myUSCIS copy deck

I-539 Application to Change/Extend Nonimmigrant Status

OMB control number 1615-0003

Edits in support of: PC Rule Rescission

Copy in gray boxes is approved copy from previous forms and should not be edited
Step: Indicates the form navigation element.
Section: Indicates the form sub-navigation element. Copy for questions should be grouped by appropriate section.
Questions/Sub-Questions: Based on the questions from the paper form.
Instructional text: Text that appears directly below a question and provides instructions for answering the question or completing this step/section of the form.
Help text: Text that appears below or next to an input field, partially hidden. Users can click to expand. Provides additional contextual or clarifying information about a question.
CTA: copy for button
Page breaks are indicated by a horizontal line (the same sub-navigation can have multiple pages)
Conditional question logic is indicated in () before question

Heading	Sub-Heading	Current Body Text	Revised Body Text	СТА
Application to Extend/Change Nonimmigrant Status		Currently, you may file an Application to Extend/Change Nonimmigrant Status (I-539) online if you are filing for yourself.		Learn more about <a href="https://www.uscis.gov/i-
539">extending or changing your nonimmigrant status
		You should refer to Instructions for Form I-539 to see if you can use this online form for your nonimmigrant status.		
Before you start your application	Eligibility	You may be eligible to apply for an extension of your authorized stay if:	You may be eligible to apply for an extension of your authorized stay if:	
		You were lawfully admitted into the United States with a nonimmigrant visa	You were lawfully admitted into the United States with a nonimmigrant visa	
		Your nonimmigrant visa status remains valid	Your nonimmigrant visa status remains valid	
		You have not committed any crimes that make you ineligible for a visa You have not violated the conditions of your admission	You have not committed any crimes that make you ineligible for a visa You have not violated the conditions of your admission	
		Your passport is valid and will remain valid for the duration of your stay	Your passport is valid and will remain valid for the duration of your stay	
		Since obtaining the nonimmigrant status you seek to extend or change, you have not received public benefits for more than	[deleted]	
		12 months within any 36 month period (unless you qualify for any of the exemptions below):	[deleted]	
		PUBLIC BENEFITS:	[deleted]	
		Any Federal, state, local, or tribal cash assistance for income maintenance including:		
		Supplemental Security Income (SSI); Temporary Assistance for Needy Families (TANF); or		
		c. Federal, state, or local cash benefit programs for income maintenance (often called "General Assistance" in the state		
		context, but which may exist under other names);		
		Supplemental Nutrition Assistance Program (SNAP, formerly called "Food Stamps");		
		Section 8 Housing Assistance under the Housing Choice Voucher Program;		
		Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation); Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.; and		
		Federally-funded Medicaid. 6. Federally-funded Medicaid.		
		[Exemption accordion - see last tab in spreadsheet]		
		If your nonimmigrant status is based on the fact that you are a family member or dependent of an individual who has already		
		been granted nonimmigrant status, then you must file your application while that individual continues to maintain a valid		
		nonimmigrant status. Family members and dependents are limited to the same period of authorized stay as the principal immigrant.		
		You may NOT be granted an extension or change of status if you were admitted under the Visa Waiver Program or if your		
		current status is:		
		An alien in transit (C) or in transit without a visa (TWOV)		
		• A crewman (D)		
		• A fiancé(e) or dependent of a fiancé(e) (K-1 or K-2)		
		EXCEPTION: A K-3 and K-4 are eligible to apply for an extension of status. They should file for an extension during the processing of Form I-130 filed on their behalf and up to completion of their adjustment-of-status application.		
	Fee	We will automatically calculate the cost for you when you submit your application.		Learn more about <a< td=""></a<>
		The application fee is \$370. An additional biometrics services fee of \$85 is required for you and for each person included on a Form I-539A.	ı	href="https://www.uscis.gov/feewaiver">filing a fee waiver
	Refund Policy	USCIS does not refund fees, regardless of any action we take on your application, petition, or request.		
		By continuing this transaction, you acknowledge that you must submit fees in the exact amount and that you are paying		
		the fees for a government service. You further agree that the filing fee, biometric fee, and any other paid costs related to this financial transaction are final and not refundable.		
		Please refer to the instructions for the form(s) you are filling for additional information or you may call the USCIS		
		Contact Center at 800-375-5283. The USCIS Contact Center provides information in English and Spanish. For TTY (deaf		
		or hard of hearing) 800-767-1833.		
	Filing online	Submitting your application online is the same as mailing in a completed paper form. They both gather the same information and cost the same.		
	Documents you may need	Most applicants will be required to submit:		
		Nonimmigrant Arrival-Departure Record (I-94) for all applicants		
		Passport and travel document numbers		
		A valid passport		
		Several other documents will be required depending on your current nonimmigrant status. We will automatically		
		determine which documents you should provide us as you fill out your application.		
After you submit your application	Track your case online	After you submit your form, you can track its status through your USCIS account. Sign in to your account often to check		
	Respond to requests for	your case status and read any important messages from USCIS. If we need more information from you, we will send you a Request for Evidence (RFE) or Request for Information (RFI).		
	information	You can respond to our request and upload your documents through your USCIS account.		
	Provide your biometrics	If necessary, we will contact you to schedule an appointment at an Application Support Center near you. At the		Next
		appointment, we will get your fingerprints, photograph, and signature.		
Completing your form online	Provide as many responses a you can	S You should provide as many responses as you can. Incomplete fields or sections and missing information can slow down the process after you submit your form. If you do not finish your form in one session, you can sign in to your account to continue		
	,	where you left off.		

Copy in gray boxes is approved copy from previous forms and should not be edited

Step: Indicates the form navigation element.

Section: Indicates the form sub-navigation element. Copy for questions should be grouped by appropriate section.

Questions/Sub-Questions: Based on the questions from the paper form.

Instructional text: Text that appears directly below a question and provides instructions for answering the question or completing this step/section of the form.

Help text: Text that appears below or next to an input field, partially hidden. Users can click to expand. Provides additional contextual or clarifying information about a question.

CTA: copy for button

Page breaks are indicated by a horizontal line (the same sub-navigation can have multiple pages)

Conditional question logic is indicated in () before question Sub-Heading Current Rody Text Revised Rody Text CTA We will automatically save We will automatically save your information when you select next to go to a new page or navigate to another section of the form. Your responses will be saved for 30 days. You can sign in to your account at anytime to continue where you left off DHS Privacy Notice AUTHORITIES: The information requested on this application, and the associated evidence, is collected pursuant to the U.S. Code sections 1103 and 1184 and Title 8 of the Code of Federal Regulations parts 103, 214 and 248. PURPOSE: The primary purpose for providing the requested information on this application is to apply for an extension of stay or a change from one nonimmigrant category to another nonimmigrant category. DHS will use 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 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 IDHS/USCIS/ICE/CRP-001 Alien File. Index. and National File Tracking System, DHS/USCIS-007 Benefits Information System] and the published privacy impact assessment [DHS/USCIS/PIA-016(a) Computer Linked Application Information Management System and Associated Systems], which can be found at www.dhs.gov/privacy. DHS may also share the information, as appropriate, for law enforcement purposes or in the interest of national security. USCIS Compliance Review and By signing this application, you have stated under penalty of perjury (28 U.S.C. section 1746) that all information and documentation submitted with this application are complete, true, and correct. You also authorize the release of any information from your records that USCIS may need to determine your eligibility for the immigration benefit you are seeking and consent to USCIS verifying such information. DHS has the authority to verify any information you submit to establish eligibility for the immigration benefit you are seeking at any time. USCIS' legal authority to verify this information is in 8 U.S.C. sections 1103, 1155, and 1184, and 8 CFR parts 103, 204, 205, and 214. To ensure compliance with applicable laws and authorities, USCIS may verify information before or after your case is decided Agency verification methods may include, but are not limited to: review of public records and information; contact through written correspondence, the internet, fax, other electronic transmission, or telephone; unannounced physical site inspections of residences and locations of employment; and interviews. USCIS will use information obtained through verification to assess your compliance with the laws and to determine your eligibility for an immigration Subject to the restrictions under 8 CFR 103.2(b)(16), USCIS will provide you with an opportunity to address any adverse or derogatory information that may result from a USCIS compliance review, verification, or site visit after a formal decision is made on your case or after the agency has initiated an adverse action which may result in revocation or termination of an approval. Paperwork Reduction Act An agency may not conduct or sponsor in information collection, and a person is not required to respond to a collection $of information, unless it displays a currently valid Office of Management and Budget (OMB) control number. \ The public and the public of Management and Budget (OMB) control number. \ The public of Management and Budget (OMB) control number. \ The public of Management and Budget (OMB) control number. \ The public of Management and Budget (OMB) control number. \ The public of Management and Budget (OMB) control number. \ The public of Management and Budget (OMB) control number. \ The public of Management and Budget (OMB) control number. \ The public of Management and Budget (OMB) control number. \ The public of Management and Budget (OMB) control number. \ The public of Management and Budget (OMB) control number. \ The public of Management and Budget (OMB) control number. \ The public of Management and Budget (OMB) control number. \ The public of Management and Budget (OMB) control number. \ The public of Management and Budget (OMB) control number. \ The public of Management and Budget (OMB) control number. \ The public of Management and Budget (OMB) control number and$ reporting burden for this collection of information is estimated at 2.38 hours per response, including the time for reviewing instructions, gathering the required documentation and information, completing the application, preparing statements, attaching necessary documentation, and submitting the application. The collection of biometrics is estimated to require 1 hour and 10 minutes. 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 Do not mail your completed Form I-539 to this address. OMB Number: 1615-0003 Expires: 08/31/2020

Copy in gray boxes is approved copy from previous forms and should not be edited

Step: Indicates the form navigation element.

Section: Indicates the form sub-navigation element. Copy for questions should be grouped by appropriate section.

Questions/Sub-Questions: Based on the questions from the paper form.

Instructional text: Text that appears directly below a question and provides instructions for answering the question or completing this step/section of the form.

Help text: Text that appears below or next to an input field, partially hidden. Users can click to expand. Provides additional contextual or clarifying information about a question.

