

**TABLE OF CHANGES – FORM**  
**Form I-539, Application to Extend/Change Nonimmigrant Status**  
**OMB Number: 1615-0003**  
**07/05/2018**

**Reason for Revision: Revision with standard language changes, including credit card language.**

Legend for Proposed Text:

- Black font = Current text
- Purple font = Standard language
- Red font = Changes

Current Page Number and Section	Current Text	Proposed Text
<p><b>Page 1, To Be Completed by an Attorney or Accredited Representative, if any.</b></p>	<p>[Page 1]</p> <p><b>To Be Completed by an Attorney or Accredited Representative, if any.</b></p> <p>Select this box if G-28 is attached to represent the applicant.</p> <p>Attorney State License Number:</p>	<p>[Page 1]</p> <p><b>To be completed by an attorney or BIA-accredited representative (if any).</b></p> <p><b>Select this box if Form G-28 is attached.</b></p> <p><b>Attorney State Bar Number (if applicable)</b></p> <p><b>Attorney or Accredited Representative USCIS Online Account Number (if any)</b></p> <p><b>START HERE – Type or print in black ink.</b></p>
<p><b>Page 1, Part 1. Information About You</b></p>	<p>[Page 1]</p> <p><b>Part 1. Information About You</b></p> <p><b>3.a. Family Name (Last Name)</b>  <b>3.b. Given Name (First Name)</b>  <b>3.c. Middle Name</b></p> <p><b>1. Alien Registration Number (A-Number)</b></p> <p><b>2. USCIS Online Account Number (if any)</b></p> <p><b>Mailing Address</b></p> <p><b>4.a. In Care Of Name</b>  <b>4.b. Street Number and Name</b>  <b>4.c. Apt. Ste. Flr.</b>  <b>4.d. City or Town</b>  <b>4.e. State</b>  <b>4.f. ZIP Code</b></p> <p><b>Physical Address</b></p>	<p>[Page 1]</p> <p><b>Part 1. Information About You</b></p> <p><b>Your Full Name</b></p> <p><b>1.a. Family Name (Last Name)</b>  <b>1.b. Given Name (First Name)</b>  <b>1.c. Middle Name</b></p> <p><b>2. Alien Registration Number (A-Number) (if any)</b></p> <p><b>3. USCIS Online Account Number (if any)</b></p> <p><b>U.S. Mailing Address</b></p> <p><b>4.a. In Care Of Name (if any)</b>  <b>4.b. Street Number and Name</b>  <b>4.c. Apt. Ste. Flr.</b>  <b>4.d. City or Town</b>  <b>4.e. State</b>  <b>4.f. ZIP Code</b></p> <p><b>U.S. Physical Address</b></p>

	<p>5.a. Street Number and Name  5.b. Apt. Ste. Flr.  5.c. City or Town  5.d. State  5.e. ZIP Code</p> <p><b>Other Information</b></p> <p>6. Country of Birth</p> <p>7. Country of Citizenship or Nationality</p> <p>8. Date of Birth (mm/dd/yyyy)</p> <p>9. U.S. Social Security Number (if any)</p> <p>10. Date of Last Arrival Into the United States (mm/dd/yyyy)</p> <p>Provide information about your most recent Form I-94</p> <p>11.a. I-94 Arrival-Departure Record Number</p> <p>11.b. Passport Number</p> <p>11.c. Travel Document Number</p> <p>11.d. Country of Issuance for Passport or Travel Document</p> <p>11.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy)</p> <p>12.a. Current Nonimmigrant Status</p> <p>12.b. Expiration Date (mm/dd/yyyy)</p> <p>12.c. Check this box if you were granted Duration of Status (D/S).</p>	<p>5.a. Street Number and Name  5.b. Apt. Ste. Flr.  5.c. City or Town  5.d. State  5.e. ZIP Code</p> <p><b>Other Information About You</b></p> <p>6. Country of Birth</p> <p>7. Country of Citizenship or Nationality</p> <p>8. Date of Birth (mm/dd/yyyy)</p> <p>9. U.S. Social Security Number (if any)</p> <p>10. Date of Last Arrival Into the United States (mm/dd/yyyy)</p> <p>Provide <b>Information About Your Most Recent Entry Into the United States</b></p> <p>11. <b>Form</b> I-94 Arrival-Departure Record Number</p> <p>12. Passport Number</p> <p><b>[Page 2]</b></p> <p>13. Travel Document Number (if any)</p> <p>14.a. Country of <b>Passport</b> or Travel Document Issuance</p> <p>14.b. <b>Passport</b> or Travel Document <b>Expiration Date</b> (mm/dd/yyyy)</p> <p>15.a. Current Nonimmigrant Status (e.g. F-1 student, H-4 dependent, etc.)</p> <p>15.b. Expiration Date (mm/dd/yyyy)</p> <p>16. <b>Select</b> this box if you were granted Duration of Status (D/S).</p>
<p><b>Page 2,  Part 2. Application Type</b></p>	<p><b>[Page 2]</b></p> <p><b>Part 2. Application Type</b> (See instructions for fee)</p> <p>I am applying for: (Select one)</p> <p>1. An extension of stay in my current status.</p> <p>2.a. A change of status. The new status and effective date of change. (mm/dd/yyyy)</p>	<p><b>[Page 2]</b></p> <p><b>Part 2. Application Type</b></p> <p>I am applying for (select <b>only one</b> box):</p> <p>1. <b>Reinstatement to student status.</b></p> <p>2. An extension of stay in my current status.</p> <p>3.a. A change of <b>status.</b></p> <p>3.b. <b>New</b> status and effective date of <b>change</b></p>

