TABLE OF CHANGES – FORM

Form I-918, Supplement A, Petition for Qualifying Family Member of U-1 Recipient OMB Number: 1615-0104 05/15/2020

Reason for Revision: Biometrics Rule

Project Phase: NPRM

Legend for Proposed Text:

• Black font = Current text

• Red font = Changes

Expires 04/30/2021 Edition Date 04/24/2019

Current Page Number and Section	Current Text	Proposed Text
Pages 1-2,	[page 1]	[page 1]
Part 3. Information		
About Your Qualifying	•••	•••
Family Member (Derivative)	NOTE: If you need extra space to complete this section, use the space provided in Part 11. Additional Information .	NOTE: If you need extra space to complete this section, use the space provided in Part 12 . Additional Information .
Pages 2-3,	[page 3]	[page 3]
Part 4. Additional		
Information About Your	•••	•••
Qualifying Family Member	If you answered "Yes," select the type of proceedings. If your family member was in proceedings in the past and is no longer in proceedings, provide the date of action. If your family member is currently in proceedings, type or print "Current" in the appropriate date field. Select all applicable boxes. Use the space provided in Part 11. Additional Information to provide an explanation.	If you answered "Yes," select the type of proceedings. If your family member was in proceedings in the past and is no longer in proceedings, provide the date of action. If your family member is currently in proceedings, type or print "Current" in the appropriate date field. Select all applicable boxes. Use the space provided in Part 12. Additional Information to provide an explanation.
New		[page 4] Part 5. Your Alien Relative's Biographic Information 1. Ethnicity (Select only one box) Hispanic or Latino Not Hispanic or Latino 2. Race (Select all applicable boxes) American Indian or Alaska Native Asian

		Black or African American Native Hawaiian or Other Pacific Islander White 3. Height Feet Inches Inches 4. Weight Pounds 5. Eye Color (Select only one box) Black Blue Brown Gray Green Hazel Maroon Pink Unknown/Other 6. Hair Color (Select only one box) Bald (No hair) Black Blond Brown Gray Red Sandy White Unknown/Other
Pages 4-7, Part 5. Processing Information	[page 4] Part 5. Processing Information	[page 4] Part 6. Processing Information
	NOTE: If you answer "Yes" to ANY question in Part 5. , provide an explanation in the space provided in Part 11. Additional Information .	NOTE: If you answer "Yes" to ANY question in Part 6. , provide an explanation in the space provided in Part 12 . Additional Information .
		[Page 6]
	NOTE: If you answered "Yes" to any question in Item Numbers 10.a 10.g. , please describe the circumstances in the spaces provided in Part 11. Additional Information .	NOTE: If you answered "Yes" to any question in Item Numbers 10.a 10.g. , please describe the circumstances in the spaces provided in Part 12. Additional Information .
	NOTE: If you answered "Yes" to any question in Item Numbers 13.a 13.c. , please describe the circumstances in Part 11. Additional Information .	NOTE: If you answered "Yes" to any question in Item Numbers 13.a 13.c. , please describe the circumstances in Part 12. Additional Information .

Page 7, Part 6. Information About Your Qualifying Family Member's Spouse and/or Children	NOTE: If you answered "Yes" to any question in Item Numbers 14.a 14.c., please describe the circumstances in Part 11. Additional Information. [page 7] Part 6. Information About Your Qualifying Family Member's Spouse and/or Children Provide the following information about your family member's spouse and/or children. If you need extra space to complete this section, use the space provided in Part 11. Additional	NOTE: If you answered "Yes" to any question in Item Numbers 14.a 14.c., please describe the circumstances in Part 12. Additional Information. [page 7] Part 7. Information About Your Qualifying Family Member's Spouse and/or Children Provide the following information about your family member's spouse and/or children. If you need extra space to complete this section, use the space provided in Part 12. Additional
	Information	Information
D . 0	[2000 0]	[page 0]
Page 8, Part 7. Petitioner's Statement, Contact Information,	[page 8] Part 7. Petitioner's Statement, Contact Information, Declaration, and Signature	[page 8] Part 8. Petitioner's Statement, Contact Information, Declaration, and Signature
Declaration, and	•••	
Signature	1.b. The interpreter named in Part 9. read to me every question and instruction on this supplement and my answer to every question in [Fillable Field], a language in which I am fluent, and I understood everything.	1.b. The interpreter named in Part 10. read to me every question and instruction on this supplement and my answer to every question in [Fillable Field], a language in which I am fluent, and I understood everything.
	2. At my request, the preparer named in Part 10. , [Fillable Field], prepared this supplement for me based only upon information I provided or authorized.	2. At my request, the preparer named in Part 11. , [Fillable Field], prepared this supplement for me based only upon information I provided or authorized.
	I further 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 laws.	I further 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 laws.
	I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:	[deleted]
	1) I provided or authorized all of the information contained in, and submitted with, my supplement;	
	2) I reviewed and understood all of the information in, and submitted with, my supplement; and	

