TABLE OF CHANGES – FORM

Supplement A to Form I-914, Application for Family Member of T-1 Recipient OMB Number: 1615-0099 02/17/2021

Reason for Revision: Revision Project Phase: 60 Day

Legend for Proposed Text:

• Black font = Current text

• Red font = Changes

Expires 04/30/2021 Edition Date 10/02/2020

Current Page Number and Section	Current Text	Proposed Text
Page 1,	[Page 1]	[Page 1]
To Be Completed by Attorney or	To Be Completed by Attorney or Representative, if any	To be fully completed by an attorney or accredited representative, if any.
Representative, if any	Fill in box if G-28 is attached to represent the applicant.	Select this box if Form G-28 is attached.
	ATTY State License #	Attorney State Bar Number
		Attorney or Accredited Representative USCIS Online Account Number
Page 1,	[Page 1]	[Page 1]
PART A. Family Member Relationship to You (the principal)	START HERE - Type or print. Use black ink. See Instructions for information about eligibility and how to complete and file this application. The recipient of the T nonimmigrant classification is referred to as the principal applicant. His or her family member(s) is referred to as a derivative applicant. Form I-914, Supplement A, is to be completed by the principal applicant.	START HERE - Type or print in ink. See Instructions for information about eligibility and how to complete and file this application. The recipient of the T nonimmigrant classification is referred to as the principal applicant. His or her family member(s) is referred to as a derivative applicant. Form I-914, Supplement A, is to be completed by the principal applicant.
	PART A. Family Member Relationship to You (the principal) The family member that I am filing for is my: (Check one) Husband/Wife Child Parent Unmarried Sibling Under 18 Years of Age	Part 1. Family Member Relationship to You (the principal) (Select only one box in either Part 1. or Part 2.) 1. The family member that I am filing for is my: Husband/Wife Child Parent Unmarried Sibling Under 18 Years of Age

Page 1,	[Page 1]	[Page 1]
PART B. Family member Relationship to	PART B. Family Member Relationship to Your Derivative	Part 2. Family Member Relationship to Your Derivative
Your Derivative	The family member I am filing for is the adult or minor child of my derivative (my grandchild, my spouse's child, my niece or nephew, or my sibling) who faces a present danger of retaliation as a result of my escape from the severe form of trafficking in persons or my cooperation with law enforcement.	1. The family member I am filing for is the adult or minor child of one of the family members listed in Part 1., Item Number 1. who faces a present danger of retaliation as a result of my escape from the severe form of trafficking in persons or my cooperation with law enforcement and is the adult or minor (Select only one box in either Part 1. or Part 2.)
		Child of my spouse Child of my child (my grandchild) Child of my parent (my sibling over 18 years of age) Child of my unmarried sibling under 18 years of age (my niece or nephew)
	Derivative's Adult OR	[deleted]
	Minor Child	
Page 1,	[Page 1]	[Page 1]
PART C. General Information About You	PART C. General Information About You (the principal)	Part 3. General Information About You (the principal)
(the principal)	Family Name (Last Name) Given Name (First Name) Middle Name (if any)	1. Your Full Legal Name Family Name (Last Name) Given Name (First Name) Middle Name (if any)
	Date of Birth (mm/dd/yyyy)	2. Date of Birth (mm/dd/yyyy)
	A-Number (if any)	3. Alien Registration Number (A-Number)
		[Page 2]
	Status of your Form I-914, Application for T Nonimmigrant Status: (Check one)	4. Status of your Form I-914, Application for T Nonimmigrant Status: (Select one)
	Filing this Form I-914, Supplement A, concurrently Pending Approved	Filing this Form I-914, Supplement A, together Pending Approved
Pages 1-3,	[Page 1]	[Page 2]
Part D. Information About Your Family	PART D. Information About Your Family Member (the derivative)	Part 4. Information About Your Family Member (the derivative)
Member (the derivative)	Family Name (Last Name) Given Name (First Name) Middle Name	1. Full Legal Name Family Name (Last Name) Given Name (First Name) Middle Name (if any)

