



# Supplement J, Confirmation of Bona Fide Job Offer or Request for Job Portability Under INA Section 204(j)

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

USCIS  
Form I-485  
OMB No. 1615-0023  
Expires 10/31/2020

<b>For USCIS Use Only</b>	<b>Fee Receipt</b>	<b>Action Block</b>
	DRAFT	

Use Form I-485, Supplement J, Confirmation of Bona Fide Job Offer or Request for Job Portability Under INA Section 204(j) (Supplement J), to either confirm that the job offered to you in Form I-140, Immigrant Petition for Alien Worker, that is the basis of your Form I-485, Application to Register Permanent Residence or Adjust Status, remains available to you or to request job portability under the Immigration and Nationality Act (INA) section 204(j).

► **START HERE - Type or print in black ink.**

**NOTE TO ALL APPLICANTS:** If you leave any fields blank on this form or fail to submit required documents listed in the Instructions, U.S. Citizenship and Immigration Services (USCIS) may reject or deny your application.

**IMPORTANT:** The applicant completes **Parts 1., 2., and 3.**

### Part 1. Reason for Filing Supplement J

This supplement is being filed to (Select **only one** box):

- 1.a.  Confirm that the job offered to you in the Form I-140, that is the basis of your Form I-485, remains a bona fide job offer that you intend to accept once your Form I-485 is approved.
- 1.b.  Request job portability under INA section 204(j) to a new, full-time, permanent job offer that you intend to accept once your Form I-485 is approved.

### Part 2. Information About You (Applicant)

*Your Current Legal Name (do not provide a nickname)*

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name

### U.S. Mailing Address

- 2.a. In Care Of Name
- 2.b. Street Number and Name
- 2.c.  Apt.  Ste.  Flr.
- 2.d. City or Town
- 2.e. State  2.f. ZIP Code

### Other Information

3. Alien Registration Number (A-Number)  ► A-
4. USCIS Online Account Number
5. Date of Birth (mm/dd/yyyy)
6. Country of Birth

### Basic Information About Your Form I-485 and the Underlying Form I-140

7. Form I-485 Receipt Number (if already filed with U.S. Citizenship and Immigration Services (USCIS))
8. Form I-485 Filing Date (mm/dd/yyyy) (if already filed with USCIS)
9. Form I-140 Receipt Number
10. Has your Form I-140 been approved?  
 Yes  No  Unknown

**Part 3. Applicant's Statement, Contact Information, Certification, and Signature**

Read the **Penalties** section of the Supplement J Instructions before completing this part. You must file Supplement J while in the United States.

**Applicant's Statement**

Select **all applicable** boxes.

- 1.  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.
- 2.  At my request, the preparer named in **Part 4.**, , prepared this supplement 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 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 I seek.

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

I certify, under penalty of perjury, that I provided or authorized all of the information in my supplement, especially in **Part 1.** and **Part 2.**, I understand all of the information contained in, and submitted with my supplement, and that all of this information is complete, true, and correct.

I further declare, under penalty of perjury, that I have reviewed the job offer described in **Part 6.** of this supplement, and I intend to accept the position offered in **Part 6.** of this supplement upon approval of my Form I-485.

**Applicant's Signature**

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

**Part 4. Contact Information, Declaration, and Signature of the Person Preparing Parts 1. - 4. of This Supplement, if Other Than the Applicant**

Provide the following information about the preparer **if you used one.**

**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 (if any)

**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 4. Contact Information, Declaration, and Signature of the Person Preparing Parts 1. - 4. of This Supplement, if Other Than the Applicant**  
(continued)

**Preparer's Statement**

- 7.a.  I am not an attorney or accredited representative but have prepared this supplement 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 supplement.
- If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this supplement.

**Preparer's Certification**

By my signature, I certify, under penalty of perjury, that I prepared **Parts 1. - 4.** of this supplement at the request of the applicant. The applicant then reviewed this completed supplement and informed me that he or she understands all of the information contained in, and submitted with, his or her supplement, including the **Applicant's Certification**, and that all of this information is complete, true, and correct. **I completed this supplement 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 (sign in ink)
- 8.b. Date of Signature (mm/dd/yyyy)

**IMPORTANT:** The employer confirming an existing bona fide job offer or offering the applicant a new, permanent job must complete **Parts 5., 6., and 7.**

**Part 5. Information About the Employer**

1. Type of employer (Select **only one** box):
- Business/Organization
- Self/Individual

**Employer's U.S. Mailing Address**

- 2.a. Street Number and Name
- 2.b.  Apt.  Ste.  Flr.
- 2.c. City or Town
- 2.d. State  2.e. ZIP Code

**Employer's U.S. Physical Address**

Provide the physical address where the applicant will work if different from the employer's mailing address in **Item Numbers 2.a. - 2.e.** or the address provided in Form I-140 on which the applicant's Form I-485 is based.

