological agent, chemical agent, 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?</p> <p>6.g. Soliciting money or members or otherwise providing material support to a terrorist organization?</p> <p>Does your family member intend to engage in the United States in:</p> <p>7.a. Espionage?</p> <p>7.b. Any unlawful activity, or any activity the purpose of which is in opposition to, or the control, or overthrow of the Government of the United States?</p> <p>7.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?</p> <p>8. Has your family member EVER been or does he or she continue to be a member of the Communist or other totalitarian party, except when membership was involuntary?</p> <p>[Page 6]</p> <p>9. Has your family member EVER, 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, ordered, incited, assisted or otherwise participated in the persecution of any person because of race, religion, nationality,</p>
--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	<p>religion, nationality, membership in a particular social group or political opinion?</p> <p>16. Has the family member for whom you are filing EVER ordered, committed, assisted, helped with, or otherwise participated in any act that involved:</p> <p>a. Torture or genocide?</p> <p>b. Killing, beating, or injuring any person?</p> <p>d. Engaging in any kind of sexual contact or relations with any person who was being subjected to force, threat of force, compulsion, or duress?</p> <p>e. Limiting or denying any person's ability to exercise religious beliefs?</p> <p>f. The persecution of any person because of race, religion, national origin, membership in a particular social group, or political opinion?</p> <p>c. Displacing or moving any persons from their residence by force, threat of force, compulsion, or duress?</p> <p>If the answer is “Yes,” please describe the circumstances on a separate sheet(s) of paper.</p> <p>[Page 6]</p> <p>17. Has the family member for whom you are filing EVER advocated that another person commit any of the acts described in the preceding question, urged, or encouraged another person, to commit such acts? (If the answer is “Yes,” describe the circumstances on a separate sheet(s) of paper.)</p> <p>18. Has the family member for whom you are filing EVER been present or nearby when any person was:</p> <p>a. Intentionally killed, tortured, beaten, or injured?</p> <p>b. Displaced or moved from his or her residence by force, compulsion or duress?</p> <p>c. In any way compelled or forced to engage in any kind of sexual contact or relations?</p> <p>If the answer is “Yes,” please describe the circumstances on a separate sheet(s) of paper.</p>	<p>membership in a particular social group or political opinion?</p> <p>Has your family member EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:</p> <p>10.a. Acts involving torture or genocide?</p> <p>10.b. Killing any person?</p> <p>10.c. Intentionally and severely injuring any person?</p> <p>10.d. Engaging in any kind of sexual conduct or relations with any person who was being forced or threatened?</p> <p>10.e. Limiting or denying any person's ability to exercise religious beliefs?</p> <p>10.f. The persecution of any person because of race, religion, national origin, membership in a particular social group, or political opinion?</p> <p>10.g. Displacing or moving any person from their residence by force, threat of force, compulsion, or duress?</p> <p>NOTE: If you answered "Yes" to any question in Item Numbers 10.a - 10.g., please describe the circumstances in the space provided in Part 11. Additional Information.</p> <p>11. Has your family member EVER advocated that another person commit any of the acts described in Item Numbers 10.a - 10.g., urged, or encouraged another person, to commit such acts?</p> <p>Has your family member EVER been present or nearby when any person was:</p> <p>12.a. Intentionally killed, tortured, beaten, or injured?</p> <p>12.b. Displaced or moved from his or her residence by force, compulsion, or duress?</p> <p>12.c. In any way compelled or forced to engage in any kind of sexual contact or relations?</p> <p>[Deleted]</p>