	<p><b>2.b.</b> The change of status I am requesting is:</p> <p><b>3.</b> Reinstatement to student status.</p> <p>Number of people included in this application: (<i>Select one</i>)</p> <p><b>4.</b> I am the only applicant.</p> <p><b>5.a.</b> Members of my family are filing this application with me.</p> <p><b>5.b.</b> The total number of people (including me) in the application is: (<i>Complete the supplement for each co-applicant.</i>)</p>	<p>(mm/dd/yyyy)</p> <p><b>3.c.</b> The change of status I am requesting is:</p> <p><b>[moved as Item Number 1.]</b></p> <p>Number of people included in this application (select <b>only one</b> box):</p> <p><b>4.</b> I am the only applicant.</p> <p><b>5.a.</b> Members of my family are filing this application with me.</p> <p><b>5.b.</b> The total number of people (including me) in the application is: (<b>Complete the supplement for each co-applicant.</b>)</p>
<p><b>Page 2, Part 3. Processing Information</b></p>	<p><b>[Page 2]</b></p> <p><b>Part 3. Processing Information</b></p> <p><b>1.a.</b> I/We request that my/our current or requested status be extended until (mm/dd/yyyy)</p> <p><b>1.b.</b> Check this box if you were granted, or are seeking, Duration of Status (D/S).</p> <p><b>2.a.</b> Is this application based on an extension or change of status already granted to your spouse, child, or parent?</p> <p><b>2.b.</b> If "Yes," provide USCIS Receipt Number.</p> <p><b>3.a.</b> Is this application based on a separate petition or application to give your spouse, child, or parent an extension or change of status?</p> <p><input type="checkbox"/> Yes, filed with this I-539.  <input type="checkbox"/> No  <input type="checkbox"/> Yes, filed previously and pending with USCIS.</p> <p><b>3.b.</b> If pending with USCIS, provide USCIS Receipt Number</p> <p>If the petition or application is pending with USCIS, also give the following data:</p> <p><b>3.c.</b> First and last name of petitioner or applicant</p> <p>Office where petition or application filed:</p> <p><b>3.d.</b> City or Town</p> <p><b>3.e.</b> State</p>	<p><b>[Page 2]</b></p> <p><b>Part 3. Processing Information</b></p> <p><b>1.</b> I/We request that my/our current or requested status be extended until (mm/dd/yyyy):</p> <p><b>[deleted]</b></p> <p><b>2.a.</b> Is this application based on an extension or change of status already granted to your spouse, child, or parent?</p> <p><b>2.b.</b> If you answered "Yes" to <b>Item Number 2.a.</b>, provide USCIS Receipt <b>Number</b>.</p> <p><b>3.a.</b> Is this application based on a separate petition or application to provide your spouse, child, or parent an extension or change of status?</p> <p><input type="checkbox"/> Yes, filed with this <b>Form</b> I-539.  <input type="checkbox"/> No  <input type="checkbox"/> Yes, filed previously and pending with <b>U.S. Citizenship and Immigration Services (USCIS)</b>.</p> <p><b>3.b.</b> If pending with USCIS, provide USCIS Receipt <b>Number</b>.</p> <p>If the petition or application is pending with USCIS, also provide the following <b>information</b>:</p> <p><b>4.</b> First and <b>Last Name</b> of <b>Petitioner</b> or <b>Applicant</b></p> <p><b>[deleted]</b></p>

