

myUSCIS Copydeck: Interactive Forms	
<b>Form Number and Name</b>	I-134A Online Request to be a Supporter and Declaration of Financial Sup
<b>OMB Number</b>	1615-0157
<b>Form Edition Date:</b>	4/25/2022
<b>Form Expiration Date:</b>	7/31/2023
<b>Baseline Copydeck:</b>	I-134A Production Copydeck v2.0.3

Revision Key		
<b>Description</b>		
<ul style="list-style-type: none"> <li>• All original (old) text is black.</li> <li>• All revised (new) text is red.</li> </ul>		
<b>Example</b>	<b>Original</b>	<b>Revised</b>
<ul style="list-style-type: none"> <li>• All original text is black.</li> <li>• Any text that is removed from original column is shown with a strikethrough and in red.</li> </ul>	<ol style="list-style-type: none"> <li>1. Oranges</li> <li>2. Bananas</li> <li>3. Apple</li> <li>4. Pineapple</li> </ol>	<ol style="list-style-type: none"> <li>1. Oranges</li> <li>2. Bananas</li> <li><del>3. Apple</del></li> <li>4. Pineapple</li> </ol>

**FILE A FORM: I-134A**

Column Header Descriptions

**Header:** If needed, a header is located directly under the dropdown menu and above the body text.

**Body Text:** Based on the purpose of the form found in the paper form instructions.

**Link:** A reference column to include any URLs that appear as hyperlinks in the body text.

**CTA:** Copy to include for a button.

Heading	Body Text	Revisions	Alert	Revisions	Link	CTA	Notes
Select the form you want to file online	Some immigration benefits that involve a temporary stay in the United States require U.S. Citizenship and Immigration Services (USCIS) to determine whether the applicant or beneficiary of the request has sufficient financial resources or financial support to pay for expenses during the temporary stay. The individual who signs and submits Form I-134A must establish that he or she has both sufficient financial resources and access to those funds to support the beneficiary listed on Form I-134A for the duration of the beneficiary's stay in the United States.	Some immigration benefits that involve a temporary stay in the United States require U.S. Citizenship and Immigration Services (USCIS) to determine whether the applicant or beneficiary of the request has sufficient financial resources or financial support to pay for expenses during the temporary stay. The individual who signs and submits Form I-134A must establish that <del>he or she</del> they have both sufficient financial resources and access to those funds to support the beneficiary listed on Form I-134A for the duration of the beneficiary's stay in the United States.	[yellow alert] [h] We are only accepting online filing of Form I-134A from individuals agreeing to financially support eligible beneficiaries from the following countries:  [b] • Cuba • Haiti • Nicaragua • Ukraine • Venezuela  You must be located in the United States to file Form I-134A online. Individuals seeking parole may not file Form I-134A on their own behalf. Supporters must include the name of the beneficiary on Form I-134A.  <b>Supporters must file a separate Form I-134A for each beneficiary they are planning to support, including minor children.</b>  To be eligible for this process, children under the age of 18 must be traveling to the United States in the care and custody of their parent or legal guardian and be able to provide documentation to confirm the relationship.  If you are agreeing to support a beneficiary seeking parole who is not applying under <del>Venezuela or Ukraine</del> for Ukraine, or a beneficiary seeking any other immigration benefit, you must file a <a href="#">paper Form I-134</a> through the appropriate lockbox location.	[yellow alert] [h] We are only accepting online filing of Form I-134A from individuals agreeing to financially support eligible beneficiaries from the following countries:  [b] • Cuba • Colombia • El Salvador • Guatemala • Haiti • Honduras • Nicaragua • Ukraine • Venezuela  You must be located in the United States to file Form I-134A online. Individuals seeking parole <del>through these processes</del> may not file Form I-134A on their own behalf. Supporters must include the name of the beneficiary on Form I-134A.  <b>Supporters must file a separate Form I-134A for each beneficiary they are planning to support, including minor children.</b>  To be eligible for this process, children under the age of 18 must be traveling to the United States in the care and custody of their parent or legal guardian and be able to provide documentation to confirm the relationship.  <del>If you are agreeing to support a beneficiary who is not seeking consideration for parole under one of these programs or processes, seeking parole who is not applying under Venezuela or Ukraine, or a beneficiary seeking any other immigration benefit, you must file a paper Form I-134 through the appropriate lockbox location.</del>	<a href="https://www.uscis.gov/i-134">https://www.uscis.gov/i-134</a>	Start form	

APPLICATION OVERVIEW: I-134A

Column Header Description
Heading: The primary heading on a page, typically the first part of a section of the page.
Sub-Heading: The secondary heading, typically directly underneath the heading.