CTA: copy for button

Page breaks are indicated by a horizontal line (the same sub-navigation can have multiple pages)

Step	Section	Paper Form Question #	Question	Sub-Question	Field Type	Instructional Text	Help Text
Getting Started	Basis for eligibility		ia What is your current nonimmigrant status?		Dropdown		
		1.1	.6 Were you granted Duration of Status (D/S)?	[†] Yes/No	Radio		Notation on certain nonimmigrant Form I-94 indicating that the individual, such as an F-1 nonimmigrant student, is authorized to remain in the U.S. as long as he or she maintains a valid status.
		1.15	b When does your current nonimmigrant status expire?		Date		
	Reason for request	2.1	What are you applying for?	Reinstatement to student status	checkbox		
		2.2		An extension of stay in my current status	checkbox		
		2.3.a		A change of status	checkbox		
		2.3.c	(IF CHANGE OF STATUS) What is the change of status you are requesting?		dropdown		
		2.3.b	(IF CHANGE OF STATUS) What is the effective date of change?	month/day/year	date		

Copy in gray boxes is approved copy from previous forms and should not be edited

Step: Indicates the form navigation element.

Section: Indicates the form sub-navigation element. Copy for questions should be grouped by appropriate section.

Questions/Sub-Questions: Based on the questions from the paper form.

Instructional text: Text that appears directly below a question and provides instructions for answering the question or completing this step/section of the form.

Help text: Text that appears below or next to an input field, partially hidden. Users can click to expand. Provides additional contextual or clarifying information about a question.

CTA: copy for button

Page breaks are indicated by a horizontal line (the same sub-navigation can have multiple pages)

Section	ion	Paper Form Ouestion #	Question	Sub-Question	Field Type	Instructional Text	Help Text
		3.1	What date are you requesting your current or requested status be extended until?	month/day/year	date		
	parer and interpreter		Is someone assisting you with completing this application?	Yes/No	Radio		
			(IF YES) is a preparer assisting you with completing this application?	Yes/No	Radio	A preparer is anyone who completes or helps you complete all or part of your application using information and answers that you provide.	
			(IF YES) Is an interpreter assisting you with completing this application?	Yes/No	Radio	provide.	
			tins application:				
Prepa	parer information		(IF YES TO PREPARER) What is	Given name (first name)	Text		
Prepa	parer information	8.1.b 8.1.a	(IF YES TO PREPARER) What is your preparer's full name?				
Prepa	parer information	8.1.a	(IF YES TO PREPARER) What is your preparer's full name?	Given name (first name) Family name (last name)	Text Text Text		
Prepa	parer information	8.1.a	(IF YES TO PREPARER) What is your preparer's full name? What is your preparer's business or organization		Text Text		
Prepa	parer information	8.1.a 8.2	(IF YES TO PREPARER) What is your preparer's full name? What is your preparer's business or organization	Family name (last name) My preparer is not part of a	Text Text		
Prepa	parer information	8.1.a 8.2	(IF YES TO PREPARER) What is your preparer's full name? What is your preparer's business or organization? name? What is your preparer's mailing address?	Family name (last name) My preparer is not part of a business or organization.	Text Text a Checkbox	Street number and name	
Prepa	parer information	8.1.a 8.2 8.3.h	(IF YES TO PREPARER) What is your preparer's full name? What is your preparer's business or organization and a name? What is your preparer's mailing address?	Family name (last name) My preparer is not part of a business or organization. Country	Text Text a Checkbox Text	Street number and name Apartment, suite, unit, or floor	

Copy in gray boxes is approved copy from previous forms and should not be edited

Step: Indicates the form navigation element.

Section: Indicates the form sub-navigation element. Copy for questions should be grouped by appropriate section.

Questions/Sub-Questions: Based on the questions from the paper form.

Instructional text: Text that appears directly below a question and provides instructions for answering the question or completing this step/section of the form.

Help text: Text that appears below or next to an input field, partially hidden. Users can click to expand. Provides additional contextual or clarifying information about a question.

CTA: copy for button

Page breaks are indicated by a horizontal line (the same sub-navigation can have multiple pages)

p	Section	Paper Form Ques Ouestion #	tion	Sub-Question	Field Type	Instructional Text	Help Text
		Question #		ZIP code/Postal code (FOR	Text		
		8.3.e/8.3.g		FOREIGN ADDRESS)			
			t is your preparer's	Daytime telephone number	Text		
			act information?	<i>,</i> .			
				Mobile telephone number	Text		
		8.5					
				My preparer does not have	Checkbox		
				a mobile telephone			
				number.			
		8.6		Email address	Text		
				My preparer does not have	Checkbox		
				an email address.			
	Interpreter information	•	,	t Given name (first name)	Text		
		is you	ur interpreter's full				
		7.1.b name	e?				
		7.1.a		Family name (last name)	Text		
		What	t is your interpreter's		Text		
		busin	ness or organization				
		7.2 name	e?				
				My interpreter is not part	Checkbox		
				of a business or			
				organization.			
		What	t is your interpreter's	Country	Text		
		7.3.h maili	ng address?				
		7.3.a		Address line 1	Text	Street number and name	
		7.3.b		Address line 2	Text	Apartment, suite, unit, or floor	
		7.3.c		City or town	Text		
				State/Province (FOR	Dropdown		
		7.3.d/f		FOREIGN ADDRESS)			
				ZIP code/Postal code (FOR	Text		
		7.3.e/g		FOREIGN ADDRESS)			
			t is your interpreter's	Daytime telephone number	Text		
		7.4 conta	act information?				
				Mobile telephone number			
		7.5					

Copy in gray boxes is approved copy from previous forms and should not be edited

Step: Indicates the form navigation element.

Section: Indicates the form sub-navigation element. Copy for questions should be grouped by appropriate section.

Questions/Sub-Questions: Based on the questions from the paper form.

Instructional text: Text that appears directly below a question and provides instructions for answering the question or completing this step/section of the form.

Help text: Text that appears below or next to an input field, partially hidden. Users can click to expand. Provides additional contextual or clarifying information about a question.

CTA: copy for button

Page breaks are indicated by a horizontal line (the same sub-navigation can have multiple pages)

Step	Section	Paper Form Question	Sub-Question	Field Type	Instructional Text	Help Text
		Question #				
			My interpreter does not			
			have a mobile telephone			
			number.			
		7.6	Email address	Text		
			My interpreter does not	Checkbox		
			have an email address.			
		What language is your		Text		
		interpreter using to interp	pret			
		this application for you?				
		6.1.b				

Copy in gray boxes is approved copy from previous forms and should not be edited

Step: Indicates the form navigation element.

Section: Indicates the form sub-navigation element. Copy for questions should be grouped by appropriate section.

Questions/Sub-Questions: Based on the questions from the paper form.

Instructional text: Text that appears directly below a question and provides instructions for answering the question or completing this step/section of the form.

Help text: Text that appears below or next to an input field, partially hidden. Users can click to expand. Provides additional contextual or clarifying information about a question.

CTA: copy for button

Page breaks are indicated by a horizontal line (the same sub-navigation can have multiple pages)

tep	Section	Paper Form Question #		Sub-Question	Field Type	Instructional Text	Help Text
our pplication	Information about request	3.2.a.	Is this application based on an extension or change of status already granted to your spouse, child, or parent?	yes/no	radio		
		3.2.b	(IF YES) Provide the USCIS receipt number for the extension or change already granted to your spouse, child, or parent.		number	The USCIS receipt number is a unique 13-character identifier that consists of three capita letters followed by 10 numbers (for example, ABC1234567890). You can find it on notices of action USCIS has sent your spouse, child or parent.	I
		3.3.a	Is this application based on a separate petition or application to give your spouse, child, or parent an extension or change if status?	Yes, filed with this I- 539	checkbox		
				Yes, filed previously and pending with USCIS	checkbox		
		3.3.b	(IF YES PENDING) Provide the USCIS receipt number for the pending case.	No	checkbox number	The USCIS receipt number is a unique 13- character identifier that consists of three capita letters followed by 10 numbers (for example, ABC1234567890). You can find it on notices of action USCIS has sent your spouse, child or parent.	ı
		3.4	(IF YES PENDING) What is the name of the petitioner or applicant for the pending application?	Given name (first name)		,	
		3.5	What date was the petition or	Family name (last name) Month/day/year	Text		
		3.5	application filed?	wionthy day, year	date		
	Additional information about request	4.3	Are you, or any other person included on the application, an applicant for an immigrant visa?	Yes/No	radio		
		4.4	(IF YES) Provide an explanation. Has an immigrant petition EVER been filed for you or for any other person included in this application?	yes/no	text area radio		

Copy in gray boxes is approved copy from previous forms and should not be edited

Step: Indicates the form navigation element.

Section: Indicates the form sub-navigation element. Copy for questions should be grouped by appropriate section.

Questions/Sub-Questions: Based on the questions from the paper form.

Instructional text: Text that appears directly below a question and provides instructions for answering the question or completing this step/section of the form.

Help text: Text that appears below or next to an input field, partially hidden. Users can click to expand. Provides additional contextual or clarifying information about a question.

CTA: copy for button

Page breaks are indicated by a horizontal line (the same sub-navigation can have multiple pages)

tep	Section	Paper F Questi		Sub-Question	Field Type	Instructional Text	Help Text
		4.5	(IF YES) Provide an explanation. Has an Application to Register Permanent Resident or Adjust Status (I- 485), EVER been filed by you or by any other person included in this application?	yes/no	text area radio		
		4.6	(IF YES) Provide an explanation. Have you, or any other person included in this application, EVER been arrested or convicted of any criminal offense since last entering the United States?	yes/no	text area radio		
		4.14	(IF YES) Provide an explanation. Have you, or any other person included in this application, been employed in the United States since last admitted or granted an extension or change of status?	yes/no	text area radio		
			(IF YES)Describe the employment and include the name of the person employed, name and address of the employer, weekly income, and whether the employment was specifically authorized by USCIS.		text area		
			(IF NO)Describe how you are supporting yourself. Include any documentary evidence of the source, amount, and basis for any income.		text area	Such evidence may include, but is n • complete bank statements for che savings accounts showing all transa • other cash assets, or • affidavits of support from a spons	ecking and/or ctions,
		4.15	Are you, or any other person included on the application, currently or have you ever been a J-1 exchange visitor or a J- 2 dependent of a J-1 exchange visitor?	yes/no	radio		

Copy in gray boxes is approved copy from previous forms and should not be edited

Step: Indicates the form navigation element.

Section: Indicates the form sub-navigation element. Copy for questions should be grouped by appropriate section.

Questions/Sub-Questions: Based on the questions from the paper form.

Instructional text: Text that appears directly below a question and provides instructions for answering the question or completing this step/section of the form.

Help text: Text that appears below or next to an input field, partially hidden. Users can click to expand. Provides additional contextual or clarifying information about a question.

