



Supplemental Information for Application to Extend/Change Nonimmigrant Status

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

USCIS
Form I-539A
OMB No. 1615-0003
Expires 08/31/2020

To be completed by an attorney or BIA-accredited representative (if any).	<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable) <input type="text"/>	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text"/>
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▶ **START HERE - Type or print in black ink.**

Part 1. Information About the Person Filing Form I-539

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

Part 2. Information About You

Attach to Form I-539 when more than one person is included in the Form I-539 application. List each person on a separate Form I-539A. Do not include the person named in Form I-539.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

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

3. Country of Birth

4. Country of Citizenship or Nationality

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

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

7. Date of Arrival (mm/dd/yyyy)

Provide Information About Your Most Recent Entry Into the United States

8. Form I-94 Arrival-Departure Record Number
▶

9. Passport Number

10. Travel Document Number

11.a. Country of Passport or Travel Document Issuance

11.b. Passport or Travel Document Expiration Date (mm/dd/yyyy)

12.a. Current Nonimmigrant Status

12.b. Expiration Date (mm/dd/yyyy)

Provide Your Current Passport Information (if different from Item Number 9.)

13.a. Passport Number

13.b. Country of Passport Issuance

13.c. Passport Expiration Date (mm/dd/yyyy)

14. USCIS Online Account Number (if any)
▶

Part 3. 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

4. Weight Pounds

5. Eye Color (Select **only one** box)

Black

Blue

Brown

Gray

Green

Hazel

Maroon

Pink

Unknown/Other

Part 3. Biographic Information

6. Hair Color (Select only one box)

- Bald (No hair) Black Blond
 Brown Gray Red
 Sandy White
 Unknown/Other

Part 4. Applicant's Statement, Contact Information, Declaration, Certification and Signature

NOTE: Read the **Penalties** section of the Form I-539 and Form I-539A Instructions before completing this section.

Applicant's Statement

NOTE: 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 I have read and understand every question and instruction on this form and my answer to every question.
- 1.b.** The interpreter named in **Part 5.** read to me every question and instruction on this form and my answer to every question in , a language in which I am fluent, and I understood everything.
- 2.** At my request, the preparer named in **Part 6.**, , prepared this form for me based only upon information I provided or authorized.

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 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 law.

I certify, under penalty of perjury, that all of the information in my form 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 form 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)

NOTE TO ALL APPLICANTS: If you do not completely fill out this form or fail to submit required documents listed in the Instructions, USCIS may deny the Form I-539 filed on your behalf.

Part 5. Interpreter's Contact Information, Statement, Certification, and Signature

Provide the following information about the interpreter you used to complete Form I-539A if he or she is different from the interpreter used to complete the Form I-539 filed on your behalf.

Interpreter's Full Name

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

Part 5. Interpreter's Contact Information, Statement, Certification, and Signature
(continued)

Interpreter's Mailing Address ([USPS ZIP Code Lookup](#))

- 3.a. Street Number and Name
- 3.b. Apt. Ste. Flr.
- 3.c. City or Town
- 3.d. State 3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

Interpreter's Contact Information

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

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 4., Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this form and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the form, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

- 7.a. Interpreter's Signature
- 7.b. Date of Signature (mm/dd/yyyy)

Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Provide the following information about the preparer you used to complete Form I-539A if he or she is different from the preparer used to complete the Form I-539 filed on your behalf.

Preparer's Full Name

- 1.a. Preparer's Family Name (Last Name)
- 1.b. Preparer's Given Name (First Name)
2. Preparer's Business or Organization Name

Preparer's Mailing Address

- 3.a. Street Number and Name
- 3.b. Apt. Ste. Flr.
- 3.c. City or Town
- 3.d. State 3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

Preparer'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 Application, if Other Than the Applicant
(continued)

Preparer's Statement

- 7.a. I am not an attorney or accredited representative but have prepared this form on behalf of the applicant and with the applicant's consent.
- 7.b. I am an attorney or accredited representative and my representation of the applicant in this case extends does not extend beyond the preparation of this form.

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this form.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this form at the request of the applicant. The applicant then reviewed this completed form and informed me that he or she understands all of the information contained in, and submitted with, his or her form, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this form based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)

Part 7. Additional Information

If you need extra space to provide any additional information within this form, 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 **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any)
 ▶ A-

3.a. Page Number

3.b. Part Number

3.c. Item Number

3.d.

4.a. Page Number

4.b. Part Number

4.c. Item Number

4.d.

5.a. Page Number

5.b. Part Number

5.c. Item Number

5.d.

6.a. Page Number

6.b. Part Number

6.c. Item Number

6.d.

7.a. Page Number

7.b. Part Number

7.c. Item Number

7.d.

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Not for
Production
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