--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	<p>19. Has the family member for whom you are filing (or has any member of his or her family) EVER served in, been a member of, or been involved in any way with:</p> <p>a. Any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, or insurgent organization?</p> <p>b. Any prison, jail, prison camp, detention camp, labor camp, or any other situation that involved guarding prisoners?</p> <p>c. Any group, unit, or organization of any kind in which you or other persons possessed, transported, or used any type of weapon?</p> <p>If the answer is “Yes,” please describe the circumstances on a separate sheet(s) of paper.</p> <p>20. Has the family member for whom you are filing EVER received any type of military, paramilitary or weapons training? (If the answer is “Yes,” please describe the circumstances on a separate sheet(s) of paper.)</p>	<p>Has your family member EVER:</p> <p>13.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, guerilla group, militia, or other insurgent organization?</p> <p>13.b. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons?</p> <p>13.c. Served in, been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons transported, possessed, or used any type of weapon?</p> <p>NOTE: If you answered "Yes" to any question in Item Numbers 13.a - 13.c., please describe the circumstances in Part 11. Additional Information.</p> <p>Has your family member EVER:</p> <p>14.a. Received any type of military, paramilitary, or weapons training?</p> <p>14.b. Been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so?</p> <p>14.c. Assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person?</p> <p>NOTE: If you answered "Yes" to any question in Item Numbers 14.a - 14.c., please describe the circumstances in Part 11. Additional Information.</p> <p>Has your family member EVER:</p> <p>15.a. Recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed force or group?</p>
--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	<p>21. a. Are removal, exclusion, rescission or deportation proceedings pending against the family member for whom you are filing?</p> <p>b. Have removal, exclusion, rescission or deportation proceedings EVER been initiated against the family member for whom you are filing?</p> <p>c. Has the family member for whom you are filing EVER been removed, excluded or deported from the United States?</p> <p>d. Has the family member for whom you are filing EVER been ordered to be removed, excluded or deported from the United States?</p> <p>e. Has the family member for whom you are filing EVER been denied a visa or denied admission to the United States? <i>(If a visa was denied, explain why on a separate sheet of paper.)</i></p> <p>f. Has the family member for whom you are filing EVER been granted voluntary departure by an immigration officer or an immigration judge and failed to depart within the allotted time?</p> <p>22. 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)?</p> <p>23. 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?</p> <p>24. Has the family member for whom you are filing ever left the United States to avoid being drafted into the U.S. Armed Forces?</p>	<p>15.b. Used any person under 15 years of age to take part in hostilities, or to help or provide services to people in combat?</p> <p>16. Is your family member NOW in removal, exclusion, rescission, or deportation proceedings?</p> <p>17. Has your family member EVER had removal, exclusion, rescission, or deportation proceedings initiated against him or her?</p> <p>18. Has your family member EVER been removed, excluded, or deported from the United States?</p> <p>[delete]</p> <p>[delete]</p> <p>19. Has your family member EVER been ordered to be removed, excluded, or deported from the United States?</p> <p>20. Has your family member EVER been denied a visa or denied admission to the United States?</p> <p>21. Has your family member EVER been granted voluntary departure by an immigration officer or an immigration judge and failed to depart within the allotted time?</p> <p>22. Is your family member NOW under a final order or civil penalty for violating section 274C of the INA (producing and/or using false documentation to unlawfully satisfy a requirement of the INA)?</p> <p>23. Has your family member 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?</p> <p>24. Has your family member EVER left the United States to avoid being drafted into the U.S. Armed Forces or U.S. Coast Guard?</p>