3) 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 supplement 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 supplement, and that all of this information is complete, true, and correct.

• • •

I certify, under penalty of perjury, that all of the information in my supplement 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 supplement, and that all of this information is complete, true, and correct.

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Pages 8-9, Part 8. Qualifying Family Member's Statement, Contact Information, Declaration, and Signature

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Part 8. Qualifying Family Member's Statement, Contact Information, Declaration, and Signature

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- **1.b.** The interpreter named in **Part 9.** read to me every question and instruction on this supplement and my answer to every question in [Fillable Field], a language in which I am fluent, and I understood everything.
- **2.** At my request, the preparer named in **Part 10.**, [Fillable Field], prepared this supplement for me based only upon information I provided or authorized.

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I further 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 laws. Any disclosure shall be in accordance with 8 U.S.C. section 1367 and 8 CFR 214.14(e).

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

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

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Part 9. Qualifying Family Member's Statement, Contact Information, Declaration, and Signature

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- **1.b.** The interpreter named in **Part 10.** read to me every question and instruction on this supplement and my answer to every question in [Fillable Field], a language in which I am fluent, and I understood everything.
- **2.** At my request, the preparer named in **Part 11.**, [Fillable Field], prepared this supplement for me based only upon information I provided or authorized.

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[page 9]

I further 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 laws. Any disclosure shall be in accordance with 8 U.S.C. section 1367 and 8 CFR 214.14(e).

[deleted]

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	3) 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 supplement 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 supplement, and that all of this information is complete, true, and correct.	I certify, under penalty of perjury, that all of the information in my supplement 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 supplement, and that all of this information is complete, true, and correct.
Pages 9-10,	[page 9]	[page 9]
Part 9. Interpreter's Contact Information, Certification, and	Part 9. Interpreter's Contact Information, Certification, and Signature	Part 10. Interpreter's Contact Information, Certification, and Signature
Signature	···	
	[page 10]	[page 10]
Pages 10-11	I am fluent in English and [Fillable Field], which is the same language specified in Part 7., Item Number 1.b., and Part 8. Item Number 1.b., and I have read to this petitioner and qualifying family member in the identified language(s) every question and instruction on this supplement and the petitioner's and qualifying family member's answer to every question. The petitioner and qualifying family member informed me that they understand every instruction, question, and answer on the supplement, including the Petitioner's Declaration and Certification and the Qualifying Family Member's Declaration and Certification, and have verified the accuracy of every answer.	I am fluent in English and [Fillable Field], which is the same language specified in Part 8., Item Number 1.b., and Part 9. Item Number 1.b., and I have read to this petitioner and qualifying family member in the identified language(s) every question and instruction on this supplement and the petitioner's and qualifying family member's answer to every question. The petitioner and qualifying family member informed me that they understand every instruction, question, and answer on the supplement, including the Petitioner's Declaration and Certification and the Qualifying Family Member's Declaration and Certification, and have verified the accuracy of every answer.
Pages 10-11,	[page 10]	[page 10]
Part 10. Contact Information, Declaration, and Signature of the Person	Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Qualifying Family Member	Part 11. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Qualifying Family Member
Preparing this Petition, if Other Than the Petitioner or Qualifying Family Member		
Page 12,	[page 12]	[page 12]
Part 11. Additional Information	Part 11. Additional Information	Part 12. Additional Information
	•••	•••