CTA: copy for button

Page breaks are indicated by a horizontal line (the same sub-navigation can have multiple pages)

Step	Section	Paper For Question	· ·	Sub-Question	Field Type	Instructional Text	Help Text
			(IF YES)Provide the dates you maintained status as a J-1 exchange visitor or J-2 dependent.		text area		
	Co-Applicants	2.4/2.5.a	Are you the only applicant applying with this form?	Yes/No	Radio button		
		2.5.b	(IF NO) What is the total number of people (including yourself) in this application?		Textfield		

Copy in gray boxes is approved copy from previous forms and should not be edited

Step: Indicates the form navigation element.

Section: Indicates the form sub-navigation element. Copy for questions should be grouped by appropriate section.

Questions/Sub-Questions: Based on the questions from the paper form.

Instructional text: Text that appears directly below a question and provides instructions for answering the question or completing this step/section of the form.

Help text: Text that appears below or next to an input field, partially hidden. Users can click to expand. Provides additional contextual or clarifying information about a question.

CTA: copy for button

Page breaks are indicated by a horizontal line (the same sub-navigation can have multiple pages)

Step	Section	Paper Form Question Question #	Sub-Question	Field Type	Instructional Text	Help Text
About You	Your Name	1.1.b What is your current legal name?	Given name (first name)	Text	Your current legal name is the name on your birth certificate, unless it changed after birth by a legal action such as marriage or court order. Do not provide any nicknames here.	
		1.1.c	Middle name (if applicable)	Text		
		1.1.a	Family name (last name)	Text		
	Your Contact Information	1.4.a What is your current mailing address?	In care of name (if any)	Text		
		1.4.b	Address line 1	Text	Street number and name	We will use your current mailing address to contact you throughout the application process. We may not be able to contact you if you do not provide a complete and valid address. Please provide a U.S. address only.
		1.4.c	Address line 2	Text	Apartment, suite, unit, or floor	
		1.4.d	City or town	Text		
		1.4.e	State	Text		
		1.4.f Where do you live now?	ZIP code I live at my current mailing address	Text Checkbox		
		1.5.a	Address line 1	Text	Street number and name	
		1.5.b	Address line 2	Text	Apartment, suite, unit, or floor	
		1.5.c	City or town	Text		
		1.5.d	State	Text		
		1.5.e	ZIP code	Text		
		4.2.a What is your physical address abroad?	Address line 1	Text	Street number and name	
		4.2.b	Address line 2	Text	Apartment, suite, unit, or floor	
		4.2.c	City or town	Text		
		4.2.d	Province	Text		
		4.2.e	Postal Code	Text		
		4.2.f	Country	Dropdown		
		6.3 How can we contact you?	Daytime telephone number			
		6.4	Mobile telephone number	Text		

Copy in gray boxes is approved copy from previous forms and should not be edited

Step: Indicates the form navigation element.

Section: Indicates the form sub-navigation element. Copy for questions should be grouped by appropriate section.

Questions/Sub-Questions: Based on the questions from the paper form.

Instructional text: Text that appears directly below a question and provides instructions for answering the question or completing this step/section of the form.

Help text: Text that appears below or next to an input field, partially hidden. Users can click to expand. Provides additional contextual or clarifying information about a question.

CTA: copy for button

Page breaks are indicated by a horizontal line (the same sub-navigation can have multiple pages)

Section	Paper Form Question Question #	Sub-Question	Field Type	Instructional Text Help Text	
		This is the same as my mobile telephone number.	Checkbox		
	6.5	Email address	Text		
Additional	1.2 What is your A-Number?		Text		
Information			A- Checkbox		
	1.3 What is your USCIS Online Account Number?	I do not have an USCIS Online Account Number	Checkbox	You can find your USCIS Online Account Number by signing in to your account and going to your profile page.	
				If you previously filed an application, petition, or request using the USCIS online filing system, provide the USCIS Online Account Number you were issued.	
				If you previously filed certain applications, petitions, or requests on a paper form via a USCIS Lockbox facility, you may have received a USCIS Online Account Access Notice issuing you a USCIS Online Account Number. You can find this number at the top of the notice.	
				The USCIS Online Account Number is not the same as an A-Number. The USCIS Online Account Number was previously called the USCIS Electronic Immigration System (USCIS ELIS) Number.	
	1.8 What is your date of birth?	month/date/year	Date		
	1.9 What is your U.S. Social Security number?		Text		
		I do not have a U.S. Social Secuirity Number	Checkbox		
	What is your current				
			Drondown		
	passport?	Country		If you are the Principal Applicant, provide your current passport information.	
	expire?	month/date/year	uate		
Your Immigration	1.6	,	Daniel de l'inc		
	Information	6.5 Additional 1.2 What is your A-Number? Information 1.3 What is your USCIS Online Account Number? 1.8 What is your date of birth? 1.9 What is your U.S. Social Security number? What is your current 4.1.a passport number? 4.1.b What country issued your passport? 4.1.c What date does your passport expire? Your Immigration 1.6	This is the same as my mobile telephone number. 6.5 Email address Additional Information 1.2 What is your A-Number? 1.3 What is your USCIS Online Account Number I do not have an USCIS Online Account Number? 1.9 What is your U.S. Social Security number? I do not have a U.S. Social Security number? I do not have a U.S. Social Security number? What is your current 4.1.a passport number? 4.1.b What country issued your passport expire? 4.1.c What date does your passport expire? 4.1.c What date does your passport expire? Month/date/year Your Immigration 1.6	This is the same as my mobile telephone number. 6.5 Email address Text Additional 1.2 What is your A-Number? Text I do not have or know my A- Checkbox number 1.3 What is your USCIS Online Account Number? I do not have an USCIS Checkbox Online Account Number? 1.9 What is your U.S. Social Security number? I do not have a U.S. Social Security number? I do not have a U.S. Social Security number? I do not have a U.S. Social Security Number What is your current 4.1.a passport number? 4.1.b What country issued your passport expire? A.1.c What date does your passport expire? A.1.c What date does your passport expire? Month/date/year Toxt Text Checkbox Checkbox Checkbox Country A.1.c What date does your passport expire? Month/date/year	This is the same as my mobile telephone number. 6.5 Email address Text Additional Information 1.2 What is your A-Number? 1.3 What is your USCIS Online Account Number Ido not have or know my A- Checkbox number 1.4 What is your USCIS Online Account Number Ido not have an USCIS Online Account Number If you previously filed an application, petition, or request using the USCIS online filing system, provide the USCIS Online Account Number you were issued. 1.5 What is your date of birth? 1.6 What is your date of birth? What is your U.S. Social Security number? 1.8 What is your date of birth? What is your current 4.1.a passport number? 4.1.b What is your current 4.1.a passport? 4.1.b What country issued your passport espire? Country Country Dropdown Country Month/date/year Dropdown Text Text Country Month/date/year Dropdown Town immigration System (USCIS ELIS) Number, provide your current passport information. If you are the Principal Applicant, provide your current passport information.

Copy in gray boxes is approved copy from previous forms and should not be edited

Step: Indicates the form navigation element.

Section: Indicates the form sub-navigation element. Copy for questions should be grouped by appropriate section.

Questions/Sub-Questions: Based on the questions from the paper form.

Instructional text: Text that appears directly below a question and provides instructions for answering the question or completing this step/section of the form.

Help text: Text that appears below or next to an input field, partially hidden. Users can click to expand. Provides additional contextual or clarifying information about a question.

CTA: copy for button

Page breaks are indicated by a horizontal line (the same sub-navigation can have multiple pages)

Step	Section	Paper Form Question Sub-Qu Question #	estion Field Type	Instructional Text	Help Text
		1.7 What is your country of citizenship or nationality?		Provide the name of the country as it currently exists, where you are currently a citize or national. If the country no longer exists, use the current name of the country.	n
				If you are a citizen or national of more than one country, provide the name of the foreign country that issued your last passport.	
				If you are stateless, enter the name of the current country where you were last a citizen or national.	
		1.10	Text	Provide information about your most recent entry into the United States	This information may be found on your Nonimmigrant Arrival/Departure Record (I-94) issued by U.S. Customs and Border Protection (CBP) or USCIS upon arrival to the United States. If you were admitted to the United States by CBP at an airport or seaport after April 30, 2013, you may have been issued an electronic I-94 by CBP, instead of a paper form. Visit CBP [https://www.cbp.gov/travel/international-visitors/i-94] to obtain a paper version of your I-94. If you are unable to obtain a copy of your I-94 from CBP, go to the USCIS I-102 [https://www.uscis.gov/i-102] to find additional I-94 Replacement Information.
		What is your date of last arrival into the United States?			additional 1-34 Replacement information.
		1.11 What is your I-94 Arrival- Departure Record Number?	Text		
		1.12 What is the passport number listed on your I-94?1.13 What is your travel document	Text		
		number? 1.14.a	Text		
		What country issued your passport or travel document? 1.14.b What is the expiration date for your passport or travel	Dropdown		
		document?	date		

Copy in gray boxes is approved copy from previous forms and should not be edited

Step: Indicates the form navigation element.

Section: Indicates the form sub-navigation element. Copy for questions should be grouped by appropriate section.

Questions/Sub-Questions: Based on the questions from the paper form.

Instructional text: Text that appears directly below a question and provides instructions for answering the question or completing this step/section of the form.

Help text: Text that appears below or next to an input field, partially hidden. Users can click to expand. Provides additional contextual or clarifying information about a question.

CTA: copy for button

Page breaks are indicated by a horizontal line (the same sub-navigation can have multiple pages)

Step	Section	Paper Form Question #	Question	Sub-Question	Field Type	Instructional Text	Help Text	
Moral Character	Party and group affiliations	4.7.a	Have you, or any other person included on this application, EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in acts involving torture or genocide?	Yes/No	Radio			
			(IF YES) Provide an explanation.		Textarea			
		4.7.b	Have you, or any other person included on this application, EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in killing any person?	Yes/No	Radio			
			(IF YES) Provide an explanation.		Textarea			
		4.7.c	Have you, or any other person included on this application, EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in intentionally and severely injuring any person?	Yes/No	Radio			
			(IF YES) Provide an explanation.		Textarea			
		4.7.d	Have you, or any other person included on this application, EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in engaging in any kind of sexual contact or relations with any person who did not consent or was unable to consent, or was being forced or threatened?	Yes/No	Radio			
			(IF YES) Provide an explanation.		Textarea			
		4.7.e	Have you, or any other person included on this application, EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in limiting or denying any person's ability to exercise religious beliefs?	Yes/No	Radio			
			(IF YES) Provide an explanation.		Textarea			

Copy in gray boxes is approved copy from previous forms and should not be edited

Step: Indicates the form navigation element.

