

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 xx/xx/20xx

► START HERE - Type or print in black ink. You, the applicant or petitioner, must complete Form I-600A/Form I-600, Supplement 1, for EACH adult member of your household 18 years of age or older. Do not complete this supplement for yourself or your spouse (if married).

| Pa | ort 1. Information About an Adult M | Member of the | Househo | ld | | | | |
|-----|--|----------------------|----------------|--|-----------------------|-----------------------------|--|--|
| Pro | ovide the following information about the A | dult Member of t | ne Househo | old. | | | | |
| 1. | Family Name (Last Name) | Given N | fame (First | Name) | | Middle Name (if applicable) | | |
| | L | | | | | | | |
| 2. | Other Names the Adult Member of the House | ehold Has Used (if | any) | | | | | |
| | Provide all other names the adult member of need extra space to complete this section, use | | | | | | | |
| | Family Name (Last Name) | Given N | lame (First | Name) | | Middle Name (if applicable) | | |
| | | | | | | | | |
| | | | | | | | | |
| Aa | lult Member of the Household's Cont | act Information | ı | | | | | |
| 3. | U.S. Mailing Address (if any) | | | | (USPS ZIF | ^o Code Lookup) | | |
| | In Care Of Name (if any) | | | | | | | |
| | Street Number and Name | | | | Apt. Ste. Flr. Number | | | |
| | Street Number and Name | | | | Api. Sie. Fii | . Number | | |
| | City or Toyen | ~) () | / - |) | State | ZIP Code | | |
| | City or Town | / / | | | State | ZIP Code | | |
| | | | | 6.1 1 | 1 111 1 1 | | | |
| 4. | Is the current U.S. mailing address the same | | | | | | | |
| | If you answered "No" to Item Number 4. , provide the address of the U.S. residence for the adult member of the household in Item Number 5. or an address abroad in Item Number 6. , as appropriate. | | | | | | | |
| 5. | Address of U.S. Residence (if any) | | | | | | | |
| | Street Number and Name | | | | Apt. Ste. Flr | . Number | | |
| | | | | | | | | |
| | City or Town | | | | State | ZIP Code | | |
| | | | | | | | | |
| 6. | Address of Residence Abroad (if any) | | | | | | | |
| | Street Number and Name | | | | Apt. Ste. Flr | . Number | | |
| | | | | | | | | |
| | City or Town | | | | State | | | |
| | | | | | | | | |
| | Province | Postal Code | Co | ountry | | | | |
| | | | | | | | | |

| Pa | rt 1 | . Information About an Adult Member of the | Hou | seł | nold (continued) | | |
|-----|-------|--|---------|------|---------------------------------------|-------------|-----------|
| 7. | Day | rtime Telephone Number | 8 | | Mobile Telephone Number (if any) | | |
| | | | | | | | |
| 9. | Ema | ail Address (if any) | | | | | |
| | | | | | | | |
| Ad | ult . | Member of the Household's Biographical Inform | natio | n | | | |
| 10. | Dat | e of Birth (mm/dd/yyyy) 11. City/Town/Village of I | 3irth | | | | |
| | | | | | | | |
| 12. | Stat | e or Province of Birth | 13. C | Cou | ntry of Birth | | |
| | | | L | | | | |
| 14. | Ali€ | en Registration Number (A-Number) (if any) A- 15. USCIS | S Onli | ine | Account Number (if any) | | |
| | | | | Е | | | |
| Dı | ity d | of Disclosure | | | | | |
| | | applicant or petitioner, must answer each of the following | | | · · | | |
| | | I-600 Instructions concerning your ongoing duty to disclose f these questions, provide a certified copy of the documenta | | | | | |
| | | , indictment, conviction, and/or any other judicial or admini | | | | | |
| | | ng circumstances about each arrest. The written statement ray under U.S. law. | nust b | be s | igned by the adult member of the nous | enoia unae | r penaity |
| | | ten statement must also show the date of each incident; place | | | | | • |
| | | the police department or other law enforcement administratification in applicable; and include your (the applicant's/petitioner's) | | | | | |
| | | statement, you should also provide a description of any type ember of the household would like considered in light of this | | | | ion that yo | u and the |
| | | the adult member of the household EVER , whether in or o | | | | | |
| | | Been investigated, arrested, cited, charged, indicted, convident convidence of the c | | | | Yes | □No |
| | | violating any law or ordinance? (Answer "Yes" even if the criminal history was expunged, sealed, pardoned, or the su | | | | 105 | |
| | | include parking or traffic violations, except for violations f | or dri | vin | g or operating a vehicle while | | |
| | | intoxicated, or while impaired by, or under the influence of | f, alco | ohol | or another intoxicant.) | | |
| | В. | Received a pardon, amnesty, rehabilitation decree, other ac | et of c | lem | ency, or similar action? | Yes | No No |
| | C. | Received a suspended sentence, been placed on probation of rehabilitation program, such as diversion, deferred prosecut expungement of a criminal charge? | | | | Yes | ☐ No |
| | D. | Been the subject of any investigation at any time, even if co | losed | or i | insubstantiated, by any child welfare | | |
| | | agency, court, or other official authority in any state or fore of any child? | | | | ∐ Yes | ∐ No |
| | | | | | | | |