T .	
Other Names Used (include maiden name/nickname)	2. Other Names Used
[new]	Provide any other names you have used since birth, including aliases, maiden names, and nicknames. If you need extra space to complete this section, use the space provided in Part 9 . Additional Information .
	Family Name (Last Name) [x2] Given Name (First Name) Middle Name (if any)
Residence or Intended Residence in the U.S Street Number and Name Apt. Number City State ZIP Code	3. U.S. Physical Address or Intended U.S. Physical Address Street Number and Name Apt. Ste. Flr. [Number] City or Town State ZIP Code
[Page 2]	[Page 2]
Safe Mailing Address (if other than above) –	4. Safe U.S. Mailing Address
[new]	If you do not want U.S. Citizenship and Immigration Services (USCIS) to send notices about this application to your home address, you may provide an alternate safe mailing address.
Street Number and Name Apt. Number C/O (in care of): City State/Province ZIP/Postal Code	In Care Of Name Street Number and Name Apt./Ste./Flr. [Number] City or Town State ZIP Code
Home Telephone Number (with area code) Safe Daytime Telephone (with area code) E-mail Address (optional)	[delete]
A-Number	5. Alien Registration Number (A-Number) (if any)
	6. USCIS Online Account Number
U.S. Social Security Number	7. U.S. Social Security Number (SSN) (if any)
Gender Male Female	8. Gender or Sex Male Female Other
	[Page 3]
Marital Status: Single/Never Married	9. Marital Status Single/Never Married
3	

 Married	Married
Divorced	Divorced
Widowed	Widowed
	Annulled
[moved up]	10. If your family member was previously
[moved up]	married, list names of prior spouses and dates of
	termination of marriage. Documents such as
	divorce decrees or death certificates must be
	attached. If you need extra space to complete
	this section, use the space provided in Part 9.
	Additional Information.
	A. Name of Former Spouse
	Family Name (Last Name)
	Given Name (First Name)
	Middle Name
	B. Date Marriage Ended (mm/dd/yyyy)
	C. Where Marriage Ended
	City or Town
	State or Province
	Country
	D. How Marriage Ended
	Annulled
	Divorced
	Separated
	Widowed
Date of Birth (mm/dd/yyyy)	11. Date of Birth (mm/dd/yyyy)
Country of Birth	12. Place of Birth
	City or Town
	State or Province
	Country
Country of Citizenship	13. Country of Citizenship or Nationality
Passport Number	14. Passport or Travel Document Number
Place of Issuance	15. Country That Issued Your Passport or
	Travel Document
Date of Issue (mm/dd/yyyy)	16. Issue Date for Passport or Travel Document
	(mm/dd/yyyy)
	17. Expiration Date for Passport or Travel Document (mm/dd/yyyy)
Cina she fellow in the formation	
Give the following information about your	[moved down]
family member if he or she is currently in the United States.	
omea ouics.	
Place of Last Entry	
Date of Last Entry (mm/dd/yyyy)	
I-94 Number (Arrival-Departure Document)	
1 07 Mannoci (Milivai-Departure Document)	

Current Immigration Status

18. Current Immigration Status

19. Is your family member currently living in the United States?

Yes No

Give the following information about your family member if he or she has previously traveled to the United States.

[moved down]

Place of Entry
Date of Entry (mm/dd/yyyy)
Date Authorized Stay Expired (mm/dd/yyyy)
Immigration Status

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If your family member was previously married, list names of prior spouses and dates of termination of marriage. Documents such as divorce decrees or death certificates must be attached.

Name of Former Spouse(s)
Date Marriage Ended (mm/dd/yyyy)
Where and How Marriage Ended

[moved up]

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20. If you answered "Yes" to **Item Number 19.**, give the following information about your family member if he or she is currently in the United States.

A. Place of Last Entry City or Town State

B. Date of Last Entry (mm/dd/yyyy)

C. Form I-94 Arrival-Departure Record Number

21. If your family member is outside the United States, indicate the U.S. Consulate or inspection facility you want notified if this application is approved.

A. Type of Office (Select one): Consulate Pre-Flight Inspection Port of Entry

B. City or Town

C. U.S. State or Foreign Country

If your family member is outside the United States, indicate the U.S. Consulate or inspection facility you want notified if this application is approved.

