



Supplement A, Application for Family Member of T-1 Recipient

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

USCIS
Form I-914
OMB No. 1615-0099
Expires 12/31/2023

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

For USCIS Use Only	
Returned	Receipt
Date	
Date	
Resubmitted	
Date	
Date	
Reloc Sent	
Date	
Date	
Reloc Rec'd	
Date	
Date	

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

PART 2. Family Member Relationship to Your Derivative

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)

Validity Dates	
From:	_____
To:	_____

Remarks

PART 3. General Information About You (the principal)

1. Your Full Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if any)
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

3. Alien Registration Number (A-Number)

▶ A-

4. Status of your Form I-914, Application for T Nonimmigrant Status: (Select one)

- Filing this Form I-914, Supplement A, together
- Pending
- Approved

Conditional Approval	
Stamp #	Date
_____	_____

Action Block

PART 4. Information About Your Family Member (the derivative)

1. Your Full Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if any)
<input type="text"/>	<input type="text"/>	<input type="text"/>

To be fully completed by an attorney or accredited representative, if any.

- Select this box if Form G-28 is attached.
- Attorney or Accredited Representative
USCIS Online Account Number

PART 4. Information About Your Family Member (the derivative) (continued)

2. Other Names Used

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)	Given Name (First Name)	Middle Name (if any)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. U.S. Physical Address or Intended Physical Address

[\(USPS ZIP Code Lookup\)](#)

Street Number and Name	Apt.	Ste.	Flr.	Number
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
City or Town	State	ZIP Code		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

4. Safe U.S. Mailing Address

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.

In Care Of Name

Street Number and Name	Apt.	Ste.	Flr.	Number
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
City or Town	State	ZIP Code		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

5. Alien Registration Number (A-Number) (if any)

▶ A-

6. USCIS Online Account Number

▶

7. U.S. Social Security Number (SSN) (if any)

▶

8. Gender or Sex

Male Female Other

9. Marital Status

Single/Never Married Married Divorced Widowed Annulled

10. 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. 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

B. Date Marriage Ended (mm/dd/yyyy)

(mm/dd/yyyy)

PART 4. Information About Your Family Member (the derivative) (continued)

C. Where Marriage Ended

City or Town

State or Province

Country

D. How Marriage Ended

Annulled Divorced Separated Widowed

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

12. Place of Birth

City or Town

State or Province

Country

13. Country of Citizenship or Nationality

14. Passport or Travel Document Number

15. Country That Issued Your Passport or Travel Document

16. Issued Date for Passport or Travel Document

(mm/dd/yyyy)

17. Expiration Date for Passport or Travel Document

(mm/dd/yyyy)

18. Current Immigration Status

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

Yes No

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 Facility

Port of Entry

B. City or Town

C. U.S. State or Foreign Country

PART 4. Information About Your Family Member (the derivative) (continued)

D. Foreign Address Where You Want Notification Sent

Street Number and Name	Apt. Ste. Flr.	Number
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
City or Town	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Province	Postal Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>

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 No

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. Reversion Date (mm/dd/yyyy)
- E. Next Hearing Date (mm/dd/yyyy)

25. Is your family member requesting an Employment Authorization Document? Yes No

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.

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 No
- 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 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 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.

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.)

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

PART 5. Processing Information (continued)

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 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
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

PART 5. Processing Information (continued)

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 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 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 No

PART 5. Processing Information (continued)

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** 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 No
- 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? Yes No

PART 6. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-914 Instructions before completing this part.

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.**

1. 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.
- B.** The interpreter named in **Part 7.** read to me every question and instruction on this application and my answer to every question in , a language in which I am fluent, and I understood everything.
2. Applicant's Statement Regarding the Preparer
- At my request, the preparer named in **Part 8.**, , prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number
4. Applicant's Mobile Telephone Number (if any)
5. Applicant's Email Address (if any)

PART 6. Applicant's Statement, Contact Information, Declaration, Certification, and Signature
(continued)

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 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 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)

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.

PART 7. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

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 7. Interpreter's Contact Information, Certification, and Signature (continued)

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 Contact Information

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

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 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 Signature

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

PART 8. Contact Information, Declaration, 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)

PART 8. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant (continued)

Preparer's Mailing Address

3. Street Number and Name	Apt.	Ste.	Flr.	Number
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
City or Town	State			ZIP Code
<input type="text"/>	<input type="text"/>			<input type="text"/>
Province	Postal Code	Country		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

Preparer's Contact Information

4. Preparer's Daytime Telephone Number	5. Preparer's Mobile Telephone Number (if any)
<input type="text"/>	<input type="text"/>
6. Preparer's Email Address (if any)	
<input type="text"/>	

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.

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 to me or authorized me to obtain or use.

Preparer's Signature

8. Preparer's Signature	Date of Signature (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

Part 9. Additional Information

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) Given Name (First Name) Middle Name

2. A-Number ▶ A-

3. A. Page Number B. Part Number C. Item Number

D.

4. A. Page Number B. Part Number C. Item Number

D.

5. A. Page Number B. Part Number C. Item Number

D.

6. A. Page Number B. Part Number C. Item Number

D.
