

**TABLE OF CHANGES – FORM  
FORM I-914, Supplement A Application for **Family** Member of T-1 Recipient  
OMB Number: 1615-0099  
Submission Date 01/11/2017**

**Reason for Revision:** Statutory and regulatory changes have necessitated revisions.

Current Section and Page Number	Current Text	Proposed Text
Page 1, <b>New Header</b>		<p>[Page 1]</p> <p><b>PART B. Family Member Relationship to Your Derivative</b> [new heading]</p> <p>The family member I am filing for is the adult or minor child of my derivative (my grandchild, my spouse’s child, my niece or nephew, or my sibling) who faces a present danger of retaliation as a result of my escape from the severe form of trafficking in persons or my cooperation with law enforcement.</p> <p>Derivative’s Adult or Minor Child</p>
Page 1, Part B. General Information About You (the principal)	<p><b>Part B. General Information About You (the principal)</b></p> <p>Status of your Form I-914, Application for T Nonimmigrant Status: <i>(Check One)</i></p> <p>A # (if any)</p>	<p>[Page 1]</p> <p><b>Part C. General Information About You (the principal)</b></p> <p><b>Status of your Form I-914, Application for T Nonimmigrant Status:</b> (Check One)</p> <p><b>A-Number</b> (if any)</p>
Page 1, Part C. Information About Your Family Member (the derivative)	<p><b>Part C. Information About Your Family Member (the derivative)</b></p> <p><b>Other Names Used</b> (include maiden name/nickname)</p> <p><b>Residence or Intended Residence in the U.S.</b> – Street Number and Name Apt. #/City/State/Zip Code</p> <p><b>Safe Mailing Address</b> (if other than above) – Street Number and Name\Apt. #\City\State/Province\Zip/Postal Code</p>	<p>[Page 1]</p> <p><b>Part D. Information About Your Family Member (the derivative)</b></p> <p>[Data element order Rearranged to Match Form I-914.]</p> <p><b>Other Names Used</b> (include maiden name/nickname)</p> <p><b>Residence or Intended Residence in the U.S.</b> – Street Number and Name Apt. <b>Number</b>/City/State/<b>ZIP</b> Code</p> <p>[Page 2]</p> <p><b>Safe Mailing Address</b> (if other than above) – Street Number and Name\Apt. <b>Number</b>\City\ State/Province\<b>ZIP</b>/Postal Code</p>

	<p><b>Home Telephone #</b> (with area code)</p> <p><b>Safe Daytime Telephone #</b> (with area code)</p> <p><b>A #</b> (if any)</p> <p><b>U.S. Social Security #</b> (if any)</p> <p><b>Gender and Marital Status</b></p> <p><b>Date of Birth</b> (mm/dd/yyyy)</p> <p><b>Country of Birth/Country of Citizenship</b></p> <p><b>I-94 #</b> (Arrival-Departure Document)</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/Current Immigration Status</p> <p>2. Give the following information....</p> <p>3. If your family member was....</p> <p>4. If your family member is outside...</p> <p><b>Type of Office</b> (Check One):  <input type="checkbox"/> Consulate  <input type="checkbox"/> Pre-Flight Inspection  <input type="checkbox"/> Port of Entry</p> <p><b>Office Address</b> (City)</p>	<p><b>Home Telephone Number</b> (with area code)</p> <p><b>Safe Daytime Telephone Number</b> (with area code)</p> <p><b>E-Mail Address</b> (optional)</p> <p><b>A-Number</b> (if any)</p> <p><b>U.S. Social Security Number</b> (if any)</p> <p><b>Gender</b></p> <p><b>Marital Status:</b></p> <p><b>Date of Birth</b> (mm/dd/yyyy)</p> <p><b>Country of Birth</b></p> <p><b>Country of Citizenship</b></p> <p><b>I-94 Number</b> (Arrival-Departure Document)</p> <p><b>Passport Number</b>  <b>Place of Issuance</b>  <b>Date of Issue</b> (mm/dd/yyyy)</p> <p><b>Give the following information about your family member if he or she is currently in the United States.</b></p> <p><b>Place of Last Entry</b>  <b>Date of Last Entry</b></p> <p><b>Current Immigration Status</b></p> <p><b>Give the following information about your family member if he or she has previously traveled to the United States.</b></p> <p>[Page 3]</p> <p><b>If your family member 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.</b></p> <p><b>If your family member is outside the United States, indicate the U.S. Consulate or inspection facility you want notified if this application is approved.</b></p> <p>[no change]</p>
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<p><b>Page 4, Part E. Processing Information</b></p>	<p><b>Part D. Processing Information</b></p> <p>Answer the following questions about your family member. For the purposes of this application, if applicable, you must answer "Yes" to the following questions 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. (If your answer is "Yes" to any one of these questions, explain on a separate sheet of paper. Answering "Yes" does not necessarily mean that your family member will be denied T nonimmigrant status.)</p> <p>1. Has the family member for whom you are filing EVER...</p> <p>2. 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>3... 4...</p> <p>5... 6... 7... 8... 9... 10...</p>	<p>[Page 3]</p> <p><b>Part E. Processing Information</b></p> <p><b>[No change]</b></p> <p><b>[Deleted]</b></p> <p>[Page 4]</p> <p>2... 3...</p> <p>[Page 4]</p> <p>4... 5... 6... 7... 8... 9...</p>