Type of Office (Check one): Consulate Pre-Flight Inspection Port of Entry

Office Address (City)

U.S. State or Foreign Country

Foreign Address Where You Want Notification Sent

- D. Foreign Address Where You Want
 Notification Sent
 Street Number and Name
 Apt./Ste./Flr. [Number]
 City or Town
 State
 ZIP Code
 Province
 Postal Code
 Country
- **22.** Give the following information about your family member if he or she has previously traveled to the United States.
- **A.** Place of Entry City or Town State
- **B.** Date of Entry (mm/dd/yyyy)
- **C.** Date Authorized Stay Expired (mm/dd/yyyy)
- D. Immigration Status
- **23.** Has your family member ever been in immigration court proceedings? Yes
- **24.** If you answered "Yes" to **Item Number**
- **23.**, what type of proceedings? (**Select all** that apply)
- A. Removal Date (mm/dd/yyyy)
- **B.** Exclusion Date (mm/dd/yyyy)
- C. Deportation Date (mm/dd/yyyy)
- **D.** Rescission Date (mm/dd/yyyy)
- **E.** Next Hearing Date (mm/dd/yyyy)

Is your family member requesting an Employment Authorization Document? Y/N

Has your family member ever been in immigration proceedings? Y/N

Removal Date (mm/dd/yyyy)

Exclusion Date (mm/dd/yyyy)

Deportation Date (mm/dd/yyyy)

Rescission Date (mm/dd/yyyy)

Judicial Date (mm/dd/vvvv)

that apply)

If "Yes," what type of proceedings? (Check all

(If "Yes," submit Form I-765, Application for Employment Authorization Document with Form I-914, Supplement A, or separately.)

NOTE: If your family member is living outside the United States, he or she is not eligible to receive employment authorization until he or she is lawfully admitted to the United States. Do not file Form I-765 for a family member living outside the United States.

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25. Is your family member requesting an Employment Authorization Document? Yes

(If you answered "Yes" to Item Number 25., submit Form I-765, Application for Employment Authorization Document, with Form I-914, Supplement A, or separately.)

NOTE: If your family member is living outside the United States, he or she is not eligible to receive employment authorization until he or she is lawfully admitted to the United States. Do not file Form I-765 for a family member living outside the United States.

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Pages 3-6,

PART E. Process Information

[Page 3]

PART E. Processing Information

Answer the following questions about your family member. For the purposes of this application, if applicable, you must answer "Yes" to the following questions even if the records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney, told you that your family member no longer has a record. (If your answer is "Yes" to any one of these questions, explain on a separate sheet of paper. Answering "Yes" does not necessarily mean that your family member will be denied T nonimmigrant status.)

- **1.** Has the family member for whom you are filing **EVER**:
- a. Committed a crime or offense for which he or she has not been arrested?
 Yes
- **b.** Been arrested, cited, or detained by any law enforcement officer (including DHS, former INS, and military officers) for any reason?

Yes No

No

c. Been charged with committing any crime or offense?

Yes

No

d. Been convicted of a crime or offense (even if violation was subsequently expunged or pardoned)?

Yes No

e. Been placed in an alternative sentencing or a rehabilitative program (for example: diversion, deferred prosecution, withheld adjudication, deferred adjudication)?

Yes

No

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f. Received a suspended sentence, been placed on probation, or been paroled?

Yes

No

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Part 5. Processing Information

Answer the following questions about your family member. For the purposes of this application, if applicable, you must answer "Yes" to the following questions even if the records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney told you that your family member no longer has a record. (If your answer is "Yes" to any one of these questions, use the space provided in Part 9. Additional Information to explain your answer.

Answering "Yes" does not necessarily mean that your family member will be denied T nonimmigrant status.)

- **1.** Has the family member for whom you are filing **EVER**:
- **A.** Committed a crime or offense for which he or she has not been arrested? Yes
- **B.** Been arrested, cited, or detained by any law enforcement officer (including Department of Homeland Security (DHS), former Immigration and Naturalization Service (INS), and military officers) for any reason? Yes

y es No

C. Been charged with committing any crime or offense?

Yes

No

D. Been convicted of a crime or offense (even if violation was subsequently expunged or pardoned)?

Yes No

E. Been placed in an alternative sentencing or a rehabilitative program (for example, diversion, deferred prosecution, withheld adjudication, deferred adjudication)?