Section: Indicates the form sub-navigation element. Copy for questions should be grouped by appropriate section.

Questions/Sub-Questions: Based on the questions from the paper form.

Instructional text: Text that appears directly below a question and provides instructions for answering the question or completing this step/section of the form.

Help text: Text that appears below or next to an input field, partially hidden. Users can click to expand. Provides additional contextual or clarifying information about a question.

CTA: copy for button

Page breaks are indicated by a horizontal line (the same sub-navigation can have multiple pages)

Section	Paper Form Question #	Question	Sub-Question	Field Type	Instructional Text	Help Text
	4.8.a		Yes/No	Radio		
		Have you, or any person included on the application,				
		EVER served in, been a member of, assisted, or participated in any military unit, paramilitary unit, police				
		unit, self-defense unit, vigilante unit, rebel group,				
		guerrilla group, militia, insurgent organization, or any				
		other armed group?				
		(IF YES) Provide an explanation.		Textarea		
	4.8.b	• •	Yes/No	Radio		
		Have you, or any person included in this application,				
		EVER worked, volunteered, or otherwise served in any				
		prison, jail, prison camp, detention facility, labor camp,				
		or any other situation that involved detaining persons?				
		(IF YES) Provide an explanation.		Textarea		
	4.9		Yes/No	Radio		
		Have you, or any other person included in this application, EVER been a member of, assisted, or				
		participated in any group, unit, or organization of any				
		kind in which you or other persons used any type of				
		weapon against any person or threatened to do so?				
		(IF YES) Provide an explanation.		Textarea		
	4.10		Yes/No	Radio		
		Have you, or any person included in this application,				
		EVER assisted or participated in selling, providing, or				
		transporting weapons to any person who, to your				
		knowledge, used them against another person?				
		(IF YES) Provide an explanation.		Textarea		
	4.11	, , , , , , , , , , , , , , , , , , , ,	Yes/No	Radio		
		EVER received any type of military, paramilitary, or weapons training?				
		(IF YES) Provide an explanation.		Textarea		
Immigration	4.12		Yes/No	Radio		
Proceedings		done anything that violated the terms of the	. 25, 110			
- >		nonimmigrant status you now hold?				
		(IF YES) Provide an explanation.		Textarea		

Copy in gray boxes is approved copy from previous forms and should not be edited

Step: Indicates the form navigation element.

Section: Indicates the form sub-navigation element. Copy for questions should be grouped by appropriate section.

Questions/Sub-Questions: Based on the questions from the paper form.

Instructional text: Text that appears directly below a question and provides instructions for answering the question or completing this step/section of the form.

Help text: Text that appears below or next to an input field, partially hidden. Users can click to expand. Provides additional contextual or clarifying information about a question.

CTA: copy for button

Page breaks are indicated by a horizontal line (the same sub-navigation can have multiple pages)

Step	Section	Paper Form Question #	Question	Sub-Question	Field Type	Instructional Text	Help Text
		4.13	Are you, or any other person included in this application, now in removal proceedings?	Yes/No	Radio		
			(IF YES) Provide an explanation with the name of the person in removal proceedings, and information on jurisdiction, date proceedings began, and status of		Textarea		
			proceedings.				

	CO1 1. Q			AND HELP TEXT, AND OTH									
Step Section		Revised Section	Paper For Question	rm Question	Revised Question	Sub-Question	Revised Sub-Question	Field Type	Revised Field Type	Instructional Text	Revised Instructional Text	Help Text	Revised Help Tex
Public benefi	information	[deleted]	5.1	Since obtaining the nonimmigrant status that you seek to extend or from which you seek to change, have you ever received, or are you currently certified to receive in the	[deleted]	Yes, I have received or I am currently certified to receive public benefits.	[deleted]	checkbox	[deleted]	Any Federal, state, local, or tribal cash assistance for income maintenance including: a. Supplemental Security Income (SSI); b. Temporary Assistance for Needy Familier	[deleted]		
				future any of the following public benefits? (See below and select all that apply)						(TANF); or c. Federal, state, or local cash benefit programs for income maintenance (often called "General Assistance" in the state context, but which may exist under other names):			
										 Supplemental Nutrition Assistance Program (SNAP, formerly called "Food Stamps"); Section 8 Housing Assistance under the Housing Choice Voucher Program; Section 8 Project-Based Rental assistance (including Moderate Rehabilitation); Public Housing under the Housing Act of 1937, 42 U.S.C. 143f et seq.; and 			
						No, I have not received any of the public benefits listed above	[deleted]	checkbox	[deleted]	6. Federally-funded Medicaid.			
						No, I am not certified to receive any of	[deleted]	checkbox	[deleted]				
(IF 5.1 = Yes) information t	Public benefit	[deleted]		(if Yes) Select all of the public benefits which you received or are currently certified to receive:	n	the public benefits listed above Any federal, state, local or tribal cash assistance for income maintenance	[deleted]	checkbox	[deleted]				
						Supplemental Security Income (SSI) Temporary Assistance for Needy Families (TANF)	[deleted]	checkbox checkbox	[deleted]				
						(TANF) General Assistance (GA) Supplemental Nutrition Assistance	[deleted] [deleted]	checkbox checkbox	[deleted] [deleted]				
						Program (SNAP, formerly called "Food Stamps") Section 8 Housing Assistance under the	[deleted]	checkbox	[deleted]				
(IF 3.1 = Yes) Public benefit history					Housing Choice Voucher Program Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation)		checkbox	[deleted]					
					Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.	[deleted]	checkbox	[deleted]					
	[deleted]		Your public benefits	[deleted]	Federally-funded Medicaid	[deleted]	checkbox	[deleted]	List all of the public benefits which you received or are set to receive below. This dropdown list is based on the public	[deleted]			
		5.2.a	d What type of public benefit have you received?	[deleted]			dropdown	[deleted]	benefits you indicated you are currently receiving or certified to receive. Select from the public benefits listed in the dropdown menu to provide the additional information	[deleted]	Add Public Benefit History Information	[deleted]	
			What Agency Granted You the Benefit? What date did you start receiving the benefit?	[deleted] [deleted]			text area date	[deleted] [deleted]	about that public benefit. Date You Started Receiving the Benefit or if Certified, Date You Will Start Receiving the Benefit or Date Your Coverage Starts	[deleted]			
				What date did the benefit or coverage end or what is the date it expires? Have you received, applied for, or have been	[deleted]			date	[deleted]	Serielle of Date 10th Coverage States			
Public benefi information	additional	[deleted]	5.4.a.	Have you received, applied for, or have been certified to receive federally-funded Medicaid in connection with any of the following? (Select all that apply)	(deleted)			text area	[deleted]				
						An emergency medical condition. For a service under the Individuals with Disabilities Education Act (IDEA).	,	checkbox checkbox	[deleted]				
						Other school-based benefits or services available up to the oldest age eligible for secondary education under state law.	[deleted]	checkbox	[deleted]				
						While you were under the age of 21. While you were pregnant or during the 60-day period following the last day of	[deleted]	checkbox checkbox	[deleted] [deleted]				
						pregnancy. None of the above statements apply to me.	[deleted]	checkbox	[deleted]				
			5.4.b.	(IF 5.4.a ≠ None of the above) Provide the applicable start and end dates for federally- funded Medicaid.	[deleted]	From	[deleted]	date	[deleted]				
			5.3	(If Yes to 5.1) Do any of the following apply to you?	[deleted]	To I am enlisted in the Armed Forces, or am serving in active duty or in the Ready Reserve Component of the U.S. Armed	[deleted] [deleted]	date checkbox	[deleted] [deleted]				
						Forces. I am the spouse or the child of an individual who is emilisted in the Armed Forces, or who is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.	[deleted]	checkbox	[deleted]				
						At the time I received the public benefits I (or my spouse or parent) was enlisted in the Armed Forces, or was serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.	, [deleted]	checkbox	[deleted]				
						At the time I received the public benefits I was present in the United States in a status exempt from the public charge ground of inadmissibility.	, [deleted]	checkbox	[deleted]				
						At the time I received the public benefits I was present in the United States after being granted a waiver off the public charge ground of inadmissibility.	, [deleted]	checkbox	[deleted]				
						I am a child currently residing abroad who entered the United States with a nonimmigrant vias to attend an N-600K, Application for Citizenship and Issuance of Certificate under INA Section 322	[deleted]	checkbox	[deleted]				

Copy in gray boxes is approved copy from previous forms and should not be edited

Step: Indicates the form navigation element.

Section: Indicates the form sub-navigation element. Copy for questions should be grouped by appropriate section.

Questions/Sub-Questions: Based on the questions from the paper form.

Instructional text: Text that appears directly below a question and provides instructions for answering the question or completing this step/section of the form.

Help text: Text that appears below or next to an input field, partially hidden. Users can click to expand. Provides additional contextual or clarifying information about a question.

CTA: copy for button

Page breaks are indicated by a horizontal line (the same sub-navigation can have multiple pages)

Step	Section	Paper Form	Question	Sub-Question	Field Type	Instructional Text	Help	Notes
		Question #					Text	
Additional	Additional	9.1.a-9.7.d	You may provide additional information	Additional	Textbox	If you need to provide any additional		
Explanation	explanation		for your application	information		information for any of your answers to the questions in this form, enter it into the space below. You should include the questions that you are referencing.	2	
						If you do not need to provide any additional information, you may leave this section blank.		

Copy in gray boxes is approved copy from previous forms and should not be edited

Step: Indicates the form navigation element.

Section: Indicates the form sub-navigation element. Copy for questions should be grouped by appropriate section.

Questions/Sub-Questions: Based on the questions from the paper form.

Instructional text: Text that appears directly below a question and provides instructions for answering the question or completing this step/section of the form.

Help text: Text that appears below or next to an input field, partially hidden. Users can click to expand. Provides additional contextual or clarifying information about a question.

