



## Instructions for Supplement A to Form I-539

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

USCIS  
Form I-539  
OMB No. 1615-0003  
Expires 10/31/2021

### What Is the Purpose of This Form?

I-539A is part of Form I-539. If you are applying for more than one person using your I-539 application, use a separate Form I-539A to provide all of the requested information for each additional applicant listed. Each Form I-539A must include the signature of the individual applicant. If you are under 14 years of age, your parent or legal guardian may sign the application on your behalf. A legal guardian may also sign for a mentally incompetent person.

### Special Instructions for V Nonimmigrants

If you are physically present in the United States and are applying for V nonimmigrant status, see the **Who Is Eligible for V Nonimmigrant Status** section below.

**NOTE:** If you are filing Form I-539A, you do not necessarily have to be in valid nonimmigrant status to obtain V nonimmigrant status in the United States. See the **Who Is Eligible for V Nonimmigrant Status** section for more information.

### Who Is Eligible for V Nonimmigrant Status?

To be eligible for V nonimmigrant status, you must be the spouse or child of a lawful permanent resident and be the beneficiary of a properly filed Form I-130, Petition for Alien Relative, filed on or before December 21, 2000. In addition, Form I-130 must have been filed three or more years prior to the date of filing Supplement A to Form I-539, and be:

1. Still pending; or
2. Approved, and your beneficiary must either:
  - A. Wait for an immigrant visa number to become available; or
  - B. If the visa number is immediately available, you must have pending an application for adjustment of status or an application for an immigrant visa.

In addition, you must be admissible to the United States, except where the grounds of inadmissibility do not apply or have been waived. The grounds of inadmissibility that do not apply are Immigration and Nationality Act (INA) sections:

1. 212(a)(6)(A) -- Aliens present without admission or parole;
2. 212(a)(7) -- Aliens without valid passports, visas, or other entry documents; and
3. 212(a)(9)(B) -- Aliens who were unlawfully present for more than 180 days, then departed, and seek admission while barred from doing so.

### Additional Instructions

1. Select **Part 2. Application Type, Item Number 3.a.** of Form I-539, and indicate "V" in **Item Number 3.c.**
2. Use information from the qualifying Form I-130 for your response to **Part 3., Item Number 3.a.** of Form I-539.

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## Additional Evidence Requirements for V Nonimmigrants

In addition to the General Filing Instructions and Initial Evidence required by the Form I-539 Instructions, you **must** submit:

1. Form I-693, Report of Medical Examination and Vaccination Record, without the vaccination supplement; and
2. Proof of filing of the immigrant petition that qualifies you for V nonimmigrant status, and if necessary, proof of filing of Form I-485, Application to Register Permanent Residence or Adjust Status. Proof of filing may be in the form of Form I-797, Notice of Action, that serves as a receipt or as a notice of approval, or a receipt for a filed Form I-130 or Form I-485, or notice of approval issued by a local district/field office.

If you do not have such proof, USCIS will review other forms of evidence, such as correspondence to or from USCIS regarding a pending petition.

If you do not have any of the above items, but believe you are eligible for V nonimmigrant status, you must state where and when the petition was filed, the name and alien registration number of the petitioner, and the names of all **beneficiaries**.

### What Is the Filing Fee?

See the Form I-539 Instructions for required fees.

### Where to File?

Please see our website at [www.uscis.gov/i-539](http://www.uscis.gov/i-539) or call our National Customer Service Center at **1-800-375-5283** for the most current information about where to file this benefit request. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

### Penalties

If you knowingly and willfully falsify or conceal a material fact or submit a false document with this request, we will deny the benefit you are filing for, and may deny any other immigration benefit.

In addition, you will face severe penalties provided by law, and may be subject to criminal prosecution.

### DHS Privacy Notice

**AUTHORITIES:** The information requested on this form, and the associated evidence, is collected under the Immigration and Nationality Act sections 1103 and 1184, and Title 8 of the Code of Federal Regulations (CFR) parts 103, 214, and 248.

**PURPOSE:** The primary purpose for providing the requested information on this form 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 form.

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**ROUTINE USES:** DHS may share the information you provide on this form and any additional requested evidence with other Federal, state, local, and foreign government agencies and authorized organizations. DHS follows approved routine uses described in the associated published system of records notices [DHS/USCIS-001 - Alien File, Index, and National File Tracking System and DHS/USCIS-007 - Benefits Information System] and 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](http://www.dhs.gov/privacy). DHS may also share this information, as appropriate, for law enforcement purposes or in the interest of national security.

### Paperwork Reduction Act

An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid Office of Management and Budget (OMB) control number. The public reporting burden for this collection of information is estimated at 30 minutes 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. 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, Office of Policy and Strategy, Regulatory Coordination Division, 5900 Capital Gateway Drive, Mail Stop #2140, Camp Springs, MD 20588-0009; OMB No. 1615-0003. **Do not mail your completed Form I-539A to this address.**

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