**TABLE OF CHANGES – INSTRUCTIONS**

**Instructions for Form I-914, Application for T Nonimmigrant Status**

**OMB Number: 1615-0099**

**05/15/2020**

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| **Reason for Revision: Biometrics Rule****Project Phase:** NPRMLegend for Proposed Text:* Black font = Current text
* Red font = Changes

Expires 04/30/2021Edition Date 04/15/2019 |

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| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **Pages 2-7,****General Instructions** | **[page 2]****…****3.** Answer all questions fully and accurately, unless instructed to leave a part blank. State that an item is not applicable with “N/A.” If the answer is none, write “None.”[new]***Completing Form I-914*****…**This form is divided into **Parts A.** - **H.** The following information will help you fill out the form.**…**[new]**Part C. Additional Information****…****Part D. Processing Information****…****Part E. Information about Your Family Members****…****Part F. Applicant’s Statement, Contact Information, Declaration, Certification, and Signature****…****[page 4]****Part G. Interpreter’s Contact Information, Certification, and Signature****…****Part H. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant**This section must contain the signature of the person who completed your application, if other than you, the applicant. If the same individual acted as your interpreter and your preparer, that person should complete both **Part G.** and **Part H.** If the person who completed this application is associated with a business or organization, that person should complete the business or organization name and address information. Anyone who helped you complete this application **MUST** sign and date the application. A stamped or typewritten name in place of a signature is not acceptable. If the person who helped you prepare your application is an attorney or accredited representative, he or she may be obliged to also submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with your application.**…**This form is divided into **Parts A.** - **G.** The following information should help you fill out the form.**…**[new]**…****Part C. General Information About You** (the principal)**…****Part D. Information About Your Family Member** (the derivative)**…****Part E. Processing Information****…****Part F. Applicant’s Statement, Contact Information, Declaration, Certification, and Signature****…****Part G. Interpreter’s Contact Information, Certification, and Signature****…****Part H. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant**This section must contain the signature of the person who completed your application, if other than you, the applicant. If the same individual acted as your interpreter and your preparer, that person should complete both **Part G.** and **Part H.** If the person who completed this application is associated with a business or organization, that person should complete the business or organization name and address information. Anyone who helped you complete this application **MUST** sign and date the application. A stamped or typewritten name in place of a signature is not acceptable. If the person who helped you prepare your application is an attorney or accredited representative, he or she may be obliged to also submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with your application.**…****[page 7]****A.** A new Form I-914, Supplement A, with the appropriate boxes checked in **Part A.** and with an original signature in **Part F.**; and**…****[page 9]****3.** Adult or minor child of your derivative (your grandchild, your spouse’s child, your neice or nephew, or your sibling).**…****[page 10]****I. Your unmarried sibling under 18 years of age.** Submit a certified copy of your birth certificate and a copy of your brother’s or sister’s birth certificate showing that you have at least one common parent.**[New]****3.** If you are filing for your parents, unmarried siblings under 18 years of age, and/or the adult minor child of another derivative because of a present danger of retaliation based on your escape from the severe form of trafficking in persons or cooperation with law enforcement, you should include the following:**…** | **[page 2]****…****3.** Answer all questions fully and accurately, unless instructed to leave a part blank. State that an item is not applicable with “N/A.” If the answer is none, write “None.”**Biometrics Services Appointment.**  Every individual who is an applicant, petitioner, derivative, beneficiary, or sponsor of an immigration benefit request or other request submitted to USCIS is required to submit biometrics unless USCIS waives or exempts the requirement.  You will be notified of the time and place of your appointment if you must appear and you will be provided requirements for rescheduling if necessary. If you fail to submit any biometrics as required, USCIS may deny your application, petition, or request.DHS may store the biometrics submitted by an individual and use or reuse biometrics to conduct background and security checks, including a check of criminal history records maintained by the Federal Bureau of Investigation (FBI), verify identity, produce documents, determine eligibility for immigration and naturalization benefits, or to perform any other functions necessary for administering and enforcing immigration and naturalization laws, and any other law within DHS authority.   If you are required to provide biometrics, at your appointment you must sign an oath reaffirming that: **1.** You provided or authorized all information in the application; **2.** You reviewed and understood all of the information contained in, and submitted with, your application; and **3.** All of this information was complete, true, and correct at the time of filing.***Completing Form I-914*****…**This form is divided into **Parts A.** - **I.** The following information will help you fill out the form.