	3.f. Date Filed (mm/dd/yyyy)	5. Date Filed (mm/dd/yyyy)
<p><b>Pages 2-3, Part 4. Additional Information</b></p>	<p>[Page 2]</p> <p><b>Part 4. Additional Information</b></p> <p>If you are the Principal Applicant, provide your current Passport information:</p> <p><b>1.a.</b> Country of Issuance for Passport <b>1.b.</b> Expiration Date for Passport (mm/dd/yyyy)</p> <p><b>Foreign Home Address</b></p> <p><b>2.a.</b> Street Number and Name <b>2.b.</b> Apt. Ste. Flr. <b>2.c.</b> City or Town <b>2.d.</b> Province <b>2.e.</b> Postal Code <b>2.f.</b> Country</p> <p>Answer the following questions. If you answer "Yes" to any question, describe the circumstances in detail and explain on a separate sheet of paper.</p> <p><b>3.</b> Are you, or any other person included on the application, an applicant for an immigrant visa?</p> <p><b>4.</b> Has an immigrant petition EVER been filed for you or for any other person included in this application?</p> <p><b>5.</b> Has Form I-485, Application to Register Permanent Residence or Adjust Status, EVER been filed by you or by any other person included in this application?</p> <p><b>6.</b> Have you, or any other person included in this application, EVER been arrested or convicted of any criminal offense since last entering the United States?</p> <p>Have you, or any other person included on the application, EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:</p> <p><b>7.</b> Acts involving torture or genocide?</p> <p><b>8.</b> Killing any person?</p> <p><b>9.</b> Intentionally and severely injuring any person?</p> <p><b>10.</b> Engaging in any kind of sexual contact or</p>	<p>[Page 2]</p> <p><b>Part 4. Additional Information About the Principal Applicant</b></p> <p>Provide Your Current Passport Information (if different from <b>Part 1.</b>)</p> <p><b>1.a.</b> Passport Number <b>1.b.</b> Country of Passport Issuance <b>1.c.</b> Passport Expiration Date (mm/dd/yyyy)</p> <p><b>Physical Address Abroad</b></p> <p><b>2.a.</b> Street Number and Name <b>2.b.</b> Apt. Ste. Flr. <b>2.c.</b> City or Town <b>2.d.</b> Province <b>2.e.</b> Postal Code <b>2.f.</b> Country</p> <p>Answer the following questions. If you answer "Yes" to any of the questions in <b>Item Numbers 3. - 15.</b>, use the space provided in <b>Part 8. Additional Information</b> to provide an explanation.</p> <p>[Page 3]</p> <p><b>3.</b> Are you, or any other person included on the application, an applicant for an immigrant visa?</p> <p><b>4.</b> Has an immigrant petition <b>EVER</b> been filed for you or for any other person included in this application?</p> <p><b>5.</b> Has Form I-485, Application to Register Permanent Residence or Adjust Status, <b>EVER</b> been filed by you or by any other person included in this application?</p> <p><b>6.</b> Have you, or any other person included in this application, <b>EVER</b> been arrested or convicted of any criminal offense since last entering the United States?</p> <p>Have you, or any other person included on the application, <b>EVER</b> ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:</p> <p><b>7.a.</b> Acts involving torture or genocide? <b>7.b.</b> Killing any person? <b>7.c.</b> Intentionally and severely injuring any person? <b>7.d.</b> Engaging in any kind of sexual contact or</p>