Part 2. Adult Member of the Household's Statement, Certification, Duty of Disclosure, and Signature

Notice to the Adult Member of the Household: By signing this Form I-600A/I-600, Supplement 1, you agree that U.S. Citizenship and Immigration Services (USCIS) may disclose to the applicant/petitioner or the applicant's/petitioner's adoption service providers, if applicable, information that USCIS may obtain about you that is relevant to the adjudication of the applicant's Form I-600A or petitioner's Form I-600, even if the Privacy Act, 5 USC 552a, might otherwise prevent disclosure of the information without your consent.

NOTE: If you, an adult member of the household, knowingly and willfully falsify or conceal a material fact or submit a false document in support of this Supplement 1, USCIS will deny the Form I-600A or Form I-600 filed for this case and may deny any other USCIS benefits requested by the prospective adoptive parents.

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|----|--|
| 1. | Adult Member of the Household's Statement Regarding the Interpreter (Select the box for either Item A. or B.) |
| | A. 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. |
| | B. The interpreter named in Part 5. has read to me every question and instruction on this supplement and my answer to |
| | every question, in , a language in which I am fluent |
| | and I understood everything. |
| 2. | Adult Member of the Household's Statement Regarding the Preparer (if applicable) |

Adult Member of the Household's Certification

At my request, the preparer named in **Part 6.**,

Adult Member of the Household's Statement

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/petitioner to adopt.

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

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

- 1) I reviewed and provided or authorized all of the information in this supplement;
- 2) I understood all of the information contained in, and submitted with, this supplement; and

prepared this supplement for me based only upon information I provided or authorized.

3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury under the laws of the United States, that I provided or authorized all of the information in this supplement, I understand all of the information contained in, and submitted with, this this supplement, and that all of this information is complete, true, and correct.

Adult Member of the Household's Duty of Disclosure

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, home study preparer, and USCIS of any new information that I am required to disclose.

| | ort 2. Adult Member of the Household's Statement, Certification, Duty of Disclosure, and Signature ontinued) |
|-----------|---|
| Ad | lult Member of the Household's Signature |
| 3. | Adult Member of the Household's Signature Date of Signature (mm/dd/yyyy) |
| | |
| | |
| Pa | rt 3. Information About You, the Applicant/Petitioner |
| 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. | A-Number (if any) 7. Daytime Telephone Number □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ |
| 8. 10. | Mobile Telephone Number (if any) USCIS Online Account Number (if any) Image: Address (if any) |
| Pa | rt 4. Applicant's/Petitioner's Statement, Certification, and Signature |
| | TE: If you or any adult member of your household knowingly and willfully falsify or conceal a material fact or submit a false ument with your Supplement 1, USCIS will deny your Form I-600A or Form I-600 and may deny any USCIS benefit you request. |
| Ap | plicant's/Petitioner's Statement |
| 1. | Applicant's/Petitioner's Statement Regarding the Interpreter (Select the box for either Item A. or B.) |
| | A. 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. |
| | B. The interpreter named in Part 5. read to me every question and instruction on this supplement and my answer to every question in |
| 2. | Applicant's/Petitioner's Statement Regarding the Preparer (if applicable) |
| | At my request, the preparer named in Part 6. , |
| | prepared this supplement for me based only upon information I provided or authorized. |

Part 4. Applicant's/Petitioner's Statement, Certification, and Signature (continued)

Applicant's/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 to adopt.