	<p>11... 12... 13... 14... 15... 16... 17... 18... 19... 20... 21... 22... 23...</p>	<p>[Page 6]</p> <p>10... 11... 12... 13... 14... 15... 16... 17... 18... 19... 20... 21... 22...</p>
<p><b>Page 7, Part E. Attestation, Release, and Signature</b></p>	<p><b>Part E. Attestation, Release, and Signature</b></p> <p><b>After reading the information regarding penalties in the instructions, you, the principal, must sign below. Your family member for whom you are applying must also sign below if he or she is presently in the United States. If someone helped you prepare this supplementary application, he or she must complete Part F.</b></p> <p>I have read, or had read to me, this form, the information provided on it, and the evidence provided with it.</p> <p><b>Principal Applicant's Statement and Signature</b> <i>(Choose one of the following):</i></p> <p><input type="checkbox"/> I can read and understand English, and I have read and understand each and every question and instruction on this form, as well as my answer to each question.</p> <p><input type="checkbox"/> Each and every question and instruction on this form, as well as my answer to each question, has been read to me in the language, a language in which I am fluent, by the person named in <b>Interpreter's Statement and Signature</b>. I understand each and every question and instruction on this form, as well as my answer to each question.</p>	<p>[Page 7]</p> <p><b>Part F. Applicant's Statement, Contact Information, Declaration, Certification, and Signature</b></p> <p><b>NOTE:</b> Read the <b>Penalties</b> section of the Form I-914A Instructions before completing this part.</p> <p><b>Applicant's Statement</b> <b>NOTE:</b> Select the box for either <b>Item A.</b> or <b>B.</b> in <b>Item Number 1.</b> If applicable, select the box for <b>Item Number 2.</b></p> <p><b>1. Applicant's Statement Regarding the Interpreter</b></p> <p><b>A.</b> <input type="checkbox"/> I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.</p> <p><b>B.</b> <input type="checkbox"/> The interpreter named in <b>Part G.</b> read to me every question and instruction on this application and my answer to every question in [Fillable Field], a language in which I am fluent, and I understood everything.</p> <p><b>2. Applicant's Statement Regarding the Preparer</b></p> <p><input type="checkbox"/> At my request, the preparer named in <b>Part H.</b>, [Fillable Filed], prepared this application for me based only upon information I provided or</p>

	<p>I authorize the release of any information from my record that U.S. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit I am seeking for the family member for whom I am applying, to investigate my claim, and to investigate fraudulent claims. I further authorize USCIS to release information to law enforcement agencies and prosecutors investigating or prosecuting crimes of trafficking or related crimes. I further authorize USCIS to release information to Federal, State, and local public and private agencies providing benefits, to be used solely in making determinations of eligibility for benefits pursuant to 8 USC 1641(c).</p>	<p>authorized.</p> <p><b><i>Applicant's Contact Information</i></b>  <b>3.</b> Applicant's Daytime Telephone Number  <b>4.</b> Applicant's Mobile Telephone Number (if any)  <b>5.</b> Applicant's Email Address (if any)</p> <p><b><i>Applicant's Declaration and Certification</i></b>  Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that U.S. Citizenship and Immigration 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.</p> <p>I authorize the release of any information from my record that USCIS needs to determine eligibility for the benefit I am seeking for the family member for whom I am applying, to investigate my claim, and to investigate fraudulent claims. I further authorize USCIS to release information to law enforcement agencies and prosecutors investigating or prosecuting crimes of trafficking or related crimes. I further authorize USCIS to release information to Federal, State, and local public and private agencies providing benefits, to be used solely in making determinations of eligibility for benefits pursuant to 8 USC 1641(c).</p> <p>I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.</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"> <li><b>1)</b> I reviewed and understood all of the information contained in, and submitted with, my application; and</li> <li><b>2)</b> All of this information was complete, true, and correct at the time of filing.</li> </ol> <p>I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in,</p>
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	<p><b>Principal Applicant's Signature</b> (<i>you</i>)</p> <p><b>Date</b> (<i>mm/dd/yyyy</i>)</p> <p><b>Signature of Derivative</b> (<i>your family member if physically present in the United States</i>)</p> <p><b>Date</b> (<i>mm/dd/yyyy</i>)</p>	<p>and submitted with, my application and that all of this information is complete, true, and correct.</p> <p><b>Applicant's Signature</b>  <b>6.</b> Applicant's Signature  Date of Signature (<i>mm/dd/yyyy</i>)</p> <p>[Page 8]</p> <p>[No change]</p> <p><b>NOTE TO ALL APPLICANTS:</b> If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.</p>
<p><b>Page 8, Part F. Preparer and/or Interpreter Certification and Signature</b></p>	<p><b>Interpreter's Statement and Signature</b> (<i>if applicable</i>)</p> <p>I certify that I am fluent in English and the below-mentioned language.</p> <p><b>Language used</b> (<i>language in which applicant is fluent</i>):</p> <p>I further certify that I have read each and every question and instruction on this form, as well as</p>	<p>[Page 8]</p> <p><b>Part G. Interpreter's Contact Information, Certification, and Signature</b></p> <p>Provide the following information about the interpreter.</p> <p><b>Interpreter's Full Name</b>  <b>1.</b> Interpreter's Family Name (Last Name)  Interpreter's Given Name (First Name)  <b>2.</b> Interpreter's Business or Organization Name (if any)</p> <p><b>Interpreter's Mailing Address</b>  <b>3.</b> Street Number and Name  [ ] Apt. [ ] Ste. [ ] Flr. [fillable field]  City or Town  State  ZIP Code  Province  Postal Code  Country</p> <p><b>Interpreter's Contact Information</b>  <b>4.</b> Interpreter's Daytime Telephone Number  <b>5.</b> Interpreter's Mobile Telephone Number (if any)  <b>6.</b> Interpreter's Email Address (if any)</p> <p><b>Interpreter's Certification</b></p> <p>I certify, under penalty of perjury, that:</p> <p>I am fluent in English and [Fillable Field], which is the same language specified in <b>Part F.</b>,</p>