	<p>relations with any person who was being forced or threatened?</p> <p><b>11.</b> Limiting or denying any person's ability to exercise religious beliefs?</p> <p><b>[Page 3]</b></p> <p><b>12.</b> Have you, or any other person included on the application, EVER served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization?</p> <p><b>13.</b> Have you, or any other person included in this application, EVER served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons?</p> <p><b>14.</b> Have you, or any other person included in this application, EVER 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><b>15.</b> Have you, or any other person included in this application, EVER assisted or participated in selling, providing, or transporting weapons to any person who to your knowledge, used them against another person?</p> <p><b>16.</b> Have you, or any other person included in this application, EVER received any type of military, paramilitary, or weapons training?</p> <p><b>17.</b> Have you, or any other person included in this application, done anything that violated the terms of the nonimmigrant status you now hold?</p> <p><b>18.</b> Are you, or any other person included in this application, now in removal proceedings?</p> <p>If "Yes," provide the following information concerning the removal proceedings in <b>Part 4. Additional Information for Answers to Item Numbers 18., 19., and 20.</b> Include the name of the person in removal proceedings and information on jurisdiction, date proceedings began, and status of proceedings.</p> <p><b>19.</b> Have you, or any other person included in this application, been employed in the United States since last admitted or granted an</p>	<p>relations with any person who <b>did not consent or was unable to consent</b>, or was being forced or threatened?</p> <p><b>7.e.</b> Limiting or denying any person's ability to exercise religious beliefs?</p> <p><b>Have you</b>, or any other person included on the application, <b>EVER:</b></p> <p><b>8.a.</b> Served in, been a member of, assisted, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerilla group, militia, insurgent organization, or any other armed group?</p> <p><b>8.b.</b> Worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons?</p> <p><b>9.</b> Have you, or any other person included in this application, <b>EVER</b> been a member of, assisted, 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><b>10.</b> Have you, or any other person included in this application, <b>EVER</b> assisted or participated in selling, providing, or transporting weapons to any person who, to your knowledge, used them against another person?</p> <p><b>11.</b> Have you, or any other person included in this application, <b>EVER</b> received any type of military, paramilitary, or weapons training?</p> <p><b>12.</b> Have you, or any other person included in this application, done anything that violated the terms of the nonimmigrant status you now hold?</p> <p><b>13.</b> Are you, or any other person included in this application, now in removal proceedings?</p> <p>If you answered "Yes" to <b>Item Number 13.</b>, provide the following information concerning the removal proceedings in <b>the space provided in Part 8. Additional Information.</b> Include the name of the person in removal proceedings and information on jurisdiction, date proceedings began, and status of proceedings.</p> <p><b>14.</b> Have you, or any other person included in this application, been employed in the United States since last admitted or granted an</p>
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	<p>extension or change of status?</p> <p>If "No," fully describe how you are supporting yourself in <b>Part 4. Additional Information for Answers to Item Numbers 18., 19., and 20.</b> Include documentary evidence of the source, amount, and basis for any income.</p> <p>If "Yes," fully describe the employment in <b>Part 4. Additional Information for Answers to Item Numbers 18., 19., and 20.</b> Include the name of the person employed, name and address of the employer, weekly income, and whether the employment was specifically authorized by USCIS.</p> <p><b>20.</b> Are you, or any other person included in this application, currently or have you ever been a J-1 exchange visitor or a J-2 dependent of a J-1 exchange visitor?</p> <p>If "Yes," you must provide the dates you maintained status as a J-1 exchange visitor or J-2 dependent in <b>Part 4. Additional Information for Answers to Item Numbers 18., 19. and 20.</b></p>	<p>extension or change of status?</p> <p>If you answered "No" to <b>Item Number 14.,</b> fully describe how you are supporting yourself in <b>Part 8. Additional Information.</b> Include documentary evidence of the source, amount, and basis for any income.</p> <p>If you answered "Yes" to <b>Item Number 14.,</b> fully describe the employment in <b>Part 8. Additional Information.</b> Include the name of the person employed, name and address of the employer, weekly income, and whether the employment was specifically authorized by USCIS.</p> <p><b>15.</b> Are you, or any other person included in this application, currently or have you ever been a J-1 exchange visitor or a J-2 dependent of a J-1 exchange visitor?</p> <p>If you answered "Yes" to <b>Item Number 15.,</b> you must provide the dates you maintained status as a J-1 exchange visitor or J-2 dependent in <b>Part 8. Additional Information.</b></p>
<p><b>Pages 3-4, Part 5. Applicant's Statement, Contact Information, Certification and Signature</b></p>	<p>[Page 3]</p> <p><b>Part 5. Applicant's Statement, Contact Information, Certification and Signature</b></p> <p>[new]</p> <p><b>NOTE:</b> Select the box for either <b>Item Number 1.a.</b> or <b>1.b.</b> If applicable, select the box for <b>Item Number 2.</b></p> <p><b>1.a.</b> I can read and understand English, and have read and understand each and every question and instruction on this form, as well as my answer to every question.</p> <p><b>1.b.</b> The interpreter named in <b>Part 6.</b> has also read to me every question and instruction on this form, as well as my answer to every question, in [fillable field], a language in which I am fluent. I understand every question and instruction on this form as translated to me by my interpreter, and have provided true and correct responses in the language indicated above.</p> <p><b>2.</b> I have requested the services of and consented to [fillable field], who is <input type="checkbox"/> is not <input type="checkbox"/> an attorney or accredited representative, preparing this form for me.</p>	<p>[Page 4]</p> <p><b>Part 5. 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-539 Instructions before completing this section.</p> <p><b>Applicant's Statement</b></p> <p><b>NOTE:</b> Select the box for either <b>Item Number 1.a.</b> or <b>1.b.</b> If applicable, select the box for <b>Item Number 2.</b></p> <p><b>1.a.</b> 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>1.b.</b> The interpreter named in <b>Part 6.</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.</b> At my request, the preparer named in <b>Part 7.,</b> [Fillable field], prepared this application for me based only upon information I provided or authorized.</p>