Yes

No

F. Received a suspended sentence, been placed on probation, or been paroled?

Yes

No

g. Been in jail or prison?

Yes

No

h. Been the beneficiary of a pardon, amnesty, rehabilitation, or other act of clemency or similar action?

Yes No

i. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States?

Yes

No

If the answer is "Yes" to any of the above questions, complete the following table. If you need more space, use a separate sheet of paper.

[Table, 4 columns, 5 rows]

Why was the family member for whom you are filing arrested, cited, detained, or charged?

Date of arrest, citation, detention, charge (mm/dd/yyyy)

Where was the family member for whom you are filing arrested, cited, detained, or charged? (City, State, Country)

Outcome or disposition (e.g., no charges filed, charges dismissed, jail, probation, etc.)

- **2.** Has the family member for whom you are filing:
- a. Engaged in prostitution or procurement of prostitution or does he or she intend to engage in prostitution or procurement of prostitution? Yes
 No
- EVER engaged in any unlawful commercialized vice, including but not limited to illegal gambling? Yes
 No

c. EVER knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally? Yes

G. Been in jail or prison?

Yes

No

H. Been the beneficiary of a pardon, amnesty, rehabilitation, or other act of clemency or similar action?

Yes No

I. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States?

Yes

No

If you answered "Yes" to any part of **Item Number 1.**, complete the following table. If
you need extra space to complete this section,
use the space provided in **Part 9. Additional Information** to explain your answer.

[Table, 4 columns, 5 rows]

Why was the family member for whom you are filing arrested, cited, detained, or charged?

Date of arrest, citation, detention, charge (mm/dd/yyyy)

Where was the family member for whom you are filing arrested, cited, detained, or charged? (City or Town, State, Country)

Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation, etc.)

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- **2.** Has the family member for whom you are filing:
- **A.** Engaged in prostitution or procurement of prostitution or does he or she intend to engage in prostitution or procurement of prostitution? Yes
 No
- **B.** EVER engaged in any unlawful commercialized vice, including but not limited to illegal gambling? Yes
 No
- **C. EVER** knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally? Yes

No

d. EVER illicitly trafficked in any controlled substance, or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance?

Yes No

- **3.** Has the family member for whom you are filing EVER committed, planned or prepared, participated in, threatened to, attempted to, or conspired to commit, gathered information for, or solicited funds for any of the following:
- **a.** Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? Yes

No

b. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained?

Yes No

c. Assassination?

Yes

No

d. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individual or to cause substantial damage to property?

Yes

No

e. The use of any biological agent; chemical agent; or nuclear weapon or device; explosive; or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?

Yes

No

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4. Has the family member for whom you are filing EVER been a member of, solicited money or members for, provided support for, attended military training (as defined in section 2339D(c) (1) of title 18, United States Code) by or on behalf of, or been associated with an organization that is:

No

D. EVER illicitly trafficked in any controlled substance, or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance?

Yes No

- **3.** Has the family member for whom you are filing **EVER** committed, planned or prepared, participated in, threatened to, attempted to, or conspired to commit, gathered information for, or solicited funds for any of the following:
- **A.** Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? Yes

No

B. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained?

Yes

No

C. Assassination?

Yes

No

D. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individual or to cause substantial damage to property?

Yes

No

E. The use of any biological agent; chemical agent; or nuclear weapon or device; explosive; or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?

Yes

No

4. Has the family member for whom you are filing **EVER** been a member of, solicited money or members for, provided support for, attended military training (as defined in section 2339D(c)(1) of title 18, United States Code) by or on behalf of, or been associated with an organization that is:

a. Designated as a terrorist organization under section 219 of the Immigration and Nationality Act?

Yes

No

- **b.** Any other group of two or more individuals, whether organized or not, which has engaged in or has a subgroup which has engaged in:
- Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)?
 Yes
 No

2. Seizing or detaining, and threatening to kill, injure, or continue to detain another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained?

Yes

No

3. Assassination?

Yes

No

4. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individual or to cause substantial damage to property?