--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	<p>25. 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?</p> <p>26. Has the family member for whom you are filing ever detained, retained, or withheld the custody of a child, having a lawful claim to United States citizenship, outside the United States from a United States citizen granted custody?</p> <p>27. Does the family member for whom you are filing plan to practice polygamy in the United States?</p> <p>28. Have you entered the United States as a stowaway?</p> <p>29. a. Do you have a communicable disease of public health significance?</p> <p>b. Do you have or have you had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated with the disorder which has posed or may pose a threat to the property, safety, or welfare of yourself or others?</p> <p>c. Are you now or have you been a drug abuser or drug addict?</p>	<p>25. Has your family member EVER been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and not yet complied with that requirement or obtained a waiver of such?</p> <p>26. Has your family member EVER detained, retained, or withheld the custody of a child, having a lawful claim to United States citizenship, outside the United States from a United States citizen granted custody?</p> <p>27. Does your family member plan to practice polygamy in the United States?</p> <p>28. Has your family member EVER entered the United States as a stowaway?</p> <p>29.a. Does your family member NOW have a communicable disease of public health significance?</p> <p>29.b. Does your family member NOW have or has your family member EVER had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated with the disorder which has posed or may pose a threat to the property, safety, or welfare of yourself or others?</p> <p>29.c. Is your family member NOW or has your family member EVER been a drug abuser or drug addict?</p>
<p>Page 2, Part 4. Additional information about your family member.</p>	<p>[Page 2]</p> <p>7. List your family member's spouse and children. <i>(Attach additional sheet(s) of paper if necessary.)</i></p> <p>Full Name</p> <p>Date of Birth (mm/dd/yyyy) Country of Birth Relationship</p> <p>Full Name</p> <p>Date of Birth (mm/dd/yyyy) Country of Birth</p>	<p>[Page 7]</p> <p>Part 6. Information About Your Qualifying Family Member's Spouse and/or Children</p> <p>Provide the following information about your family member's spouse and/or children. If you need extra space to complete this section, use the space provided in Part 11. Additional Information.</p> <p>1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name 2. Date of Birth (mm/dd/yyyy) 3. Country of Birth 4. Relationship</p> <p>5.a. Family Name (Last Name) 5.b. Given Name (First Name) 5.c. Middle Name 6. Date of Birth (mm/dd/yyyy) 7. Country of Birth</p>

	<p>Relationship</p> <p>Full Name</p> <p>Date of Birth (mm/dd/yyyy)</p> <p>Country of Birth</p> <p>Relationship</p>	<p>8. Relationship</p> <p>9.a. Family Name (Last Name)</p> <p>9.b. Given Name (First Name)</p> <p>9.c. Middle Name</p> <p>10. Date of Birth (mm/dd/yyyy)</p> <p>11. Country of Birth</p> <p>12. Relationship</p>
<p>Page 8, Part 5. Attestation, release and signature.</p>	<p>Part 5. Attestation, release and signature. (Read information on penalties in the instructions before completing this part.)</p>	<p>[Page 8]</p> <p>Part 7. Petitioner’s Statement, Contact Information, Declaration, and Signature</p> <p>NOTE: Read the Penalties section of the Form I-918 Instructions before completing this part.</p> <p>Petitioner’s Statement</p> <p>NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.</p> <p>1.a. <input type="checkbox"/> I can read and understand English, and I have read and understand every question and instruction on this supplement and my answer to every question.</p> <p>1.b. <input type="checkbox"/> The interpreter named in Part 9. read to me every question and instruction on this supplement and my answer to every question in [Fillable Field], a language in which I am fluent, and I understood everything.</p> <p>2. <input type="checkbox"/> At my request, the preparer named in Part 10., [Fillable Filed], prepared this supplement for me based only upon information I provided or authorized.</p> <p>Petitioner’s Contact Information</p> <p>3. Petitioner’s Daytime Telephone Number</p> <p>4. Petitioner’s Mobile Telephone Number (if any)</p> <p>5. Petitioner’s Email Address (if any)</p> <p>Petitioner’s Declaration and Certification</p> <p>Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.</p> <p>I further 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.</p>