CTA: copy for button

Step	Section	Evidence Title	Revised Evidence Title	Field Type	Revised Field Type	Instructional Text	Revised Instructional Text	Logic
Evidence	Required evidence	Your Nonimmigrant Arrival/Departure Record (I-94)		Upload		Upload an image or copy of both sides of your Nonimmigrant Arrival/Departure Record (I-94).		Required for all applicants (exclude T and U nonimmigrants)
						If you were admitted to the United States by U.S. Customs and Border Protection (CBP) at an airport or seaport after April 30, 2013, you may have been issued an electronic I-94 by CBP, instead of a paper form. Visit CBP to obtain a copy of your I-94.		
		Additional applicants' Nonimmigrant Arrival/Departure Record (I-94)		Upload		If you are unable to obtain a copy of your I-94 from CBP, go to USCIS I-102 to find additional I-94 Replacement Information. Upload an image or copy of both sides of the Nonimmigrant Arrival/Departure Record (94) for each person included in your application.	.	Required for all additional applicants (exclude T and U nonimmigrants)
						If they were admitted to the United States by CBP at an airport or seaport after April 30 2013, they may have been issued an electronic Nonimmigrant Arrival/Departure Record by CBP, instead of a paper form. Visit the CBP website to obtain a paper version of their Nonimmigrant Arrival/Departure Record		
						If you are unable to obtain a copy of their I-94 from CBP, go to the USCIS I-102 page to find additional I-94 Replacement Information.</a 		
		Your Nonimmigrant Arrival/Departure Record (I-94) or Approval Notice (I-797)		Upload		Upload an image or copy of both sides of your Nonimmigrant Arrival/Departure Record (I-94). If you do not have your Nonimmigrant Arrival/Departure Record, you can upload a copy of your Approval Notice (I-797) or an image of your passport that shows you have already been granted status.		If nonimmigrant status = T (law enforcement OR exceptional circumstances), T derivative (T-2, T-3, T-4, T-5, T-6), U (law enforcement OR exceptional circumstances), U-1, U-2, U-3, U-4, U-5
						If you were admitted to the United States by CBP at an airport or seaport after April 30, 2013, you may have been issued an electronic Nonimmigrant Arrival/Departure Record by CBP, instead of a paper form. Visit the CBP website to obtain a paper version of your Nonimmigrant Arrival/Departure Record.		
						If you are unable to obtain a copy of your I-94 from CBP, go to the USCIS I-102 page to find additional I-94 Replacement Information.		
		Additional applicants' Nonimmigrant Arrival/Departure Record (I-94) or Approval Notice (I-797)		Upload		Upload an image or copy of both sides of the Nonimmigrant Arrival/Departure Record (94) for each person included in your application. If you do not have your Nonimmigrant Arrival/Departure Record, you can upload a copy of your Approval Notice (I-797) or an image of your passport that shows you have already been granted status.		If nonimmigrant status = T (law enforcement OR exceptional circumstances), T derivative (T-2, T-3, T-4, T-5, T-6), U (law enforcement OR exceptional circumstances), U-1, U-2, U-3, U-4, U-5
						If they were admitted to the United States by CBP at an airport or seaport after April 3C 2013, they may have been issued an electronic Nonimmigrant Arrival/Departure Record by CBP, instead of a paper form. Visit the CBP website to obtain a paper version of their Nonimmigrant Arrival/Departure Record		
						If you are unable to obtain a copy of their I-94 from CBP, go to the USCIS I-102 page to find additional I-94 Replacement Information.		
		Your Interagency Record of Request - A, G, or NATO Dependent Employment, Authorization, or Change/Adjustment to/from A, G, or NATO Status (I-566)		Upload		Upload an image or copy of the Iteragency Record of Request - A, G, or NATO Dependent Employment, Authorization, or Change/Adjustment to/from A, G, or NATO Status (1-566) that is certified by the Department of State and indicates your accredited status.		If nonimmigrant status = A, G

Copy in gray boxes is approved copy from previous forms and should not be edited

Step: Indicates the form navigation element.

Section: Indicates the form sub-navigation element. Copy for questions should be grouped by appropriate section.

Questions/Sub-Questions: Based on the questions from the paper form.

Instructional text: Text that appears directly below a question and provides instructions for answering the question or completing this step/section of the form.

Help text: Text that appears below or next to an input field, partially hidden. Users can click to expand. Provides additional contextual or clarifying information about a question.

CTA: copy for button

Step Section	on Evidence Title	Revised Evidence Title	Field Type Revised Field Type	Instructional Text	Revised Instructional Text	Logic
	Your employer's Nonimmigrant Arrival/Departure Record (I- 94)		Upload	Upload an image or copy of your employer's Nonimmigrant Arrival/Departure Record (I-94) or an approval notice demonstrating their A status.		If nonimmigrant status = A-3
	Your employer's Nonimmigrant Arrival/Departure Record (I- 94)		Upload	Upload an image or copy of your employer's Nonimmigrant Arrival/Departure Record (I-94) or an approval notice demonstrating their G status.	-	If nonimmigrant status = G-5
	Letter from your employer		Upload	Upload an image or copy of a letter from your employer stating: • Your duties • That the employer intends to personally employ you for the entirety of your contract • Arrangements you have made to depart from the United States		If nonimmigrant status = A-3, G-5
	Your employer's Interagency Record of Request - A, G, or NATO Dependent Employment, Authorization, or Change/Adjustment to/from A, G, or NATO Status (I-566)		Upload	Upload an image or copy of your employer's Interagency Record of Request - A, G, or NATO Dependent Employment, Authorization, or Change/Adjustment to/from A, G, or NATO Status (I-566) that is certified by the Department of State and indicates your employer's continuing accredited status.		If nonimmigrant status = A-3, G-5
	Your written statement		Upload	Upload a written statement explaining in detail: The reasons for your request for an extension or change The reasons why your extended stay would be temporary, including what arrangements you have made to depart from the United States Any effect the extended stay may have on your foreign employment or residency		If nonimmigrant status = B-1 or B-2
	Evidence of your lawful residence in Commonwealth of Northern Mariana Islands		Upload	$Up load \ an image \ or \ copy \ of \ proof \ of \ your \ lawful \ presence \ in \ the \ Commonwealth \ of \ the \ Northern \ Mariana \ Islands \ (CNMI) \ as \ defined \ in \ 8 \ CFR \ 214.2(w)(l)(v).$		If nonimmigrant status = CW-2 (Dependent of CW-1)
	Evidence of your relationship with the CW-1 transitional worker		Upload	Upload an image or copy of any evidence that shows each applicant's relationship to the CW-1 transitional worker. This may include a birth certificate, marriage certificate, or proof of termination of any prior marriages.		If nonimmigrant status = CW-2
	Additional evidence for CW-2 applicants Evidence of your relationship with the principal E nonimmigrant		Upload	Upload an image or copy of one of the following: 1. Petition for a Nonimmigrant Worker in the CNMI (I-129CW) that was filed on behalf of the CW-1 transitional worker 2. A copy of the Receipt Notice (I-797) related to the transitional worker's already pending petition 3. A copy of the front and back of the transitional worker's most recent Nonimmigrant Arrival/Departure Record (I-94) 4. A copy of the Approval Notice (I-797) showing the transitional worker has already been granted status for the period requested on your application Upload an image or copy of any evidence that shows each applicant's relationship to the principal E nonimmigrant. This may include a birth certificate, marriage certificate, or proof of termination of any prior marriages.		If nonimmigrant status = CW-2 If nonimmigrant status = E-1 Treaty Traders, E-1 employees, E-2 Treaty Investors, E-2 employees, E-2 CMMI Investors, E-3 Australian Specialty Occupation Professionals

Copy in gray boxes is approved copy from previous forms and should not be edited

Step: Indicates the form navigation element.

Section: Indicates the form sub-navigation element. Copy for questions should be grouped by appropriate section.

Questions/Sub-Questions: Based on the questions from the paper form.

Instructional text: Text that appears directly below a question and provides instructions for answering the question or completing this step/section of the form.

Help text: Text that appears below or next to an input field, partially hidden. Users can click to expand. Provides additional contextual or clarifying information about a question.

Step	Section	Evidence Title	Revised Evidence Title	Field Type	Revised Field Type	Instructional Text	Revised Instructional Text	Logic
		Additional evidence for dependents of principal E nonimmigrants		Upload		Upload an image or copy of one of the following: 1. Petition for a Nonimmigrant Worker (I-129) that was filed on behalf of the principal E nonimmigrant On the Receipt Notice (I-797) related to the principal E nonimmigrant's already pending Petition for a Nonimmigrant Worker (I-129) 3. A copy of the front and back of the principal E nonimmigrant's most recent Nonimmigrant Arrival/Departure Record (I-94) 4. A copy of the Approval Notice (I-797) showing the principal E nonimmigrant has already been granted status for the period requested on your application.		If nonimmigrant status = E-1 Treaty Traders, E-1 employees, E-2 Treaty Investors, E-2 employees, E-2 CMMI Investors, E-3 Australian Specialty Occupation Professionals
		Your Certificate of Eligibility for Nonimmigrant Student (I-20)		Upload		Upload an image or copy of your Certificate of Eligibility for Nonimmigrant Student (I- 20), issued by the school where you will study.		If nonimmigrant status = F-1 (and requesting change or reinstatement), M-1
		Proof of ability to pay		Upload		Upload an image or copy of any documentation that demonstrates your ability to pay for your studies and support yourself, and any accompanying dependent family members, while you are in the United States.		If nonimmigrant status = F-1 (and requesting change or reinstatement), M-1
		Evidence for reinstatement		Upload		Upload an image or copy of any documentation that shows that your violation of status resulted from circumstances beyond your control or that your violation relates to a reduction in your course load that would have been within a Designated Schools Official's (DSO's) power to authorize, and that failure to approve reinstatement would result in extreme hardship for you.		If nonimmigrant status = F-1 (requesting reinstatement), M-1 (requesting reinstatement)
						If you have been out of status for more than 5 months at the time of filing your request for reinstatement, you must also provide evidence that your failure to file within the 5 month period was the result of exceptional circumstances and that you filed your request for reinstatement as promptly as possible under these exceptional circumstances.		
		Evidence of your relationship with the H temporary worker		Upload		Upload an image or copy of any evidence that shows each applicant's relationship to the H temporary worker. This may include a birth certificate, marriage certificate, or proof of termination of any prior marriages.		If nonimmigrant status = H-4
		Additional evidence for dependents of an H temporary worker		Upload		Upload an image or copy of one of the following: 1. Petition for a Nonimmigrant Worker (I-129) that was filed on behalf of the H temporary worker 2. A copy of the Receipt Notice (I-797) related to the H temporary worker's already pending Petition for a Nonimmigrant Worker (I-129) 3. A copy of the front and back of the H temporary worker's most recent Nonimmigrant Arrival/Departure Record (I-94) 4. A copy of the Approval Notice (I-797) showing the H temporary worker has already been granted status for the period requested on your application.		If nonimmigrant status = H-4
		Letter from your employer		Upload		Upload an image or copy of a letter from the employing media organization that: Verifies your employment Establishes that you are a representative of that media organization Describes your compensation and work to be performed		If nonimmigrant status = I

Copy in gray boxes is approved copy from previous forms and should not be edited

Step: Indicates the form navigation element.