Yes

No

5. Soliciting money or members or otherwise providing material support to a terrorist organization?

Yes

No

6. The use of any biological agent; chemical agent; or nuclear weapon or device; explosive; or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?

Yes

No

- **5.** Does the family member for whom you are filing intend to engage in the United States in:
- a. Espionage?

Yes

No

A. Designated as a terrorist organization under the Immigration and Nationality Act section 219?

Yes

No

- **B.** Any other group of two or more individuals, whether organized or not, which has engaged in or has a subgroup which has engaged in:
- (1) Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? Yes

No

(2) Seizing or detaining, and threatening to kill, injure, or continue to detain another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained?

Yes

No

(3) Assassination?

Yes

No

(4) The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individual or to cause substantial damage to property?

Yes

No

(5) Soliciting money or members or otherwise providing material support to a terrorist organization?

Yes

No

(6) The use of any biological agent; chemical agent; or nuclear weapon or device; explosive; or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?

Yes

No

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5. Does the family member for whom you are filing intend to engage in the United States in:

A. Espionage?

Yes

No

b. Any unlawful activity, or any activity the purpose of which is in opposition, to control or overthrow of the Government of the United States?

Yes No

c. Solely, principally, or incidentally in any activity related to espionage or sabotage or to violate any law involving the export of goods, technology, or sensitive information? Yes

No

6. Has the family member for whom you are filing EVER been or does he or she continue to be a member of the Communist or other totalitarian party, except when membership was involuntary?

Yes

No

7. Has the family member for whom you are filing, during the period of March 23, 1933, to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever ordered, incited, assisted, or otherwise participated in the persecution of any person because of race, religion, nationality, membership in a particular social group, or political opinion? Yes

No

- **8.** Has the family member for whom you are filing EVER been present or nearby when any person was:
- **a.** Intentionally killed, tortured, beaten, or injured?

Yes

No

b. Displaced or moved from his or her residence by force, compulsion, or duress? Yes

No

c. In any way compelled or forced to engage in any kind of sexual contact or relations? Yes

No

9. a. Are removal, exclusion, rescission, or deportation proceedings pending against the family member for whom your are filing? Yes

No

b. Have removal, exclusion, rescission, or

B. Any unlawful activity, or any activity the purpose of which is in opposition, to control or overthrow of the Government of the United States?

Yes No

C. Solely, principally, or incidentally in any activity related to espionage or sabotage or to violate any law involving the export of goods, technology, or sensitive information? Yes

No

6. Has the family member for whom you are filing **EVER** been or does he or she continue to be a member of the Communist or other totalitarian party, except when membership was involuntary?

Yes

No

7. Has the family member for whom you are filing, during the period of March 23, 1933, to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever ordered, incited, assisted, or otherwise participated in the persecution of any person because of race, religion, nationality, membership in a particular social group, or political opinion? Yes

No

8. Has the family member for whom you are filing **EVER** been present or nearby when any person was:

A. Intentionally killed, tortured, beaten, or injured?

Yes

No

B. Displaced or moved from his or her residence by force, compulsion, or duress? Yes

No

C. In any way compelled or forced to engage in any kind of sexual contact or relations? Yes

No

9.A. Are removal, exclusion, rescission, or deportation proceedings pending against the family member for whom you are filing? Yes

No

B. Have removal, exclusion, rescission, or

deportation proceedings EVER been initiated against the family member for whom your are filing?

Yes

No

c. Has the family member for whom your are filing EVER been removed, excluded, or deported from the United States?

Yes

No

- **d.** Has the family member for whom your are filing EVER been ordered to be removed, excluded, or deported from the United States? Yes No
- e. Has the family member for whom your are filing EVER been denied a visa or denied admission to the United States? (If a visa was denied, explain why on a separate sheet of paper.)

Yes No

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f. Has the family member for whom your are filing EVER been granted voluntary departure by an immigration officer or an immigration judge and failed to depart within the allotted time?

Yes

No

- **10.** Has the family member for whom you are filing (or has any member of his or her family) EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:
- a. Acts involving torture or genocide? Yes

No

b. Killing any person?

Yes

No

c. Intentionally and severely injuring any person?

Yes

No

d. Engaging in any kind of sexual contact or relations with any person who was being forced or threatened?

deportation proceedings **EVER** been initiated against the family member for whom you are filing?

