



# Supplement 1, Listing of Adult Member of the Household

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

USCIS  
Form I-600A/I-600  
Supplement 1  
OMB No. 1615-0028  
Expires 02/28/2017

## Part 1. Information About an Adult Member of the Household

You **must** complete Form I-600A/Form I-600, Supplement 1, for each adult member of your household 18 years of age or older. Note you do not need to complete one for yourself or your spouse (if married).

**Provide the following information about the Adult Member of the Household:**

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

--	--	--

2. Other Names You Have Used (including maiden name, nicknames, and aliases, if any)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)

3. U.S. Mailing Address (if any)

In Care Of Name

Street Number and Name	Apt.	Ste.	Flr.	Number
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
City or Town	State		ZIP Code	

4. Is your current U.S. mailing address the same as your U.S. physical address?  Yes    No

If you answered "No" to **Item Number 4.**, provide your U.S. physical address in **Item Number 5.** or your address abroad in **Item Number 6.**, as appropriate.

5. U.S. Physical Address (if any)

Street Number and Name	Apt.	Ste.	Flr.	Number
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
City or Town	State		ZIP Code	

6. Address Abroad (if any)

Street Number and Name	Apt.	Ste.	Flr.	Number
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
City or Town	State			
Province	Postal Code	Country		

7. Date of Birth (mm/dd/yyyy)	8. City/Town/Village of Birth

**Part 1. Information About an Adult Member of the Household (continued)**

9. State or Province of Birth

10. Country of Birth

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

▶ A-

**Duty of Disclosure**

You must answer each of the following questions. See the **Duty of Disclosure** section in the Form I-600A or Form I-600 instructions, concerning your ongoing duty to disclose information in response to these questions. If you answer "Yes" to any of these questions, provide a certified copy of the documentation showing the final disposition of each incident which resulted in arrest, indictment, conviction, and/or any other judicial or administrative action and a written statement giving details, including any mitigating circumstances about each arrest, signed by the adult member of the household under penalty of perjury under U.S. law. The written statement must show the date of each incident; place incident occurred (city/town, state/province, country); name of police department or other law enforcement administration or other entity involved; and date of incarceration and name of facility, if applicable. Provide a description of any type of counseling, rehabilitation, or other information that you and the adult member of the household would like considered in light of this history on a separate sheet of paper; type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

12. Has the adult member of the household **EVER**, whether in or outside the United States:

- A. Been arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations, but including driving or operating a vehicle while intoxicated or while impaired by or under the influence of alcohol or other intoxicant, even if the record of the arrest, conviction, or other adverse criminal history was expunged, sealed, pardoned, or the subject of any other amelioration?  Yes  No
- B. Been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency, or similar action?  Yes  No
- C. Received a suspended sentence, been placed on probation or parole, or in an alternative sentencing or rehabilitation program, such as diversion, deferred prosecution, deferred or withheld adjudication, or expungement of a criminal charge?  Yes  No
- D. At any time been the subject of any investigation by any child welfare agency, court, or other official authority in any State or foreign country concerning the abuse or neglect of any child, *other than* an investigation that has been completed and formally closed based on a finding that the allegation of abuse or neglect was unfounded or unsubstantiated?  Yes  No

**Part 2. Information About You (Applicant or Petitioner Filing Form I-600A/I-600)**

1. Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

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

3. City/Town/Village of Birth

4. State or Province of Birth

5. Country of Birth

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

▶ A-

**Part 3. Adult Member of the Household's Statement, Contact Information, Certification, and Signature**

**Adult Member of the Household's Statement**

Select the box for either **Item Number 1.A.** or **1.B.** If applicable, select the box for **Item Number 2.**

- 1.A.  I can read and understand English, and have read and understand every question and instruction on this supplement, as well as my answer to every question.
- 1.B.  The interpreter named in **Part 6.** has read to me every question and instruction on this supplement, as well as my answer to every question, in , a language in which I am fluent. I understand every question and instruction on this supplement as translated to me by my interpreter, and have provided complete, true, and correct responses.
- 2.  I have requested the services of and consented to , who  is  is not an attorney or accredited representative, preparing this supplement for me.

**Adult Member of the Household's Contact Information**

- 3. Adult Member of the Household's Daytime Telephone Number
- 4. Adult Member of the Household's Mobile Telephone Number (if any)
- 5. Adult Member of the Household's Email Address (if any)

**Adult Member of the Household's Certification**

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 and all of my records that USCIS may need to determine the suitability and eligibility of the applicant or petitioner as an adoptive parent.

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

I certify, under penalty of perjury, that the information in my supplement and any document submitted with my supplement is complete, true, and correct.

**Adult Member of the Household's Signature**

- 6. Adult Member of the Household's Signature  Date of Signature (mm/dd/yyyy)

**Part 4. Adult Member of the Household's Duty of Disclosure**

**Certification:** I understand the ongoing duty to disclose information concerning any change of circumstance, as described in the Form I-600A and/or Form I-600 instructions, and I agree to notify the applicant, petitioner, and/or home study preparer and USCIS of any new information that I am required to disclose.