Section: Indicates the form sub-navigation element. Copy for questions should be grouped by appropriate section.

Questions/Sub-Questions: Based on the questions from the paper form.

Instructional text: Text that appears directly below a question and provides instructions for answering the question or completing this step/section of the form.

Help text: Text that appears below or next to an input field, partially hidden. Users can click to expand. Provides additional contextual or clarifying information about a question.

CTA: copy for button

Step Section	Evidence Title	Revised Evidence Title	Field Type Revised Field Type	Instructional Text	Revised Instructional Text	Logic
	Evidence of your relationship with the principal nonimmigran	t	Upload	Upload an image or copy of any evidence that shows each applicant's relationship to the principal nonimmigrant. This may include a birth certificate, marriage certificate, or proof of termination of any prior marriages.		If nonimmigrant status = I (dependent)
	Your Certificate of Eligibility for Exchange Visitor Status (DS-2019)		Upload	Upload an image or copy of your Certificate of Eligibility for Exchange Visitor Status (DS-2019).		If nonimmigrant status = J-1 (changing to J-1)
	Evidence of your relationship with the L intracompany transferee		Upload	Upload an image or copy of any evidence that shows each applicant's relationship to the L intracompany transferee. This may include a birth certificate, marriage certificate, or proof of termination of any prior marriages.		If nonimmigrant status = L-2
	Additional evidence for dependents of an L intracompany transferee		Upload	Upload an image or copy of one of the following: 1. Petition for a Nonimmigrant Worker (I-129) that was filed on behalf of the L intracompany transferee 2. A copy of the Receipt Notice (I-797) related to the L intracompany transferee's already pending Petition for a Nonimmigrant Worker (I-129) 3. A copy of the front and back of the L intracompany transferee's most recent Nonimmigrant Arrival/Departure Record (I-94) 4. A copy of the Approval Notice (I-797) showing the L intracompany transferee has already been granted status for the period requested on your application.		If nonimmigrant status = L-2
	Evidence supporting your reason for an extension		Upload	Upload an image or copy of any evidence supporting your reason for requesting an extension. You may request an extension if: Compelling educational or medical reasons have resulted in a delay of your course of study You are applying for a post-completion optional practical training You are transferring to a different school If you are transferring schools 6 months, or more, after the date you first admitted, you will need to upload evidence showing you are unable to remain at the school you were initially admitted to attend due to circumstances beyond your control.		if nonimmigrant status = M-1 (extension)
	Evidence of your relationship with the O nonimmigrant worke	er	Upload	Upload an image or copy of any evidence that shows each applicant's relationship to the O nonimmigrant worker. This may include a birth certificate, marriage certificate, or proof of termination of any prior marriages.		If nonimmigrant status = 0-3
	Additional evidence for dependents of an O nonimmigrant worker		Upload	Upload an image or copy of one of the following: 1. Petition for a Nonimmigrant Worker (I-129) that was filed on behalf of the O nonimmigrant worker 2. A copy of the Receipt Notice (I-797) related to the O nonimmigrant worker's already pending Petition for a Nonimmigrant Worker (I-129) 3. A copy of the front and back of the O nonimmigrant worker's most recent Nonimmigrant Arrival/Departure Record (I-94) 4. A copy of the Approval Notice (I-797) showing the O nonimmigrant worker has already been granted status for the period requested on your application.		If nonimmigrant status = 0-3
	Evidence of your relationship with the P nonimmigrant worker	r	Upload	Upload an image or copy of any evidence that shows each applicant's relationship to the P nonimmigrant worker. This may include a birth certificate, marriage certificate, or proof of termination of any prior marriages.		If nonimmigrant status = P-4
	Additional evidence for dependents of an P nonimmigrant worker		Upload	Upload an image or copy of one of the following: 1. Petition for a Nonimmigrant Worker (I-129) that was filed on behalf of the P nonimmigrant worker 2. A copy of the Receipt Notice (I-797) related to the P nonimmigrant worker's already pending Petition for a Nonimmigrant Worker (I-129) 3. A copy of the front and back of the P nonimmigrant worker's most recent Nonimmigrant Arrival/Departure Record (I-94) 4. A copy of the Approval Notice (I-797) showing the P nonimmigrant worker has already been granted status for the period requested on your application.		If nonimmigrant status = P-4

Copy in gray boxes is approved copy from previous forms and should not be edited

Step: Indicates the form navigation element.

Section: Indicates the form sub-navigation element. Copy for questions should be grouped by appropriate section.

Questions/Sub-Questions: Based on the questions from the paper form.

Instructional text: Text that appears directly below a question and provides instructions for answering the question or completing this step/section of the form.

Help text: Text that appears below or next to an input field, partially hidden. Users can click to expand. Provides additional contextual or clarifying information about a question.

CTA: copy for button

Step Section	Evidence Title	Revised Evidence Title	Field Type Revised Field Type		Revised Instructional Text	Logic
	Evidence of your relationship with the R religious worker		Upload	Upload an image or copy of any evidence that shows each applicant's relationship to the R religious worker. This may include a birth certificate, marriage certificate, or proo	f	If nonimmigrant status = R-2
	Additional evidence for dependents of an R religious worker		Upload	of termination of any prior marriages. Upload an image or copy of one of the following: 1. Petition for a Nonimmigrant Worker (I-129) that was filed on behalf of the R religious worker		If nonimmigrant status = R-2
				Worker 2. A copy of the Receipt Notice (I-797) related to the R religious worker's already pending Petition for a Nonimmigrant Worker (I-129) 3. A copy of the front and back of the R religious worker's most recent Nonimmigrant Arrival/Departure Record (I-94)		
				4. A copy of the Approval Notice (I-797) showing the R religious worker has already been granted status for the period requested on your application.		
	Evidence of your relationship with the TN professional worker		Upload	Upload an image or copy of any evidence that shows each applicant's relationship to the TN professional worker. This may include a birth certificate, marriage certificate, or proof of termination of any prior marriages.		If nonimmigrant status = TD
	Additional evidence for dependents of a TN professional worker		Upload	Upload an image or copy of one of the following: 1. Petition for a Nonimmigrant Worker (I-129) that was filed on behalf of the TN professional worker		If nonimmigrant status = TD
				2. A copy of the Receipt Notice (I-797) related to the TN professional worker's already pending Petition for a Nonimmigrant Worker (I-129) 3. A copy of the front and back of the TN professional worker's most recent Nonimmigrant Arrival/Departure Record (I-94) 4. A copy of the Approval Notice (I-797) showing the TN professional worker has already	,	
				been granted status for the period requested on your application.		
	Evidence demonstrating law enforcement need		Upload	Upload an image or copy of any evidence demonstrating law enforcement need. This may include a Declaration of Law Enforcement Officer for Victims or Trafficking in Persons (1-914, Supplement B) or other evidence from law enforcement explaining that your presence is necessary, and any other credible evidence.		If nonimmigrant status = T (law enforcement need)
	Evidence demonstrating exceptional circumstances		Upload	Upload an image or copy of any evidence that demonstrates your exceptional circumstances. This may include an affirmative statement or any other credible evidence.		If nonimmigrant status = T (exceptional circumstances), U (exceptional circumstances)
	Evidence supporting your reason for an extension		Upload	Upload a written statement explaining the need and reason for your request for an extension.		If nonimmigrant status = T-2, T-3, T-4, T-5, T-6, U-2, U-3, U-4, U-5
	Evidence of your relationship with the T-1 nonimmigrant principal		Upload	Upload an image or copy of any evidence that shows each applicant's relationship to the T-1 nonimmigrant principal. This may include a birth certificate, marriage certificate, or proof of termination of any prior marriages.		If nonimmigrant status = T-2, T-3, T-4, T-5, T-6
	Evidence demonstrating law enforcement need		Upload	Upload an image or copy of any evidence demonstrating law enforcement need. This may include a U Nonimmigrant Status Certification (I-918, Supplement B) or other evidence from law enforcement explaining that your presence is necessary, and any other credible evidence.		If nonimmigrant status = U (law enforcement need)
	Evidence of your relationship with the U-1 nonimmigrant principal		Upload	Upload an image or copy of any evidence that shows each applicant's relationship to the U-1 nonimmigrant principal. This may include a birth certificate, marriage certificate, or proof of termination of any prior marriages.		If nonimmigrant status = U-2, U-3, U-4, U-5
	Evidence you received any public benefits.	[deleted]	Upload [deleted]	Upload evidence in the form of a letter, notice, certification, or other agency documents that contain the following: 1. Your name; 2. Name and contact information for the public benefit granting agency;	[deleted]	If selected 5.1: "Yes, I have received or I am currently certified to receive public benefits."
				Type of benefit; Date you started receiving the benefit or if certified, date you will start receiving the benefit; and		
	Evidence of public benefit disenrollment request.	[deleted]	Upload [deleted]	 Date benefit or coverage ended or expires (mm/dd/yyyy) (if applicable) Upload evidence of your request to disenroll if the public benefit-granting agency has not processed your request (if applicable). 	[deleted]	If selected 5.1: "Yes, I have received or I am currently certified to receive public benefits."

Copy in gray boxes is approved copy from previous forms and should not be edited

Step: Indicates the form navigation element.

Section: Indicates the form sub-navigation element. Copy for questions should be grouped by appropriate section.

Questions/Sub-Questions: Based on the questions from the paper form.

Instructional text: Text that appears directly below a question and provides instructions for answering the question or completing this step/section of the form.

Help text: Text that appears below or next to an input field, partially hidden. Users can click to expand. Provides additional contextual or clarifying information about a question.