Yes

No

C. Has the family member for whom you are filing **EVER** been removed, excluded, or deported from the United States? Yes

No

D. Has the family member for whom you are filing **EVER** been ordered to be removed, excluded, or deported from the United States? Yes No

E. Has the family member for whom you are filing EVER been denied a visa or denied admission to the United States? (If a visa was denied, use the space provided in **Part 9**. **Additional Information** to explain your answer.)

Yes No

F. Has the family member for whom you are filing **EVER** been granted voluntary departure by an immigration officer or an immigration judge and failed to depart within the allotted time?

Yes

No

- **10.** Has the family member for whom you are filing (or has any member of his or her family) EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:
- A. Acts involving torture or genocide? Yes

No

B. Killing any person?

Yes

No

C. Intentionally and severely injuring any person?

Yes

No

D. Engaging in any kind of sexual contact or relations with any person who was being forced or threatened?

Yes No

e. Limiting or denying any person's ability to exercise religious beliefs?

Yes No

- **11.** Has the family member for whom you are filing EVER:
- **a.** Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization?

Yes

No

b. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? Yes

No

12. Has the family member for whom you are filing EVER been a member of, assisted in, or participated in any group, unit, or organization of any kind in which he or she or any other persons used any type of weapon against any person or threatened to do so?

Yes No

13. Has the family member for whom you are filing EVER assisted or participated in selling or providing weapons to any person who to his or her knowledge used them against another person, or in transporting weapons to any person who to his or her knowledge used them against another person?

Yes No

14. Has the family member for whom you are filing EVER received any type of military, paramilitary, or weapons training?

Yes

No

15. Is the family member for whom you are filing under a final order or civil penalty for violating section 274C (producing and/or using false documentation to unlawfully satisfy a requirement of the Immigration and Nationality Act)?

Yes

No

Yes No

E. Limiting or denying any person's ability to exercise religious beliefs?

Yes No

- **11.** Has the family member for whom you are filing **EVER**:
- **A.** Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization?

Yes

No

B. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? Yes

No

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12. Has the family member for whom you are filing **EVER** been a member of, assisted in, or participated in any group, unit, or organization of any kind in which he or she or any other persons used any type of weapon against any person or threatened to do so?

Yes No

13. Has the family member for whom you are filing EVER assisted or participated in selling or providing weapons to any person who to his or her knowledge used them against another person, or in transporting weapons to any person who to his or her knowledge used them against another person?

Yes No

14. Has the family member for whom you are filing **EVER** received any type of military, paramilitary, or weapons training? Yes

re

No

15. Is the family member for whom you are filing under a final order or civil penalty for violating INA section 274C (producing and/or using false documentation to unlawfully satisfy a requirement of the INA)?

Yes

No

16. Has the family member for whom you are filing EVER, by fraud or willful misrepresentation of a material fact, sought to procure, or procured, a visa or other documentation, for entry into the United States or any immigration benefit? Yes

Yes No

17. Has the family member for whom you are filing EVER left the United States to avoid being drafted into the U.S. Armed Forces? Yes

No

18. Has the family member for whom you are filing EVER been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement and not yet complied with that requirement or obtained a waiver of such? Yes

No

19. Has the family member for whom you are filing EVER detained, retained, or withheld the custody of a child, having a lawful claim to U.S. citizenship, outside the United States from a U.S. citizen granted custody?

Yes

No

20. Does the family member for whom you are filing plan to practice polygamy in the United States?

Yes

No

21. Did the family member for whom you are filing enter the United States as a stowaway? Yes

No

22. a. Does the family member for whom you are filing have a communicable disease of public health significance?

Yes

Nο

b. Does the family member for whom you are filing have or has he or she had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated with the disorder which has posed or may pose a threat to the property, safety, or welfare of themselves or others?

Yes

No

c. Is the family member for whom you are filing now or has he or she been a drug abuser

16. Has the family member for whom you are filing **EVER**, by fraud or willful misrepresentation of a material fact, sought to procure, or procured, a visa or other documentation, for entry into the United States or any immigration benefit? Yes

17. Has the family member for whom you are filing **EVER** left the United States to avoid being drafted into the U.S. Armed Forces? Yes

[deleted]

No

18. Has the family member for whom you are filing **EVER** detained, retained, or withheld the custody of a child, having a lawful claim to U.S. citizenship, outside the United States from a U.S. citizen granted custody?