	<p>the answer to each question, to this applicant in the above-mentioned language, and the applicant has understood each and every instruction and question on the form, as well as the answer to each question.</p> <p><b>Interpreter's Signature</b>  <b>Date</b> (mm/dd/yyyy)  <b>Printed Name</b>  <b>Telephone Number</b> (with area code)</p> <p><b>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.</b></p>	<p><b>Item B. in Item Number 1.</b>, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the <b>Applicant's Declaration and Certification</b>, and has verified the accuracy of every answer.</p> <p><b>Interpreter's Signature</b>  7. Interpreter's Signature  Date of Signature (mm/dd/yyyy)  [Delete]  [Moved above]</p>
<p><b>Page 8, Part F. Preparer and/or Interpreter Certification and Signature</b></p>	<p><b>Part F. Preparer and/or Interpreter Certification and Signature</b> (To be completed and signed if form is prepared by a person other than the applicant)</p> <p><b>Preparer's Statement and Signature</b> (if applicable)</p> <p>I declare that I prepared this application at the request of the above person, and it is based on</p>	<p>[Page 9]</p> <p><b>Part H. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant</b></p> <p>Provide the following information about the preparer.</p> <p><b>Preparer's Full Name</b>  1. Preparer's Family Name (Last Name)  Preparer's Given Name (First Name)  2. Preparer's Business or Organization Name (if any)</p> <p><b>Preparer's Mailing Address</b>  3. Street Number and Name  [ ] Apt. [ ] Ste. [ ] Flr. [fillable field]  City or Town  State  ZIP Code  Province  Postal Code  Country</p> <p><b>Preparer's Contact Information</b>  4. Preparer's Daytime Telephone Number  5. Preparer's Mobile Telephone Number (if any)  6. Preparer's Email Address (if any)</p> <p><b>Preparer's Statement</b></p> <p><b>7.A.</b> <input type="checkbox"/> I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the</p>

	<p>all information of which I have knowledge. I have not knowingly withheld any material information that would affect the outcome of this application.</p> <p><b>Attorney or Representative:</b> In the event of a Request for Evidence, may USCIS contact you by fax or e-mail?</p> <p><b>Preparer's Signature</b>  <b>Date</b> (<i>mm/dd/yyyy</i>)  <b>Preparer's Printed Name</b>  <b>Preparer's Firm Name</b> (<i>if applicable</i>)  <b>Preparer's Address</b>  <b>Daytime Phone Number</b> (<i>with area code</i>)  <b>Fax Number</b> (<i>if any</i>)  <b>E-Mail Address</b> (<i>if any</i>)</p>	<p>applicant's consent.</p> <p><b>B.</b> <input type="checkbox"/> I am an attorney or accredited representative and my representation of the applicant in this case <input type="checkbox"/> extends <input type="checkbox"/> does not extend beyond the preparation of this application</p> <p>[Deleted]</p> <p>.</p> <p><b>NOTE:</b> If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.</p> <p><b>Preparer's Certification</b>  By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the <b>Applicant's Declaration and Certification</b>, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.</p> <p><b>Preparer's Signature</b> [Sub-header]  <b>8.</b> Preparer's Signature  Date of Signature (<i>mm/dd/yyyy</i>)  [Delete]  [Moved above]  [Moved above]  [Moved above]  [Delete]  [Moved above]</p>
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