**…****[page 3]****Part C. Biographic Information**Provide the biographic information requested in **Part C.**, **Item Numbers 1. - 6.** Providing this information as part of your application may reduce the time you spend at your USCIS ASC appointment as described in the **Biometric Services Appointment** section of these Instructions. **Item Numbers 1. - 2. Ethnicity and Race.** Select the boxes that best describe your ethnicity and race. **Categories and Definitions for Ethnicity and Race****1. Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. (**NOTE:** This category is only included under Ethnicity in **Part C.**, **Item Number 1.**)**2. American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.**3. Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.**4.** **Black or African American.** A person having origins in any of the black racial groups of Africa.**5. Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.**6. White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.**Item Number 3. Height.** Select the values that best match your height in feet and inches. For example, if you are five feet and nine inches, select “5” for feet and “09” for inches. Do not enter your height in meters or centimeters.**Item Number 4. Weight.** Enter your weight in pounds. If you do not know your weight or need to enter a weight under 30 pounds or over 699 pounds, enter “000.” Do not enter your weight in kilograms.**Item Number 5. Eye Color.** Select the box that best describes the color of your eyes.**Item Number 6. Hair Color.** Select the box that best describes the color of your hair.**Part D. Additional Information****…****Part E. Processing Information****…****Part F. Information about Your Family Members****…****Part G. Applicant’s Statement, Contact Information, Declaration, Certification, and Signature****…****[page 4]****Part H. Interpreter’s Contact Information, Certification, and Signature****…****Part I. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant**This section must contain the signature of the person who completed your application, if other than you, the applicant. If the same individual acted as your interpreter and your preparer, that person should complete both **Part H.** and **Part I.** If the person who completed this application is associated with a business or organization, that person should complete the business or organization name and address information. Anyone who helped you complete this application **MUST** sign and date the application. A stamped or typewritten name in place of a signature is not acceptable. If the person who helped you prepare your application is an attorney or accredited representative, he or she may be obliged to also submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with your application.**…**This form is divided into **Parts A.** - **I.** The following information should help you fill out the form.**…****Part C. Biographic Information** Provide the biographic information requested for your family member. Follow the specific instructions for each Item included in the section **…****Part D. General Information About You** (the principal)**…****Part E. Information About Your Family Member** (the derivative)**…****Part F. Processing Information****…****Part G. Applicant’s Statement, Contact Information, Declaration, Certification, and Signature****…****Part H. Interpreter’s Contact Information, Certification, and Signature****…****Part I. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant**This section must contain the signature of the person who completed your application, if other than you, the applicant. If the same individual acted as your interpreter and your preparer, that person should complete both **Part H.** and **Part I.** If the person who completed this application is associated with a business or organization, that person should complete the business or organization name and address information. Anyone who helped you complete this application **MUST** sign and date the application. A stamped or typewritten name in place of a signature is not acceptable. If the person who helped you prepare your application is an attorney or accredited representative, he or she may be obliged to also submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with your application.**…****[page 7]****A.** A new Form I-914, Supplement A, with the appropriate boxes checked in **Part A.** and with an original signature in **Part G.**; and**…****[page 9]****3.** Adult or minor child of your derivative (your grandchild, your spouse’s child, your niece or nephew, or your sibling).**…****[page 10]**[no change]J. For parent-child and sibling relationships**:** USCIS may require that the petitioner submit other evidence of the claimed biological relationship, such as deoxyribonucleic acid (DNA) testing. USCIS will only accept DNA test results from laboratories accredited by the AABB (formerly the American Association of Blood Banks). A list of laboratories can be viewed at [www.aabb.org/sa/facilities/Pages/RTestAccrFac.aspx](http://www.aabb.org/sa/facilities/Pages/RTestAccrFac.aspx).[no change]**…** |
| **Page 11,****Waiver of Ground(s) of Inadmissibility** | **[page 11]**To be eligible for T nonimmigrant status, you must be admissible to the United States. If you or your eligible family member(s) answered “Yes” to one or more of the questions in **Part D.** of Form I-914 or Form I-914, Supplement A, you or your eligible family member(s) may be inadmissible.**…** | **[page 11]**To be eligible for T nonimmigrant status, you must be admissible to the United States. If you or your eligible family member(s) answered “Yes” to one or more of the questions in **Part E.** of Form I-914 or Form I-914, Supplement A, you or your eligible family member(s) may be inadmissible.**…** |
| **Page 11,****What Is the Filing Fee?** | **[page 11]****What Is the Filing Fee?**There is no filing fee for Form I-914. No biometrics services fee is required. | **[page 11]****What Is the Filing Fee?**There is no filing fee for Form I-914. You are not required to pay the biometrics services fee. |