CTA: copy for button

Section	Evidence Title	Revised Evidence Title	Field Type	Revised Field Type	Instructional Text	Revised Instructional Text	Logic
	Evidence your enlistment in the U.S. Armed Forces, serving in active duty or in the Ready Reserve component of the U.S. Armed forces.	[deleted]	Upload	[deleted]	Upload certified evidence of alien's enlistment/service issued by the authorizing official of the executive department in which service member is serving.	[deleted]	If 5.3 = "I am enlisted in the Armed Forces, or am serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces" OR:
	Evidence of your relationship to a service member of the U.S. Armed forces.	[deleted]	Upload	[deleted]	Upload a copy of Form DD-1173, United States Uniformed Services Identification and Privilege Card (Dependent).	[deleted]	"At the time I received the public benefits, I (or my spouse of parent) was enlisted in the Armed Forces, or was serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces." If 5.3 = "I am the spouse or the child of an individual who is enlisted in the Armed Forces, or who is serving in active dut in the Ready Reserve Component of the U.S. Armed Forces.' OR;
							"At the time I received the public benefits, I (or my spouse o parent) was enlisted in the Armed Forces, or was serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces."
	Evidence of receiving Federal-Funded Medicaid by a child under 21 years of age.	[deleted]	Upload	[deleted]	Upload a copy of the following (if applicable): 1. A statement with information regarding the "emergency medical condition" determination (if applicable); 2. Documentation of these payments under the IDEA or school-based service; and 3. Pregnancy verification letter from medical professional including estimated duration of pregnancy.	[deleted]	If 5.4.a. = "While you were under the age of 21."OR; "An emergency medical condition." OR; "For a service under the Individuals with Disabilities Educati Act (IDEA)." OR; "Other school-based benefits or services available up to the oldest age eligible for secondary education under state law.' OR;
	Proof of child's N-600K interview notice.	[deleted]	Upload	[deleted]	Upload a copy of the N-600K interview notice.	[deleted]	"While you were pregnant or during the 60-day period follo the last day of pregnancy." If 5.3 = "I am a child currently residing abroad who entered United States with a nonimmigrant visa to attend an N-600k Application for Citizenship and Issuance of Certificate Under Section 322 interview."
	Evidence you received public benefits while in a category that is exempt from public charge.	[deleted]	Upload	[deleted]	Upload information that evidences of your status or that you received a waiver for the public charge ground of inadmissibility, such as 1. Approval notice (such as Form I-797, Notice of Action); or 2. Form I-94, Arrival/Departure Record.	[deleted]	If 5.3 = "At the time I received the public benefits, I was pre- in the United States in a status exempt from the public chargeround of inadmissibility."
	Evidence you received public benefits while in a category which had received a waiver for public charge.	[deleted]	Upload	[deleted]	Upload information that evidences of your status or that you received a waiver for the public charge ground of inadmissibility, such as 1. Approval notice (such as Form I-797, Notice of Action); or 2. Form I-94, Arrival/Departure Record.	[deleted]	If 5.3 = "At the time I received the public benefits, I was pres in the United States after being granted a waiver off the pub charge ground of inadmissibility."
Additional evidence	Additional evidence you want to provide		Upload		You can provide additional documents that support your application and help explain any of your answers on the application. If you want to provide additional evidence now,		All applicants

I-539 IN IERACTIVE FORM CUPY: QUESTIONS, INSTRUCTIONAL AND HELP TEXT, AND OTHER CUPY
Copy in gray boxes is approved copy from previous forms and should not be edited
Step: Indicates the form analygation element.
Section: Indicates the form sub-navigation element. Copy for questions should be grouped by appropriate section.
Questions/Sub-Questions: Based on the questions from the paper form.
Instructional text: Text that appears directly below a question and provides instructions for answering the question or completing this step/section of the form.
Help text: Text that appears below or next to an input field, partially hidden. Users can click be expand. Provides additional contextual or clarifying information about a question.
CTA: copy for Luttion
Page treads are indicated by a horizontal line (the same sub-navigation can have multiple pages)
Conditional question logic is indicated in () before question.

Section	Paper Forn Question #	n Question	Sub-Question Revised Sub-Qu	uestion Field Type	Current Instructional Text	Help Text Prin
bmit Review your application		Check your application before			We will review your application to check for accuracy and completeness before you submit it.	Rev app
		you submit			We encourage you to provide as many responses as you can throughout the application, to the best of your knowledge. Missing information can slow down the review process after you submit your application.	
					Application. You can return to this page to review your application as many times as you want before you submit it.	
		Your fee			Your form filling fee is: \$370	
					Refund Policy: USCIS does not refund fees, regardless of any action we take on your application, petition, or request. By continuing this transaction, you acknowledge that you must submit fees in the exact amount and that you are paying the fees for a government service.	
		Alerts and warnings			You have one or more alerts and warnings based on the information you provided in your application.	
					A red alert means you have incomplete or incorrect responses to certain questions. You cannot submit your application with any alerts.	
					A yellow warning means you may be missing information or may need to follow-up with us about your responses. You can still submit your application, but some warnings may slow down the review process after you submit your application.	
Your application summary	n				Here is a summary of all the information you provided in your application.	Ne:
					Make sure you have provided responses for everything that applies to you before you submit your application. You can edit your responses by going to each application section using the site navigation.	
Preparer signatu	ure 8.7.a	Preparer's statement	I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.	Radio	Your preparer must read the statements below and select the statement that applies to him or her.	
					If your preparer is an attorney or accredited representative whose representation extends beyond preparation of this application, he or she may be obliged to submit a completed Notice of Entry of Appearance as Attorney or Accredited Representative (G-28) with your	
	8.7.b		I am an attorney or accredited representative and my representation of the applicant in this case does not extend beyond the oreparation of this application.	Radio	anniiration	
	8.7.b		I am an attorney or accredited representative and my representation of the applicant in this case extends beyond the preparation of this application.	Radio		
	8	Preparer's certification	By my signature, I certify, under penalty of perjuny, that I prepared this application at the request of the applicant. The relevanced this completed application and informed me that he or she understands all of the Information contained in, and submitted with, his or her application, including the Applicant's Declaration and certification, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me no habita nor time.	Checkbox	Your preparer must read and agree to the certification below.	
			As the applicant's preparer, you must sign on paper and provide your signature page to the applicant. Follow these steps:			
			1. Download the Preparer Signature page 2. Print the Preparer Signature page 3. Read and sign the Preparer Signature page 4. Give the signed Preparer Signature page to the applicant			
	8.8.a/	b Preparer's signature	The applicant will need to scan and upload your completed signature page on the next screen.	Upload	Scan and upload your preparer's completed signature page below.	
Interpreter	-	upload				
interpreter signature	,	Interpreter's certification	I certify, under penalty of perjury, that: I am fluent in English and the language provided in the Getting Started section of this application, and have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed met hat he or she understands every instruction, question, and answer on the application, including the Applicant's Declaration and Certification, and has verified the accuracy of every answer.	Checkbox	Your interpreter must read and agree to the certification below.	
			As the applicant's interpreter, you must sign on paper and provide your signature page to the applicant. Follow these steps: 1. Download the Interpreter Signature page			
			2. Print the Interpret Signature page 3. Read and sign the Interpreter Signature page 4. Give the signed Interpreter Signature page 6. When the Signature page to the applicant			

I-5.39 IN IERACTIVE FORM COPY: QUESTIONS, INSTRUCTIONAL AND HELP TEXT, AND OTHER COPY
Copy in gray boxes is approved copy from previous forms and should not be edited
Step: Indicates the form snayigation element.
Section: Indicates the form sub-nayigation element. Copy for questions should be grouped by appropriate section.
Questions/Sub-Questions: Based on the questions from the paper form.
Instructional text: Text that appears directly below a question and provides instructions for answering the question or completing this step/section of the form.
Help text: Text that appears below or next to an input field, partially hidden. Users can click be expand. Provides additional contextual or clarifying information about a question.
CTA: copy for button
Page treaks are indicated by a horizontal line (the same sub-nayigation can have multiple pages)
Conditional question logic is indicated in () before question