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***Applicant's Contact Information***

- 4. Applicant's Daytime Telephone Number
- 5. Applicant's Mobile Telephone Number
- 6. Applicant's E-mail Address

***Applicant's Certification***

I certify, under penalty of perjury, that the information in my form and any document submitted with my form is true and correct. 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 eligibility for the benefit that I seek.

I furthermore authorize release of information contained in this form, 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.

- 3.a. Applicant's Signature
- 3.b. Date of Signature (mm/dd/yyyy)

***Applicant's Contact Information***

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

***Applicant's Declaration and 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 eligibility for the immigration benefit that I seek.

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.

I understand that USCIS will require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, I will be required to sign an oath reaffirming that:

- 1) I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

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, and submitted with, my application and that all of this information is complete, true, and correct.

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

		<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 4, Part 6. Contact Information, Statement, Certification, and Signature of the Interpreter</b></p>	<p><b>[Page 4]</b></p> <p><b>Part 6. Contact Information, Statement, Certification, and Signature of the Interpreter</b></p> <p>Provide the following information concerning the interpreter:</p> <p><b><i>Interpreter's Full Name</i></b></p> <p><b>1.a.</b> Interpreter's Family Name (<i>Last Name</i>)  <b>1.b.</b> Interpreter's Given Name (<i>First Name</i>)</p> <p><b>2.</b> Interpreter's Business or Organization Name (<i>if any</i>)</p> <p><b><i>Interpreter's Mailing Address</i></b></p> <p><b>3.a.</b> Street Number and Name  <b>3.b.</b> Apt. Ste. Flr.  <b>3.c.</b> City or Town  <b>3.d.</b> State  <b>3.e.</b> ZIP Code  <b>3.f.</b> Province  <b>3.g.</b> Postal Code  <b>3.h.</b> Country</p> <p><b><i>Interpreter's Contact Information</i></b></p> <p><b>4.</b> Interpreter's Daytime Telephone Number</p> <p>[new]</p> <p><b>5.</b> Interpreter's E-mail Address</p> <p><b><i>Interpreter Certification</i></b></p> <p><b>I certify that:</b></p> <p>I am fluent in English and [fillable field], which is the same language provided in <b>Part 5., Item Number 1.b.</b>;</p> <p>I have read to this applicant every question and instruction on this form, as well as the answer every question, in the language provided in <b>Part 5., Item Number 1.b.</b>; and</p> <p>The applicant has informed me that he or she understands every instruction and question on the form, as well as the answer to every question, and the applicant verified the accuracy</p>	<p><b>[Page 4]</b></p> <p><b>Part 6. Interpreter's Contact Information, Statement, Certification, and Signature</b></p> <p>Provide the following information about the interpreter.</p> <p><b><i>Interpreter's Full Name</i></b></p> <p><b>1.a.</b> Interpreter's Family Name (Last Name)  <b>1.b.</b> Interpreter's Given Name (First Name)</p> <p><b>2.</b> Interpreter's Business or Organization Name (if any)</p> <p><b>[Page 5]</b></p> <p><b><i>Interpreter's Mailing Address</i></b></p> <p><b>3.a.</b> Street Number and Name  <b>3.b.</b> Apt. Ste. Flr.  <b>3.c.