Yes

No

19. Does the family member for whom you are filing plan to practice polygamy in the United States?

Yes

No

20. Did the family member for whom you are filing enter the United States as a stowaway? Yes

No

21.A. Does the family member for whom you are filing have a communicable disease of public health significance?

Yes

Nο

B. Does the family member for whom you are filing have or has he or she had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated with the disorder which has posed or may pose a threat to the property, safety, or welfare of themselves or others?

Yes

No

C. Is the family member for whom you are filing now or has he or she been a drug abuser

	or drug addict?	or drug addict?
	Yes	Yes
	No	No
Pages 7-8,	[Page 7]	[Page 8]
PART F. Applicant's Statement, Contact Information,	PART F. Applicant's Statement, Contact Information, Declaration, Certification, and Signature	Part 6. Applicant's Statement, Contact Information, Declaration, Certification, and Signature
Declaration,	NOTE: Read the Penalties section of the Form	NOTE: Read the Penalties section of the Form
Certification, and	I-914 Instructions before completing this part.	I-914 Instructions before completing this part.
Signature	Applicant's Statement	Applicant's Statement
	NOTE: Select the box for either Item A. or B. in Item Number 1. If applicable, select the box for Item Number 2.	NOTE: Select the box for either Item A. or B. in Item Number 1. If applicable, select the box for Item Number 2.
	1. Applicant's Statement Regarding the Interpreter	Applicant's Statement Regarding the Interpreter
	A. 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.	A. 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.
	B. The interpreter named in Part G. read to me every question and instruction on this application and my answer to every question in [Fillable Field], a language in which I am fluent, and I understood everything.	B. The interpreter named in Part 7. read to me every question and instruction on this application and my answer to every question in [Fillable Field], a language in which I am fluent, and I understood everything.
	2. Applicant's Statement Regarding the Preparer	2. Applicant's Statement Regarding the Preparer
	At my request, the preparer named in Part H. , [Fillable Field], prepared this application for me based only upon information I provided or authorized.	At my request, the preparer named in Part 8. , [Fillable Field], prepared this application for me based only upon information I provided or authorized.
		[Page 9]
	 Applicant's Contact Information 3. Applicant's Daytime Telephone Number 4. Applicant's Mobile Telephone Number (if any) 5. Applicant's Email Address (if any) 	 Applicant's Contact Information 3. Applicant's Daytime Telephone Number 4. Applicant's Mobile Telephone Number (if any) 5. Applicant's Email Address (if any)
	Applicant's Declaration and Certification	Applicant's Declaration and Certification
	Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that U.S. Citizenship and Immigration Services (USCIS) may require that I submit original documents to USCIS at a later date. Furthermore, I authorize	Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that U.S. Citizenship and Immigration Services (USCIS) may require that I submit original documents to

USCIS at a later date. Furthermore, I authorize

the release of any information from any and all

of my records that USCIS may need to

USCIS at a later date. Furthermore, I authorize

the release of any information from any and all

of my records that USCIS may need to

determine my eligibility for the immigration benefit that I seek.

I authorize the release of any information from my record that USCIS needs to determine eligibility for the benefit I am seeking for the family member for whom I am applying, to investigate my claim, and to investigate fraudulent claims. I further authorize USCIS to release information to law enforcement agencies and prosecutors investigating or prosecuting crimes of trafficking or related crimes. I further authorize USCIS to release information to Federal, State, and local public and private agencies providing benefits, to be used solely in making determinations of eligibility for benefits pursuant to 8 USC 1641(c).

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

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

- **1)** I 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 filing.

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.

Applicant's Signature

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

[Page 8]

Signature of Derivative (your family member if physically present in the United States) (sign in ink)

Date (mm/dd/yyyy)

determine my eligibility for the immigration benefit that I seek.