	<p>I certify, under penalty of perjury under the laws of the United States of America, that the information provided with this petition is all true and correct. I certify also that I have not withheld any information that would affect the outcome of this petition.</p> <p>Signature of Principal (you) Date (mm/dd/yyyy)</p> <p>WARNING: <i>Petitioners who are in the United States illegally are subject to removal if their claims are not granted. Any information provided while completing this supplementary petition may be used as a basis for the institution of, or as evidence in, removal proceedings even if the petition is withdrawn.</i></p>	<p>I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:</p> <ol style="list-style-type: none"> 1) I provided or authorized all of the information contained in, and submitted with, my supplement; 2) I reviewed and understood all of the information in, and submitted with, my supplement; and 3) All of this information was complete, true, and correct at the time of filing. <p>I certify, under penalty of perjury, that all of the information in my supplement and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my supplement, and that all of this information is complete, true, and correct.</p> <p>Petitioner's Signature 6.a. Petitioner's Signature 6.b. Date of Signature (mm/dd/yyyy)</p> <p>NOTE TO ALL PETITIONERS: If you do not completely fill out this supplement or fail to submit required documents listed in the Instructions, USCIS may deny your supplement.</p> <p>[Deleted per OMB]</p>
<p>Page 8, Part 5. Attestation, release and signature.</p>		<p>[Page 9]</p> <p>Part 8. Qualifying Family Member's Statement, Contact Information, Declaration, and Signature</p> <p>NOTE: Read the Penalties section of the Form I-918 Instructions before completing this part.</p> <p>Qualifying Family Member's Statement NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.</p> <p>1.a. <input type="checkbox"/> I can read and understand English, and I have read and understand every question and</p>

	<p>instruction on this supplement and my answer to every question.</p> <p>1.b. <input type="checkbox"/> The interpreter named in Part 9, read to me every question and instruction on this supplement and my answer to every question in [Fillable Field], a language in which I am fluent, and I understood everything.</p> <p>2. <input type="checkbox"/> At my request, the preparer named in Part 10., [Fillable Filed], prepared this supplement for me based only upon information I provided or authorized.</p> <p><i>Qualifying Family Member's Contact Information</i></p> <p>3. Qualifying Family Member's Daytime Telephone Number</p> <p>4. P Qualifying Family Member's Mobile Telephone Number (if any)</p> <p>5. Qualifying Family Member's Email Address (if any)</p> <p><i>Qualifying Family Member's Declaration and Certification</i></p> <p>Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.</p> <p>I further 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. Any disclosure shall be in accordance with 8 U.S.C. section 1367 and 8 CFR 214.14(e).</p> <p>I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:</p> <ol style="list-style-type: none"> 1) I provided or authorized all of the information contained in, and submitted with, my supplement; 2) I reviewed and understood all of the information in, and submitted with, my supplement; and 3) All of this information was complete, true, and correct at the time of filing. <p>I certify, under penalty of perjury, that all of the information in my supplement and any</p>
--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	<p>Please Note: Your qualifying family member for whom you are filing must sign if he or she is present in the United States.</p> <p>Signature of Qualifying Family Member if in the United States Date (mm/dd/yyyy)</p>	<p>document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my supplement, and that all of this information is complete, true, and correct.</p> <p>Qualifying Family Member's Signature 6.a. Qualifying Family Member's Signature 6.b. Date of Signature (mm/dd/yyyy)</p> <p>NOTE TO ALL QUALIFYING FAMILY MEMBERS: If you do not completely fill out this supplement or fail to submit required documents listed in the Instructions, USCIS may deny your supplement.</p>
<p>New</p>		<p>[Page 10]</p> <p>Part 9. Interpreter's Contact Information, Certification, and Signature</p> <p>Provide the following information about the interpreter.</p> <p>Interpreter's Full Name 1.a. Interpreter's Family Name (Last Name) 1.b. Interpreter's Given Name (First Name) 2. Interpreter's Business or Organization Name (if any)</p> <p>Interpreter's Mailing Address 3.a. Street Number and Name 3.b. [] Apt. [] Ste. [] Flr. [fillable field] 3.c. City or Town 3.d. State 3.e. ZIP Code 3.f. Province 3.g. Postal Code 3.h. Country</p> <p>Interpreter's Contact Information 4. Interpreter's Daytime Telephone Number 5. Interpreter's Mobile Telephone Number (if any) 6. Interpreter's Email Address (if any)</p> <p>Interpreter's Certification I certify, under penalty of perjury, that:</p> <p>I am fluent in English and [Fillable Field], which is the same language specified in Part 7., Item Number 1.b., and Part 8. Item Number 1.b., and I have read to this petitioner and qualifying family member in the identified language(s) every question and instruction on this supplement and the petitioner's and qualifying family member's answer to every question. The petitioner and qualifying family</p>