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

I certify, under penalty of perjury under the laws of the United States, that I provided or authorized all of the information in my supplement, I understand all of the information contained in, and submitted with, my supplement, and that all of this information is complete, true, and correct.

| Ap | plicant's/Petitioner's Signature | | |
|----|---|-----------------|---------------------------------|
| 3. | Applicant's/Petitioner's Signature | R | Date of Signature (mm/dd/yyyy) |
| Pa | rt 5. Interpreter's Contact Information, Certification, and Signa | ture | |
| | ne adult member of the household and/or the applicant/petitioner used an interpreter following information about the interpreter. | to read and cor | nplete this supplement, provide |
| In | terpreter's Full Name | | |
| 1. | Interpreter's Family Name (Last Name) Interpreter's C | Given Name (Fi | rst Name) |
| 2. | Interpreter's Business or Organization Name (if any) | 1 | 9 |
| In | terpreter's Mailing Address | | |
| 3. | Street Number and Name | Apt. Ste. F | lr. Number |
| | City or Town | State | ZIP Code |
| | Province Postal Code Country | | |
| In | terpreter's Contact Information | | |
| 4. | Interpreter's Daytime Telephone Number 5. Interpreter's I | Mobile Telepho | ne Number (if any) |
| 6. | Interpreter's Email Address (if any) | | |

| Pa | art 5. Interpreter's Contact Information, Certification, and Signature (continued) | | | | | |
|--------------------|---|--|--|--|--|--|
| In | terpreter's Certification | | | | | |
| I ce | ertify, under penalty of perjury under the laws of the United States, that: | | | | | |
| I an | n fluent in English and , which is the same language specified in Part | | | | | |
| ider the sup | and/or 4., Item B. in Item Number 1., and I have read to this adult member of the household and/or the applicant/petitioner in the ntified language every question and instruction on this supplement and his or her answer to every question. The adult member of household and/or the applicant/petitioner informed me that he or she understands every instruction, question, and answer on the plement, including the Adult Member of the Household's Certification and the Applicant's/Petitioner's Certification, and has ified the accuracy of every answer. | | | | | |
| In | terpreter's Signature | | | | | |
| 7. P a | Interpreter's Signature Date of Signature (mm/dd/yyyy) art 6. Contact Information, Declaration, and Signature of the Person Preparing this Supplement, If | | | | | |
| | ther Than the Applicant/Petitioner or Adult Member of the Household | | | | | |
| foll | ne adult member of the household and/or the applicant/petitioner used a preparer to complete this supplement, provide the owing information about the preparer. | | | | | |
| Pr | eparer'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) | | | | | |
| Pr | eparer's Mailing Address | | | | | |
| 3. | Street Number and Name Apt. Ste. Flr. Number | | | | | |
| | | | | | | |
| | City or Town State ZIP Code | | | | | |
| | Province Postal Code Country | | | | | |
| | | | | | | |
| Pr | reparer's Contact Information | | | | | |
| 4. | Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any) | | | | | |
| | | | | | | |
| 6. | Preparer's Email Address (if any) | | | | | |
| | | | | | | |

Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Supplement, If Other Than the Applicant/Petitioner or Adult Member of the Household (continued)

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 the applicant/petitioner with the adult member of the household's and/or the applicant's/petitioner's consent. **B.** I am an attorney or accredited representative and my representation of the adult member of the household and/or the applicant/petitioner in this case extends does not extend beyond the preparation of this supplement. Preparer's Certification By my signature, I certify, under penalty of perjury under the laws of the United States, that I prepared this supplement at the request of the adult member of the household and/or the applicant/petitioner. The adult member of the household and/or the applicant/ petitioner then reviewed this completed supplement and informed me that he or she understands all of the information contained in, and submitted with, this supplement, including the Adult Member of the Household's Certification and the Applicant's/ Petitioner's Certification, and that all of this information is complete, true, and correct. I completed this supplement based only on information that the adult member of the household and/or the applicant/petitioner provided to me or authorized me to obtain or use. Preparer's Signature Preparer's Signature Date of Signature (mm/dd/yyyy)