	Paper For Question	m Question #	Sub-Question	Revised Sub-Question	Field Type	Current Instructional Text	Help Text	Prin
	7.7.a	/b Interpreter's			Upload	Scan and upload your interpreter's completed signature page below.		
Your signature	6.1.a	signature upload Applicant's	I can read and understand English, and I have read and understand every question and instruction on		Checkbox	You must read and agree to the statement below.	Read the Penalties section of the Form I-	
Tour signature	0.1.8	statement	I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.		Спескоох	You must read and agree to the statement below.	539 Instructions before completing this section.	
	6.2	Applicant's	At my request, the preparer named in the Getting Started section of this application/[preparer name]		Checkbox	You must read and agree to the statement below.	action.	
		statement regarding the	prepared this application for me based only upon information I provided or authorized.					
		preparer						
	6.1.b	Applicant's	The interpreter named in the Getting Started section of this application read to me every question an	d	Checkbox	You must read and agree to the statement below.		
		statement regarding the	instruction on this application and my answer to every question in the language I specified in the Getting Started section, a language in which I am fluent, and I understood everything.					
		interpreter	octaing stated section, a language in which hair facility and hairdenstood everything.					
	6	Applicant's	Copies of any documents I have submitted are exact photocopies of unaltered, original documents,			You must read and agree to the certification below. If you knowingly		
		declaration, certification and	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 ma			and willfully falsify or conceal a material fact or submit a false document with your application, we can deny your application and ma-		
		signature	need to determine my eligibility for the immigration benefit that I seek.	1		deny any other immigration benefit. You may also face criminal	1	
			I furthermore authorize release of information contained in this application, in supporting documents			prosecution and penalties provided by the law.		
			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 willrequire me to appear for an appointment to take my biometrics					
			(fingerprints, photograph, and/or signature) and, at that time, I will be required to sign an oath reaffirming that:					
			I reviewed and understood all of the information contained in, and submitted with, my application					
			and 2) All of this information was complete, true, and correct at the time of filling.					
			I certify, under penalty of perjury, that all of the information in my application 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 application and that all of this information is					
			complete, true, and correct.					
		Disclosure and Authorizations	(to match my name, Social Security number, and date of birth with information in SSA records and provide the results of the match) to USCIS. I authorize SSA to provide explanatory information to USC as necessary.	S provide the results of the match) to USCIS. I authorize SSA to provide explanatory information to USCIS as necessary.	S			
			I authorize, as applicable, the SSA, U.S. Department of Agriculture (USDA), U.S. Department of Health					
			and Human Services (HHS), U.S. Department of Housing and Urban Development (HUD), and any other	r				
			U.S. Government agency that has received and/or adjudicated a request for a public benefit, as defined in 8CFR 212.21(b), submitted by me or on my behalf, and/or granted one or more public					
			benefits to me, to disclose to USCIS that I have applied for, received, or have been certified to receive	,				
			a public benefit from such agency, including the type and amount of benefits, dates of receipt, and ar					
			other relevant information provided to the agency for the purpose of obtaining such as public benefit to the extent permitted by law. I also authorize SSA, USDA, HHS, HUD, and any other US. Government					
			agency to provide any additional data and information to USCIS, to the extent permitted by law.					
			I authorize, as applicable, custodians of records and other sources of information pertaining to my					
			request for or receipt of public benefits to release information regarding my request for and/or receipt	t				
			of public benefits, upon the request of the investigator, special agents, or other duly accredited representative of any Federal agency authorized above, regardless of any previous agreement to the					
			contrary.					
			I understand that the information released by records custodians and sources of information is for					
			official use by the Federal Government, that the U.S. Government will use it only to review if I have					
				n				
			received public benefits in regards to my eligibility for immigration benefits and to enforce immigration	n				
				n	Checkbox			
	6.6.a	Your signature	received public benefits in regards to my eligibility for immigration benefits and to enforce immigration laws, and that the U.S. Government may disclose the information only as authorized by law.	n	Checkbox	You must provide your digital signature below by typing your full legal	NOTE TO ALL APPLICANTS: If you do not	
		Your signature	received public benefits in regards to my eligibility for immigration benefits and to enforce immigratic laws, and that the U.S. Government my disclose the information only as authorized by law. I have read and agree to the applicant's statement	n	Checkbox	You must provide your digital signature below by typing your full legal name. We may deny your application if you do not completely fill out this application or fall to submit required documents. We will record the date of your signature with your application.	NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the instructions, USCIS may deny your application.	
Pay and submit	6.6.a 6.6.b	Your signature	received public benefits in regards to my eligibility for immigration benefits and to enforce immigration laws, and that the U.S. Government may disclose the information only as authorized by law.	n	Checkbox	name. We may deny your application if you do not completely fill out this application or fail to submit required documents. We will record	completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your	
Pay and submit		Your signature	received public benefits in regards to my eligibility for immigration benefits and to enforce immigratic laws, and that the U.S. Government my disclose the information only as authorized by law. I have read and agree to the applicant's statement	n	Checkbox	name. We may deny your application if you do not completely fill out this application or fall to submit required documents. We will record the date of your signature with your application.	completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your	
Pay and submit		Your signature	received public benefits in regards to my eligibility for immigration benefits and to enforce immigratic laws, and that the U.S. Government my disclose the information only as authorized by law. I have read and agree to the applicant's statement	n	Checkbox	name. We may deny your application if you do not completely fill out this application or fail to submit required documents. We will record the date of your signature with your application. The final step to submit your Application to Extend/Change	completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your	
Pay and submit		Your signature	received public benefits in regards to my eligibility for immigration benefits and to enforce immigratic laws, and that the U.S. Government my disclose the information only as authorized by law. I have read and agree to the applicant's statement	n	Checkbox	name. We may deny your application if you do not completely fill out this application or fall to submit required documents. We will record the date of your signature with your application. The final step to submit your Application to Extend/Change Nonimmigrant Status (I-539) is to pay the required fee. Your application fee is: \$370 Refund Policy: USCIS does not refund fees, regardless of any action we	completely fill out this application or fall to submit required documents listed in the instructions, USCIS may deny your application.	
Pay and submit		Your signature	received public benefits in regards to my eligibility for immigration benefits and to enforce immigratic laws, and that the U.S. Government my disclose the information only as authorized by law. I have read and agree to the applicant's statement	n	Checkbox	name. We may deny your application if you do not completely fill out this application or fall to submit required documents. We will record the date of your signature with your application. The final step to submit your Application to Extend/Change Noninmigrant Status (I-539) is to pay the required fee. Your application fee is: \$370	completely fill out this application or fall to submit required documents listed in the instructions, USCIS may deny your application.	

Copy in gray boxes is approved copy from previous forms and should not be edited
Step: Indicates the form anxigation element.

Section: Indicates the form anxigation element.

Section: Indicates the form sub-navigation element. Copy for questions should be grouped by appropriate section.

Questions/Sub-Questions: Based on the questions from the paper form.

Questions/Sub-Questions: Based on the questions from the paper form.

Instructional text: Text that appears directly below a question and provides instructions for answering the question or completing this step/section of the form.

Help text: Text that appears below or next to an input field, partially hidden. Users can click to expand. Provides additional contextual or darifying information about a question.

CTA: copy for buildcaded by a horizontal line (the same sub-navigation can have multiple pages)

Conditional question logic is indicated in () before question.

Contrational question rugic is mucated in () denote question									
Step	Section	Paper Form Question Question #	Sub-Question	Revised Sub-Question	Field Type	Current Instructional Text	Help Text	Primary CTA	
		Pay for and subm your application				If you have a form fee, we will send you to Pay.go payment website — to make your payment and online.		Pay and submit	
						Here are the steps in the payment and submission	on process:		
						Provide your billing information on Pay.gov Provide your information for one of two billing U.S. bank account Submit your payment	options: credit card or		
						When you have paid your fee, your application w	rill be submitted.		
						Pay.gov will redirect you to an application confire track the status of your application through your			

I-539 FORM COPY: WARNINGS, ALERTS, NOTICES, AND ERRORS

1 Yellow alert	Logic This alert will show up during Beta - Beta 2.1	Revised Logic	Message h3. You can file an individual extension request online only for certain statuses	Revised Message	Where the alert exists Revised Where the alert exists https://q=m_uncis.dhs.gov/apply/application-to-extend-change- nonimmigrant-status/overview	Link goes to: https://www.usci 539
			At this time, you cannot file online if you: * Need to extend your status and your nonimmigrant status is not listed			
			above, * Want to reinstate or change your nonimmigrant status, or * Have additional applicants.			
			* Have an A, G, NATO, V, T or U nonimmigrant status * Require a lawyer or accredited representative You will need to file a paper Form I-539			
	This alert will show up during Beta 4.		h3. You can file an individual extension request online only for certain statuses		https://qa-my.uscis.dhs.gov/apply/application-to-extend-change- nonimmigrant-status/overview	Link goes to: https://www.usi 539
			At this time, you cannot file online if you: * Need to extend your status and your nonimmigrant status is not listed above,			
			* Have additional applicants. * Have an A, G, NATO, V, T or U nonimmigrant status * Require a lawyer or accredited representative			
	This alert will show up during Beta 5.		You will need to file a naner Form LSSQ h3. You can file an individual extension request online only for certain statuses		https://qa-my.uscis.dhs.gov/apply/application-to-extend-change- norinmigrant-status/overview	Link goes to: https://www.us 539
			At this time, you cannot file online if you: * Need to extend your status and your nonimmigrant status is not listed			
			above, * Have additional applicants. * Have an A, G, NATO, V, T or U nonimmigrant status			
	This alert will show up during Beta - Beta 2.1		Vol. will need to file a namer Form LS30 h3. You can file your extension request online only for certain statuses		https://qa-my.uscis.dhs.gov/apply/application-to-extend-change- nonimmigrant-status/2497/basis-for-eligibility	Link goes to: https://www.u 539
•	ouring Deta - Deta 2.1		You can complete this online form if your current nonimmigrant status is listed above and you are requesting an extension of status. You should submit the paper Form 1-539 if your current nonimmigrant status is not listed above or you want to change or reinstate your nonimmigrant		nomining an isatus/2-12/Jesasiu-engomy	339
	This alert will show up		status. h3. Online filing is available only for extension of status requests.		https://qa-my.uscis.dhs.gov/apply/application-to-extend-change-	Link goes to: https://www.u
1	during Beta - Beta 3. This will go away with Beta 4.		You can complete this online form only if you are requesting an extensior of your nonimmigrant status. You should file a paper <u>Form I-539</u> if you want to change or reinstate your nonimmigrant status.	י	nonimmigrant-status/2497/reason-for-request	539
4 Red alert	This alert will show up		h3. You can file Form I-539 online only for yourself and no other		https://qa-my.uscis.dhs.gov/apply/application-to-extend-change-	Link goes to: https://www.u
1	during Beta - Beta 4. This will go away with Beta 5.		applicants at this time. You can complete the online version of Form I-539 if you are requesting		nonimmigrant-status/2497/additional-applicants	539
	This will show up if I-94		an extension for only yourself. If you want to include co-applicants, you must file the paper Form I-539 .		https://qa-my.uscis.dhs.gov/apply/application-to-extend-change-nonimmigrant-	
	inis will snow up it 1-94 is not uploaded		h3. You must upload an image or copy of your Nonimmigrant Arrival/Departure Record (I-94).		ntpp://qe-my.uscs.om.gov/appny/appn.auon-to-extent-change-ironinmingiant- status/4870/required-evidence	
6 Yellow alert \	Will show up if the user	[deleted]	You cannot submit your application until you upload an image or copy of vour I-94. h3. There are new question in the form	[deleted]	https://qa-my.uscis.dhs.gov/apply/application-to-extend-change-nonimmigrant- [deleted]	Link goes to: https://qa-
	has not answered question about having Public Benefits		On October 15, 2019, the Public Benefits section was added to the I-539. If you started your I-539 before October 15, 2019, you may not have seen this section You should fill out the Public Benefits section before submitting your form.		status/4870/review-your-application	my.uscis.dhs.gov/apply/appli extend-change-nonimmigrant status/4870/public-benefits-ir
			CTA button link: "Go to Public Benefits section"			

I-539 FORM COPY: EXEMPTION ACCORDION									
Heading Before you start your application	Sub-Heading Eligibility	Body Text EXEMPTIONS: The following are exempted from the public benefits listed above.	Revised Body Text [deleted]	Accordion Header Public benefits received by U.S. Armed Forces;	Revised Accordion Header [deleted]	Accordion Body An alien enlisted in the U.S. Armed Forces, serving in active duty or in the Ready Reserve component of the U.S. Armed forces; or the spouse or child of the service member.	Revised Accordion Body [deleted]		
				Federal-funded Medicaid;	[deleted]	1. Receipt by a child under 21 years of age; 2. The receipt of Medical or services provided under the Individuals with Disabilities Education Act (IDEA); 3. The receipt of Medical of reservices provided under the Individuals with Disabilities Education Act (IDEA); 4. The receipt of Medical of reschool-based benefits for children who are of an age eligible for secondary education as determined under state or local law; or 5. Receipt during pregnancy and during the 60-day period after the last day of pregnancy.	[deleted]		
				Children who will naturalize under INA 322;	[deleted]	Child currently residing abroad who entered the United States with a nonimmigrant visa to attend N-600K, Application for Citizenship and Issuance of Certificate under INA Section 322 interview.	[deleted]		
				Public benefits received while in an immigration category exempt from public charge:	[deleted]	Received public benefits while in a category that is exempt from public charge; or received public benefits while in a category had received a waiver for public charge.	[deleted]		