		<p>member informed me that they understand every instruction, question, and answer on the supplement, including the Petitioner's Declaration and Certification and the Qualifying Family Member's Declaration and Certification, and have verified the accuracy of every answer.</p> <p><i>Interpreter's Signature</i> 7.a. Interpreter's Signature 7.b. Date of Signature (mm/dd/yyyy)</p>
<p>Page 8, Part 6. Signature of person preparing form, if other than above. (Sign below.)</p>	<p>Preparer's Printed Name</p> <p>Preparer's Firm Name (if applicable)</p> <p>Preparer's Address</p> <p>Daytime Phone Number (with area code) Fax Number (if any) E-Mail Address (if any)</p>	<p>[Page 11]</p> <p>Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Qualifying Family Member</p> <p>Provide the following information about the preparer.</p> <p><i>Preparer's Full Name</i> 1.a. Preparer's Family Name (Last Name) 1.b. Preparer's Given Name (First Name) 2. Preparer's Business or Organization Name (if any)</p> <p><i>Preparer's Mailing Address</i> 3.a. Street Number and Name 3.b. <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr. [fillable field] 3.c. City or Town 3.d. State 3.e. ZIP Code 3.f. Province 3.g. Postal Code 3.h. Country</p> <p><i>Preparer's Contact Information</i> 4. Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any) 6. Preparer's Email Address (if any)</p> <p><i>Preparer's Statement</i> 7.a. <input type="checkbox"/> I am not an attorney or accredited representative but have prepared this supplement on behalf of the petitioner and qualifying family member and with the petitioner's and qualifying family member's consent.</p> <p>7.b. <input type="checkbox"/> I am an attorney or accredited representative and my representation of the petitioner and qualifying family member in this case <input type="checkbox"/> extends <input type="checkbox"/> does not extend beyond the preparation of this supplement.</p> <p>NOTE: If you are an attorney or accredited</p>

	<p>I declare that I prepared this petition at the request of the above person, and it is based on all information of which I have knowledge. I have not knowingly withheld any material information that would affect the outcome of this petition.</p> <p>Attorney or Representative: In the event of a Request for Evidence, may USCIS contact you by Fax or E-Mail?</p> <p>Preparer's Signature Date (mm/dd/yyyy)</p>	<p>representative whose representation extends beyond preparation of this supplement, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this supplement.</p> <p>Preparer's Certification By my signature, I certify, under penalty of perjury, that I prepared this supplement at the request of the petitioner and qualifying family member. The petitioner and qualifying family member then reviewed this completed supplement and informed me that they understand all of the information contained in, and submitted with, this supplement, including the Petitioner's Declaration and Certification, and the Qualifying Family Member's Declaration and Certification, and that all of this information is complete, true, and correct. I completed this supplement based only on information that the petitioner and qualifying family member provided to me or authorized me to obtain or use.</p> <p>[Deleted]</p> <p>Preparer's Signature 8.a. Preparer's Signature 8.b. Date of Signature (mm/dd/yyyy)</p>
<p>New</p>		<p>[Page 12]</p> <p>Part 11. Additional Information</p> <p>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. Include 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.</p> <p>Your Full Name (Principal) 1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name 2 A-Number (if any)</p> <p>3.a. Page Number 3.b. Part Number 3.c. Item Number 3.d. [Fillable Field]</p> <p>4.a. Page Number 4.b. Part Number</p>

		<p>4.c. Item Number 4.d. [Fillable Field]</p> <p>5.a. Page Number 5.b. Part Number 5.c. Item Number 5.d. [Fillable Field]</p> <p>6.a. Page Number 6.b. Part Number 6.c. Item Number 6.d. [Fillable Field]</p> <p>7.a. Page Number 7.b. Part Number 7.c. Item Number 7.d. [Fillable Field]</p>
--	--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------