I authorize the release of any information from my record that USCIS needs to determine eligibility for the benefit I am seeking for the family member for whom I am applying, to investigate my claim, and to investigate fraudulent claims. I further authorize USCIS to release information to law enforcement agencies and prosecutors investigating or prosecuting crimes of trafficking or related crimes. I further authorize USCIS to release information to Federal, State, and local public and private agencies providing benefits, to be used solely in making determinations of eligibility for benefits pursuant to 8 USC 1641(c).

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

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

- **1)** I 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 filing.

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.

Applicant's Signature

6. Applicant's Signature Date of Signature (mm/dd/yyyy) Applicant's Phone Number (if any) Applicant's Safe Phone Number

7. Signature of Derivative (your family member if physically present in the United States)

Date of Signature (mm/dd/yyyy)

PART H. Contact	PART H. Contact Information, Declaration,	Part 8. Contact Information, Declaration,
Page 9,	[Page 9]	[Page 9]
	<i>Interpreter's Signature</i>7. Interpreter's Signature (sign in ink)Date of Signature (mm/dd/yyyy)	<i>Interpreter's Signature</i>7. Interpreter's SignatureDate of Signature (mm/dd/yyyy)
	I am fluent in English and [Fillable Field], which is the same language specified in Part F. , Item B. in Item Number 1. , and I 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 me that 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.	I am fluent in English and [Fillable Field], which is the same language specified in Part 6. , Item B. in Item Number 1. , and I 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 me that 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.
	Interpreter's Certification I certify, under penalty of perjury, that:	Interpreter's Certification I certify, under penalty of perjury, that:
	 Interpreter's Contact Information Interpreter's Daytime Telephone Number Interpreter's Mobile Telephone Number (if any) Interpreter's Email Address (if any) 	 Interpreter's Contact Information Interpreter's Daytime Telephone Number Interpreter's Mobile Telephone Number (if any) Interpreter's Email Address (if any)
	Interpreter's Mailing Address 3. Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code Province Postal Code Country	Interpreter's Mailing Address 3. Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code Province Postal Code Country
	 Interpreter's Full Name 1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name) 2. Interpreter's Business or Organization Name (if any) 	 Interpreter's Full Name 1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name) 2. Interpreter's Business or Organization Name (if any)
PART G. Interpreter's Contact Information, Certification, and Signature	Information, Certification, and Signature Provide the following information about the interpreter.	Certification, and Signature Provide the following information about the interpreter.
Page 8,	[Page 8] PART G. Interpreter's Contact	[Page 8] Part 7. Interpreter's Contact Information,
	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.	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.

Information,
Declaration, and
Signature of the Person
Preparing this
Application, if Other
Than the Applicant

and Signature of the Person Preparing this Application, if Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

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

Preparer's Mailing Address

3. Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code Province Postal Code

Preparer's Contact Information

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

Preparer's Statement

Country

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

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

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed 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

and Signature of the Person Preparing this Application, if Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

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

Preparer's Mailing Address

3. Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code Province Postal Code Country

Preparer's Contact Information

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

Preparer's Statement

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

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

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	to me or authorized me to obtain or use.	to me or authorized me to obtain or use.
	Preparer's Signature	Preparer's Signature
	8. Preparer's Signature (sign in ink)	8. Preparer's Signature
	Date of Signature (mm/dd/yyyy)	Date of Signature (mm/dd/yyyy)
New		[Page 10]
		Part 9. Additional Information
		10
		If you need extra space to provide any
		additional information within this application,
		use the space below. If you need more space
		than what is provided, you may make copies of
		this page to complete and file with this
		application or attach a separate sheet of paper.
		Type or print your name and A-Number at the top of each sheet; indicate the Page Number ,
		Part Number, and Item Number to which
		your answer refers; and sign and date each
		sheet.
		1. Family Name (Last Name) [Auto-populated
		field]
		Given Name (First Name) [Auto-populated
		field]
		Middle Name [Auto-populated field]
		2. A-Number [Auto-populated field]
		3. A. Page Number
		B. Part Number
		C. Item Number
		D. [Fillable field]
		4. A. Page Number
		B. Part Number
		C. Item Number
		D. [Fillable field]
		5. A. Page Number
		B. Part Number
		C. Item Number
		D. [Fillable field]
		6. A. Page Number
		B. Part Number
		C. Item Number
		D. [Fillable field]