</b> City or Town  <b>3.d.</b> State  <b>3.e.</b> ZIP Code  <b>3.f.</b> Province  <b>3.g.</b> Postal Code  <b>3.h.</b> Country</p> <p><b><i>Interpreter's Contact Information</i></b></p> <p><b>4.</b> Interpreter's Daytime Telephone Number</p> <p><b>5.</b> Interpreter's Mobile Telephone Number (if any)</p> <p><b>6.</b> Interpreter's Email Address (if any)</p> <p><b><i>Interpreter's Certification</i></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 5., Item Number 1.b.</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>of every answer.</p> <p><b>6.a.</b> Interpreter's Signature  <b>6.b.</b> Date of Signature (<i>mm/dd/yyyy</i>)</p>	<p><b>Interpreter's Signature</b></p> <p><b>7.a.</b> Interpreter's Signature  <b>7.b.</b> Date of Signature (<i>mm/dd/yyyy</i>)</p>
<p><b>Pages 4-5, Part 7. Contact Information, Certification, and Signature of the Person Preparing this Application, If Other Than the Applicant</b></p>	<p><b>[Page 4]</b></p> <p><b>Part 7. Contact Information, Certification, and Signature of the Person Preparing this Application, If Other Than the Applicant</b></p> <p>Provide the following information concerning the preparer:</p> <p><b>Preparer's Full Name</b></p> <p><b>1.a.</b> Preparer's Family Name (<i>Last Name</i>)  <b>1.b.</b> Preparer's Given Name (<i>First Name</i>)</p> <p><b>2.</b> Preparer's Business or Organization Name</p> <p><b>Preparer's Mailing Address</b></p> <p><b>3.a.</b> Street Number and Name  <b>3.b.</b> Apt. Ste. Flr.  <b>3.c.</b> City or Town  <b>3.d.</b> State  <b>3.e.</b> ZIP Code  <b>3.f.</b> Province  <b>3.g.</b> Postal Code  <b>3.h.</b> Country</p> <p><b>[Page 5]</b></p> <p><b>Preparer's Contact Information</b></p> <p><b>4.</b> Preparer's Daytime Telephone Number</p> <p><b>5.</b> Preparer's Fax Number</p> <p><b>6.</b> Preparer's E-mail Address</p> <p><b>[new]</b></p> <p><b>7.a.</b> I am not an attorney or accredited representative but have prepared this form on behalf of the applicant and with the applicant's consent.</p> <p><b>7.b.</b> I am an attorney or accredited representative and my representation of the applicant in this case (<i>choose one</i>) extends <input type="checkbox"/> does not extend <input type="checkbox"/> beyond the preparation of this form.</p>	<p><b>[Page 5]</b></p> <p><b>Part 7. 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></p> <p><b>1.a.</b> Preparer's Family Name (<i>Last Name</i>)  <b>1.b.</b> Preparer's Given Name (<i>First Name</i>)</p> <p><b>2.</b> Preparer's Business or Organization Name</p> <p><b>Preparer's Mailing Address</b></p> <p><b>3.a.</b> Street Number and Name  <b>3.b.</b> Apt. Ste. Flr.  <b>3.c.</b> City or Town  <b>3.d.</b> State  <b>3.e.</b> ZIP Code  <b>3.f.</b> Province  <b>3.g.</b> Postal Code  <b>3.h.</b> Country</p> <p><b>Preparer's Contact Information</b></p> <p><b>4.</b> Preparer's Daytime Telephone Number</p> <p><b>5.</b> Preparer's <b>Mobile Telephone Number (if any)</b></p> <p><b>6.</b> Preparer's <b>Email Address (if any)</b></p> <p><b>[Page 6]</b></p> <p><b>Preparer's Statement</b></p> <p><b>7.a.</b> I am not an attorney or accredited representative but have prepared this <b>application</b> on behalf of the applicant and with the applicant's consent.</p> <p><b>7.b.</b> I am an attorney or accredited representative and my representation of the applicant in this <b>case extends/does not extend</b> beyond the preparation of this <b>application</b>.</p> <p><b>NOTE:</b> If you are an attorney or accredited representative, you may need to submit a</p>