- Adult Member of the Household's Signature  Date of Signature (mm/dd/yyyy)

**Part 5. Applicant's or Petitioner's Statement, Contact Information, Certification, and Signature**

***Applicant's or Petitioner's Statement***

Select the box for either **Item Number 1.A.** or **1.B.** If applicable, select the box for **Item Number 2.**

- 1.A.  I can read and understand English, and have read and understand every question and instruction on this supplement, as well as my answer to every question.
- 1.B.  The interpreter named in **Part 6.** has read to me every question and instruction on this supplement, as well as my answer to every question, in , a language in which I am fluent. I understand every question and instruction on this supplement as translated to me by my interpreter, and have provided complete, true, and correct responses.
- 2.  I have requested the services of and consented to , who  is  is not an attorney or accredited representative, preparing this supplement for me.

***Applicant's or Petitioner's Contact Information***

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

***Applicant's or Petitioner's Certification***

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 and all of my records that USCIS may need to determine my suitability and eligibility as an adoptive parent.

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

I certify, under penalty of perjury, that the information in my supplement and any document submitted with my supplement is complete, true, and correct.

***Applicant's or Petitioner's Signature***

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

**Part 6. Interpreter's Name, Contact Information, Certification, and Signature**

If the adult member of the household and/or applicant or petitioner used an interpreter, the interpreter must provide the following information:

***Interpreter's Full Name***

- 1. Interpreter's Family Name (Last Name)  Interpreter's Given Name (First Name)
- 2. Interpreter's Business or Organization Name (if any)

**Part 6. Interpreter's Name, Contact Information, Certification, and Signature (continued)**

**Interpreter's Mailing Address**

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

**Interpreter's Contact Information**

4. Interpreter's Daytime Telephone Number  5. Interpreter's Email Address (if any)

**Interpreter's Certification**

I certify that:

I am fluent in English and .

I have read to this adult member of the household and/or applicant or petitioner every question and instruction on this supplement, as well as the answer to every question in the language in which he and/or she is fluent; and

The adult member of the household and/or applicant or petitioner has informed me that he and/or she understands every instruction and question on the supplement, as well as his and/or her answers to every question, and the adult member of the household and/or applicant or petitioner verified the accuracy of every answer.

**Interpreter's Signature**

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

**Part 7. Name, Contact Information, Statement, Certification, and Signature of the Person Preparing this Supplement, If Other Than the Adult Member of the Household, and/or Applicant or Petitioner**

If the adult member of the household and/or applicant or petitioner used a preparer to complete this supplement, the preparer must provide the following information:

**Preparer's Full Name**

1. Preparer's Family Name (Last Name)  Preparer's Given Name (First Name)   
2. Preparer's Business or Organization Name (if any)

**Part 7. Name, Contact Information, Statement, Certification, and Signature of the Person Preparing this Supplement, If Other Than the Adult Member of the Household, and/or Applicant or Petitioner (continued)**

**Preparer's Mailing Address**

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

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number  5. Preparer's Fax Number (if any)   
6. Preparer's Email Address (if any)

**Preparer's Statement**

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

**NOTE:** If you are an attorney or accredited representative whose representation extends beyond the preparation of this supplement, you must submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or Form G-28I, Notice of Entry of Appearance as Attorney in Matters Outside the Geographical Confines of the United States, with this supplement.

**Preparer's Certification**

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this supplement on behalf of, at the request of, and with the express consent of the adult member of the household and/or applicant or petitioner. I completed this supplement based only on responses the adult member of the household and/or applicant or petitioner provided to me. After completing the supplement, I reviewed it and all of the adult member of the household's and/or applicant's or petitioner's responses with the adult member of the household and/or applicant or petitioner, who agreed with every answer on the supplement. If the adult member of the household and/or applicant or petitioner supplied additional information concerning a question on the supplement, I recorded it on the supplement.

**Preparer's Signature**

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

---

---

## USCIS Privacy Act Statement

**AUTHORITY:** The information requested on this application, petition, and/or supplement, and the associated evidence, is collected under Section 101(b)(1)(F) of the Immigration and Nationality Act (INA) [8 USC 1101], 8 CFR 204.3, and 8 CFR 204.311.

**PURPOSE:** The purpose of Supplement 1 is to collect information on any adult members of the household.

This Supplement must be completed for any individual, other than you and your spouse (if married), who has the same principal residence as you and is 18 years of age or older on or before the date that Form I-600A or Form I-600 is filed. Residence is defined as the place of general abode or a person's principal, actual dwelling place in fact, without regard to intent. USCIS reserves the right to request information on any household member who has not yet reached his or her 18th birthday before the date when Form I-600A or Form I-600 is filed, or who does not actually live at the same residence, but whose presence in the residence is relevant to the issue of your and your spouse's suitability to adopt.

**DISCLOSURE:** The information you provide is voluntary. However, failure to provide the requested information, and any requested evidence, may delay a final decision or result in denial of your application or petition.

**ROUTINE USES:** DHS may share the information you provide on this form with other Federal, state, local, and foreign government agencies and authorized organizations following approved routine uses described in the associated published system of records notices [DHS/USCIS-005 - Inter-Country Adoptions Security and DHS-USCIS-001 - Alien File, Index, and National File Tracking System of Records, which can be found at [www.dhs.gov/privacy](http://www.dhs.gov/privacy)]. The information may also be shared, as appropriate, for law enforcement purposes or in the interest of national security.