10/29/20

Part 7. Additional Information

If you need extra space to provide any additional information within this supplement, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this supplement or attach a separate sheet of paper. If you attach a separate sheet of paper, type or print your full 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.

| ı. | Fan | nily Name (Last Name) | Given | Name (First Name) | Middle Name | |
|----|-----------|-------------------------|--------------|-------------------|-------------|--|
| | | | | | | |
| 2. | A-N | Number (if any) ► A- | | PΛΕ | T | |
| 3. | A. | Page Number B. Part Nur | mber C. Iter | m Number | 1 | |
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| 4. | A. D. | Page Number B. Part Nur | nber C. Itei | m Number | TION | |
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DHS Privacy Notice

AUTHORITIES: The information requested on this supplement, and the associated evidence, is collected under the Immigration and Nationality Act sections 101(b)(1)(F), 201, and 204, and 8 CFR sections 204.3, 204.301, and 204.311.

PURPOSE: This supplement must be completed for every adult member of the household, other than the applicant/petitioner and spouse (if married). USCIS may request submission of this supplemental form for additional individuals. The purpose of this supplement is to collect information on any individual who has the same residence as the applicant/petitioner and is 18 years of age or older on or before the date the applicant/petitioner files Form I-600A or Form I-600, any household member who has not yet turned 18 years of age before the applicant/petitioner files Form I-600A or Form I-600, and any individual who does not actually live at the same residence as the applicant/petitioner, but whose presence USCIS deems relevant to determine the applicant/petitioner's suitability to adopt. USCIS will determine suitability by conducting background and security checks on adult household members to assist in assessing the suitability of the applicant/petitioner.

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 the underlying adoption-related application and/or petition.

ROUTINE USES: The Department of Homeland Security (DHS) may share the information you provide on this supplement and any additional requested evidence with other Federal, state, local, and foreign government agencies and authorized organizations. DHS follows approved routine uses described in the associated published system of records notices [DHS/USCIS-001 - Alien File, Index, and National File Tracking System and DHS/USCIS-005 - Inter-Country Adoptions Security] and the published privacy impact assessments [DHS/USCIS/PIA-007(b) Domestically Filed Intercountry Adoptions Applications and Petitions and DHS/USCIS/PIA-051 Case and Activity Management for International Operations] which you can find at www.dhs.gov/privacy. DHS may also share this information, as appropriate, for law enforcement purposes or in the interest of national security.

PRIVACY ACT WAIVER: Except as permitted by the Privacy Act, 5 U.S.C. 552a, applicable routine uses, and information related to adult members of your household as noted below, USCIS may not disclose or give access to any information or record relating to any applicant/petitioner, spouse (if married), or adult member of your household to any individual or entity other than that person, including but not limited to an accredited agency, approved person, exempted provider, supervised provider, or other adoption service provider, unless you give written consent.

If you want to give consent for USCIS to disclose information about your case to an individual or entity, you must complete Form I-600A/I-600, Supplement 2, Consent to Disclose Information. You are not required to give this consent to file Form I-600.

NOTICE TO ADULT MEMBERS OF THE HOUSEHOLD: You are not the prospective adoptive parent who is filing Form I-600A application or Form I-600 petition. As an adult member of the prospective adoptive parent's household, however, information about you may be relevant to the adjudication of the prospective adoptive parent's Form I-600A or Form I-600. Under 8 CFR 103.2(b)(16), the prospective adoptive parent is entitled to review any information that may be used to deny a Form I-600A or Form I-600. By signing the Form I-600A/Form I-600, Supplement 1, you consent to USCIS disclosing to the prospective adoptive parents, adoption service provider, home study preparer, if applicable, and any individual or entity identified by the prospective adoptive parent, if applicable, information that USCIS may obtain about you that is relevant to the adjudication of the prospective adoptive parent's Form I-600 or Form I-600A, even if the Privacy Act, 5 U.S.C. 552a, might otherwise prevent disclosure of the information to the prospective adoptive parents.