	<p><b>Preparer's Certification</b></p> <p>By my signature, I certify, swear or affirm, under penalty of perjury, that I prepared this form on behalf of, at the request of, and with the express consent of the applicant. I completed this form based only on responses the applicant provided to me. After completing the form, I reviewed it and all of the applicant's responses with the applicant, who agreed with every answer on the form. If the applicant supplied additional information concerning a question on the form, I recorded it on the form.</p> <p>[new]</p> <p>8.a. Preparer's Signature 8.b. Date of Signature (mm/dd/yyyy)</p>	<p>completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.</p> <p><b>Preparer's Certification</b></p> <p>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></p> <p>8.a. Preparer's Signature 8.b. Date of Signature (mm/dd/yyyy)</p>
<p><b>Pages 6-9, Part 4. Additional Information for Answers to Item Numbers 18., 19., and 20</b></p>	<p><b>[Page 6]</b></p> <p><b>Part 4. (continued) Additional Information for Answers to Item Numbers 18., 19., and 20.</b></p> <p><b>If you answered "Yes" to Item Number 18.</b> in <b>Part 4.</b> of this form, give the following information concerning the removal proceedings. Include the name of the person in removal proceedings and information on jurisdiction, date proceedings began, and status of proceedings.</p> <p>1. [fillable field]</p> <p><b>If you answered "No" to Item Number 19.</b> in <b>Part 4.</b> of this form, fully describe how you are supporting yourself. Include the source, amount, and basis for any income.</p> <p>2. [fillable field]</p> <p><b>If you answered "Yes" to Item Number 19.</b> in <b>Part 4.</b> of this form, fully describe the employment. Include the name of the person employed, name and address of the employer, weekly income, and whether the employment was specifically authorized by USCIS.</p> <p>3. [fillable field]</p> <p><b>If you answered "Yes" to Item Number 20.</b></p>	<p><b>[Page 7]</b></p> <p><b>Part 8. Additional Information</b></p> <p>If you need extra space to provide any additional information within this application, 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 application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the <b>Page Number, Part Number, and Item Number</b> to which your answer refers; and sign and date each sheet.</p> <p>1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name</p> <p>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 4.c. Item Number 4.d. [Fillable field]</p> <p>5.a. Page Number 5.b. Part Number 5.c. Item Number</p>

	<p>in <b>Part 4.</b> of this form, list the name and dates of the person or persons who maintained status as a J-1 exchange visitor or J-2 dependent.</p> <p>4. [fillable field]</p>	<p>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>
<p><b>Pages 7-9, Supplement A.</b></p>	<p>[Page 7]</p> <p><b>Supplement A. Attach to Form I-539 when more than one person is included in this application.</b> <i>(List each person separately. Do not include the person named in Form I-539.)</i></p> <p><b>Person One</b></p> <p>1.a. Family Name <i>(Last Name)</i> 1.b. Given Name <i>(First Name)</i> 1.c. Middle Name</p> <p>1.d. Date of Birth <i>(mm/dd/yyyy)</i></p> <p>1.e. Country of Birth</p> <p>1.f. Country of Citizenship or Nationality</p> <p>1.g. U.S. Social Security Number <i>(if any)</i></p> <p>1.h. Alien Registration Number (A-Number)</p> <p>1.i. Date of Arrival <i>(mm/dd/yyyy)</i></p> <p>1.j. I-94 Arrival/Departure Record Number</p> <p>1.k. Passport Number</p> <p>1.l. Travel Document Number</p> <p>1.m. Country of Issuance for Passport or Travel Document</p> <p>1.n. Expiration Date for Passport or Travel Document <i>(mm/dd/yyyy)</i></p> <p>1.o. Current Nonimmigrant Status</p> <p>1.p. Expiration Date <i>(mm/dd/yyyy)</i></p> <p><b>Person Two</b></p> <p>2.a. Family Name <i>(Last Name)</i> 2.b. Given Name <i>(First Name)</i> 2.c. Middle Name</p>	<p>[deleted, contents moved into new form, Form I-539A]</p>