- 3.a. Street Number and Name
- 3.b.  Apt.  Ste.  Flr.
- 3.c. City or Town
- 3.d. State  3.e. ZIP Code

**Information About the Business Entity Employer**

If you, the employer, are a business entity, provide the information requested in **Item Numbers 4. - 11.**

4. Business or Organization Name
5. Employer Identification Number
6. Type of Business
7. Date Established (mm/dd/yyyy)
8. Current Number of U.S. Employees
9. Gross Annual Income \$
10. Net Annual Income \$
11. NAICS Code

**Part 5. Information About the Employer  
(continued)**

**Information About the Individual Employer**

**Your Current Legal Name** (do not provide a nickname)

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

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

**12.c.** Middle Name

**13.** Date of Birth (mm/dd/yyyy)

**14.** U.S. Social Security Number

**15.** Annual Income \$

**16.** Occupation

**Part 6. Information About the Job Offer**

You, the employer, must provide the information requested in **Part 6**.

**1.** Job Title

**2.** Standard Occupational Classification (SOC) Code

**3.** Nontechnical Description of Job (If you need extra space to complete this section, use the space provided in **Part 9. Additional Information**.)

**4.** Is this a full-time position?  Yes  No

**5.** If you answered "No," provide the number of hours per week the applicant will work in this position.

**6.** Is this a permanent position?  Yes  No

**7.** Wages Offered (Specify hour, week, month, or year) \$  per

**8.** Is the applicant named in **Part 2** of this supplement currently employed by you?  Yes  No

**9.** If you answered "Yes," when did the applicant begin employment with you (mm/dd/yyyy)? If you answered "No," write "N/A."

**Part 7. Statement, Contact Information, Certification, and Signature of the Individual Employer or Authorized Signatory of the Business Entity Employer**

**NOTE:** Read the **Penalties** section of the Supplement J Instructions before completing this part.

**Individual Employer's or Authorized Signatory's Statement**

Select **all applicable** boxes.

**1.**  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.

**2.**  At my request, the preparer named in **Part 8**, , prepared this supplement for me based only upon information I provided or authorized.

**Individual Employer's or Authorized Signatory's Contact Information**

**3.a.** Individual Employer's or Authorized Signatory's Family Name (Last Name)

**3.b.** Individual Employer's or Authorized Signatory's Given Name (First Name)

**Part 7. Statement, Contact Information, Certification, and Signature of the Individual Employer or Authorized Signatory of the Business Entity Employer (continued)**

- 4. Individual Employer's or Authorized Signatory's Title
- 5. Individual Employer's or Authorized Signatory's Daytime Telephone Number
- 6. Individual Employer's or Authorized Signatory's Mobile Telephone Number (if any)
- 7. Individual Employer's or Authorized Signatory's Email Address (if any)

**Individual Employer's or Authorized Signatory's Certification**

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that, as the employer, USCIS may require that I submit original documents to USCIS at a later date.

I authorize the release of any information from any records of the employer that USCIS may need to determine eligibility for the requested immigration benefit. I recognize the authority of USCIS to conduct audits of this supplement using publicly available open source information. I also recognize that USCIS may verify any supporting evidence submitted in support of this supplement through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filling this supplement on behalf of an organization, I certify that I am authorized to do so by the organization.

I certify, under penalty of perjury, that I have reviewed this supplement, and that all of the information contained in **Part 5.** and **Part 6.** of this supplement, including all responses provided by me to specific questions and in the supporting documents provided by me, is complete, true, and correct.

I further declare, under penalty of perjury, and attest to the following:

- 1) I am a viable employer and I am extending a bona fide job offer to the applicant named in **Part 2.** of this supplement;
- 2) The job opportunity is for full-time, permanent employment; and
- 3) I intend to employ the applicant in the job offer described in **Part 6.** of this supplement upon the approval of the applicant's Form I-485.

**Individual Employer's or Authorized Signatory's Signature**

- 8.a. Signature of Individual Employer or Authorized Signatory (sign in ink)
- 8.b. Date of Signature (mm/dd/yyyy)

**Part 8. Contact Information, Declaration, and Signature of the Person Preparing Parts 5. - 8. of This Supplement, if Other Than the Individual Employer or Authorized Signatory of the Business Entity Employer**

Provide the following information about the preparer.

**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 (if any)

**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

**Part 8. Contact Information, Declaration, and Signature of the Person Preparing Parts 5. - 8. of This Supplement, if Other Than the Individual Employer or Authorized Signatory of the Business Entity Employer** (continued)

**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)

**Preparer's Statement**

- 7.a.  I am not an attorney or accredited representative but have prepared this supplement on behalf of the individual employer or authorized signatory and with the individual employer's or authorized signatory's consent.
- 7.b.  I am an attorney or accredited representative and my representation of the individual employer or authorized signatory in this case.  
 extends  does not extend beyond the preparation of this supplement.  
If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this supplement.

**Preparer's Certification**

By my signature, I certify, under penalty of perjury, that I prepared **Parts 5. - 8. of** this supplement at the request of the individual employer or authorized signatory. The individual employer or authorized signatory then reviewed this completed supplement and informed me that he or she understands all of the information contained in, and submitted with, his or her supplement, including the **Individual Employer's or Authorized Signatory's Certification**, and that all of this information is complete, true, and correct. **I completed this supplement based only on information that the individual employer or authorized signatory provided to me or authorized me to obtain or use.**

**Preparer's Signature**

- 8.a. Preparer's Signature (sign in ink)
- 8.b. Date of Signature (mm/dd/yyyy)

**Part 9. Additional Information**

If either the applicant, employer, or the preparer needs 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. Type or print your name and A-Number 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

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3.a. Page Number  3.b. Part Number  3.c. Item Number

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Not for  
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11/16/2020