| **Page 12,****Processing Information** | **[page 12]****…**If your application is approved, you will be authorized to work. For a principal applicant, USCIS will send an Employment Authorization Document (EAD) as evidence of your authorization to work if you indicate “Yes” for **Question 10** in **Part C.** As the principal applicant you do not need to file Form I-765, Application for Employment Authorization Document. Derivative family members are also authorized to work if Form I-914, Supplement A, is approved. If your derivative family member wants to obtain an EAD as evidence of his or her authorization to work, each family member must file Form I-765 with the appropriate fee or request for fee waiver. Form I-765 can be filed with Form I-914, Supplement A, or at a later time. If your family member is living outside the United States, he or she is not eligible to receive employment authorization until he or she is lawfully admitted to the United States. Do not file Form I-765 for a family member who is living outside of the United States.**…** | **[page 12]****…**If your application is approved, you will be authorized to work. For a principal applicant, USCIS will send an Employment Authorization Document (EAD) as evidence of your authorization to work if you indicate “Yes” for **Question 10** in **Part D.** As the principal applicant you do not need to file Form I-765, Application for Employment Authorization Document. Derivative family members are also authorized to work if Form I-914, Supplement A, is approved. If your derivative family member wants to obtain an EAD as evidence of his or her authorization to work, each family member must file Form I-765 with the appropriate fee or request for fee waiver. Form I-765 can be filed with Form I-914, Supplement A, or at a later time. If your family member is living outside the United States, he or she is not eligible to receive employment authorization until he or she is lawfully admitted to the United States. Do not file Form I-765 for a family member who is living outside of the United States.**…** |
| **Page 13,****DHS Privacy Notice** | **[page 13]****DHS Privacy Notice****AUTHORITIES:** The information requested on this application, and the associated evidence, is collected under Public Law106-386 sections 107(e) and 1513(c) and 8 USC 1101(a)(15)(T).**PURPOSE:** The primary purpose for providing the requested information on this application is to determine if you have established eligibility for temporary immigration benefits for which you are filing. DHS uses the information you provide to grant or deny the immigration benefit you are seeking.**DISCLOSURE:** The information you provide is voluntary. However, failure to provide the requested information, including your Social Security number (if applicable), and any requested evidence, may delay a final decision or result in denial of your application.**ROUTINE USES:** DHS may, where allowable under relevant confidentiality provisions, share the information you provide on this application 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-007 - Benefits Information System] and published the privacy impact assessment [DHS/USCIS/PIA-016(a) Computer Linked Application Information Management System and Associated Systems], 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. | **[page 13]****DHS Privacy Notice****AUTHORITIES:** The information requested on this application, and the associated evidence, is collected under Public Law106-386, sections 107(e) and 1513(c) and 8 USC 1101(a)(15)(T).**PURPOSE:** The primary purpose for providing the requested information on this application is to determine if you have established eligibility for temporary immigration benefits for which you are filing. DHS uses the information you provide to grant or deny the immigration benefit you are seeking.**DISCLOSURE:** The information you provide is voluntary. However, failure to provide the requested information, including your Social Security number (if applicable), and any requested evidence, may delay a final decision or result in denial of your application.**ROUTINE USES:** DHS may, where allowable under relevant confidentiality provisions, share the information you provide on this application 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/ICE/CBP-001 Alien File, Index, and National File Tracking System and DHS/USCIS-007 Benefits Information System, and DHS/USCIS-018 Immigration Biometric and Background Check] and published the privacy impact assessment [DHS/USCIS/PIA-016(a) Computer Linked Application Information Management System and Associated Systems], 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. |
| **Page 13,****Paperwork Reduction Act** | **[page 13]****Paperwork Reduction Act**An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for Form I-914 is estimated at 2 hours and 15 minutes per response, and an estimated 1 hour and 10 minutes for biometrics processing. The public reporting burden for Form I-914, Supplement A, is estimated to be 1 hour per response, including the time for reviewing instructions, completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave NW, Washington, DC 20529-2140. OMB No. 1615-0099. **Do not mail your completed Form I-914 and Form I-914, Supplement A to this address.** | **[page 13]****Paperwork Reduction Act**An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for Form I-914 is estimated at 2 hours and 15 minutes per response. The collection of biometrics is estimated to require 3 hours and 40 minutes. The public reporting burden for Form I-914, Supplement A, is estimated to be 1 hour per response, including the time for reviewing instructions, completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave NW, Washington, DC 20529-2140. OMB No. 1615-0099. **Do not mail your completed Form I-914 and Form I-914, Supplement A to this address.** |