**2.d.** Date of Birth (*mm/dd/yyyy*)  
**2.e.** Country of Birth  
**2.f.** Country of Citizenship or Nationality  
**2.g.** U.S. Social Security Number (*if any*)  
**2.h.** Alien Registration Number (A-Number)  
**2.i.** Date of Arrival (*mm/dd/yyyy*)  
**2.j.** I-94 Arrival/Departure Record Number  
**2.k.** Passport Number  
**2.l.** Travel Document Number  
**2.m.** Country of Issuance for Passport or Travel Document  
**2.n.** Expiration Date for Passport or Travel Document (*mm/dd/yyyy*)  
**2.o.** Current Nonimmigrant Status  
**2.p.** Expiration Date (*mm/dd/yyyy*)

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**Person Three**

**3.a.** Family Name (*Last Name*)  
**3.b.** Given Name (*First Name*)  
**3.c.** Middle Name  
**3.d.** Date of Birth (*mm/dd/yyyy*)  
**3.e.** Country of Birth  
**3.f.** Country of Citizenship or Nationality  
**3.g.** U.S. Social Security Number (*if any*)  
**3.h.** Alien Registration Number (A-Number)  
**3.i.** Date of Arrival (*mm/dd/yyyy*)  
**3.j.** I-94 Arrival/Departure Record Number  
**3.k.** Passport Number  
**3.l.** Travel Document Number  
**3.m.** Country of Issuance for Passport or Travel Document  
**3.n.** Expiration Date for Passport or Travel Document (*mm/dd/yyyy*)  
**3.o.** Current Nonimmigrant Status

3.p. Expiration Date (*mm/dd/yyyy*)

**Person Four**

4.a. Family Name (*Last Name*)

4.b. Given Name (*First Name*)

4.c. Middle Name

4.d. Date of Birth (*mm/dd/yyyy*)

4.e. Country of Birth

4.f. Country of Citizenship or Nationality

4.g. U.S. Social Security Number (*if any*)

4.h. Alien Registration Number (A-Number)

4.i. Date of Arrival (*mm/dd/yyyy*)

4.j. I-94 Arrival/Departure Record Number

4.k. Passport Number

4.l. Travel Document Number

4.m. Country of Issuance for Passport or Travel Document

4.n. Expiration Date for Passport or Travel Document (*mm/dd/yyyy*)

4.o. Current Nonimmigrant Status

4.p. Expiration Date (*mm/dd/yyyy*)

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**Person Five**

5.a. Family Name (*Last Name*)

5.b. Given Name (*First Name*)

5.c. Middle Name

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

5.e. Country of Birth

5.f. Country of Citizenship or Nationality

5.g. U.S. Social Security Number (*if any*)

5.h. Alien Registration Number (A-Number)

5.i. Date of Arrival (*mm/dd/yyyy*)

5.j. I-94 Arrival/Departure Record Number

5.k. Passport Number

	<p><b>5.l.</b> Travel Document Number</p> <p><b>5.m.</b> Country of Issuance for Passport or Travel Document</p> <p><b>5.n.</b> Expiration Date for Passport or Travel Document (<i>mm/dd/yyyy</i>)</p> <p><b>5.o.</b> Current Nonimmigrant Status</p> <p><b>5.p.</b> Expiration Date (<i>mm/dd/yyyy</i>)</p> <p><b>Person Six</b></p> <p><b>6.a.</b> Family Name (<i>Last Name</i>)</p> <p><b>6.b.</b> Given Name (<i>First Name</i>)</p> <p><b>6.c.</b> Middle Name</p> <p><b>6.d.</b> Date of Birth (<i>mm/dd/yyyy</i>)</p> <p><b>6.e.</b> Country of Birth</p> <p><b>6.f.</b> Country of Citizenship or Nationality</p> <p><b>6.g.</b> U.S. Social Security Number (<i>if any</i>)</p> <p><b>6.h.</b> Alien Registration Number (A-Number)</p> <p><b>6.i.</b> Date of Arrival (<i>mm/dd/yyyy</i>)</p> <p><b>6.j.</b> I-94 Arrival/Departure Record Number</p> <p><b>6.k.</b> Passport Number</p> <p><b>6.l.</b> Travel Document Number</p> <p><b>6.m.</b> Country of Issuance for Passport or Travel Document</p> <p><b>6.n.</b> Expiration Date for Passport or Travel Document (<i>mm/dd/yyyy</i>)</p> <p><b>6.o.</b> Current Nonimmigrant Status</p> <p><b>6.p.</b> Expiration Date (<i>mm/dd/yyyy</i>)</p>	
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