Table with 10 columns: Heading, Sub-Heading, Conditional Logic, Revisions, Body Text, Revisions, Part, Revisions, Required?, Link, CTA, Notes. The table contains detailed instructions for Form I-134A, including sections for 'Before You Start Your Declaration', 'Biometric services appointment', 'After You Submit Your Declaration', and 'Completing Your Form Online'. It includes specific instructions on how to fill out the form, what documents to provide, and how to submit it online.

**APPLICATION OVERVIEW: I-134A**

**Column Header Descriptions**

**Heading:** The primary heading on a page, typically the first part of a section of the page.  
**Sub-Heading:** The secondary header, typically directly underneath the heading.

Heading	Sub-Heading	Conditional Logic	Revisions	Body Text	Revisions	Alert	Revisions	Required?	Link	CTA	Notes	
	<b>Paperwork Reduction Act</b>			<p>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 to average 1.52 hours per response, including the time for reviewing instructions, gathering the required documentation and information, completing the declaration, preparing statements, attaching necessary documentation, and submitting the declaration. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to:</p> <p>U.S. Citizenship and Immigration Services                      Office of Policy and Strategy, Regulatory Coordination Division                      3500 Capital Gateway Drive, Mail Stop #2140                      Camp Springs, MD 20746-0029</p> <p><b>Do not mail your completed Form I-134A to this address.</b></p> <p>OMB No. 1615-0137                      Expires: 07/31/2023</p>								
				<p>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 to average 2.07 hours per response, including the time for reviewing instructions, gathering the required documentation and information, completing the declaration, preparing statements, attaching necessary documentation, and submitting the declaration. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to:</p> <p>U.S. Citizenship and Immigration Services                      Office of Policy and Strategy, Regulatory Coordination Division                      3500 Capital Gateway Drive, Mail Stop #2140                      Camp Springs, MD 20746-0029</p> <p><b>Do not mail your completed Form I-134A to this address.</b></p> <p>OMB No. 1615-0137                      Expires: 07/31/2023</p>								
<p><b>Security Reminder</b> If you do not work on your declaration for more than 30 days, we will delete your data in order to prevent storing personal information indefinitely.</p>												

**GETTING STARTED: I-134A**

**Column Header Descriptions**

**Primary Navigation:** A section of the form that contains several pages.

**Secondary Navigation:** A single page within a section.

**Conditional Logic:** Indicates whether the question or subquestion only applies if you select certain options.

Primary Nav	Secondary Nav	Tertiary Nav	Conditional Logic	Revisions	Paper Form Question	Revisions	Question	Revisions	Sub-Question	Revisions	Field Type	Revisions	Instructional Text	Revisions	Help Text	Alert	Required?	Revisions	Notes	
Getting Started	Basis for filing				1.1		On whose behalf are you filing this form?		Another individual who is the beneficiary		Radio							Yes	For online filing, this is the only option available.	
					1.2		I am filing this form under one of the following:		Cuba Haiti Nicaragua Ukraine Venezuela		Parole Process Cuba Haiti Nicaragua Ukraine Venezuela	Dropdown	Dropdown Radio		Select "Parole Process" for the United for Ukraine and CHNV parole processes. Select "Family Reunification Parole Process" only if you have received personalized invitation letters inviting you to participate in the Family Reunification Parole Process.		Yes			
				[If "Parole Process" selected in 1.2]	1.3		I am filing for an individual under the parole process for the following country:		Cuba Haiti Nicaragua Ukraine Venezuela		Family Reunification Parole Process	Radio Dropdown	Radio Dropdown					Yes		
				[If "Family Reunification Program" selected in 1.2]	1.3		I am filing for my relative who is associated with an approved I-130 and a national of:		Cuba Colombia Cuba El Salvador Guatemala Haiti Honduras				Dropdown	Dropdown					Yes	
				[If "Family Reunification Program" selected in 1.2]	1.4		Invitation Number:						Text	Text	The Invitation Number can be found on the I-130 beneficiary's Family Reunification Parole Process Invitation Letter.			Yes		
		[If "Family Reunification Program" selected in 1.2]	1.5		How many total family members will be included in this Family reunification group who all share the same invitation number?						Text	Text	Entering "1" indicates no derivative beneficiaries share the same invitation number.			Yes				
Preparer and interpreter information							Is someone assisting you with completing this declaration?	Yes/No	Yes/No		Radio									
		(IF YES)					Is a preparer assisting you with completing this declaration?	Yes/No	Yes/No		Radio		A preparer is anyone who completes or helps you complete all or part of your declaration using information and answers that you provide.							
		(IF YES)					Is an interpreter assisting you with completing this declaration?	Yes/No	Yes/No		Radio		An interpreter is anyone who translates or helps you translate all or part of your declaration using information and answers that you provide.							
Preparer information		(IF YES TO PREPARE)			7.1		What is your preparer's full name?		Given name (first name)		Text									
					7.2		What is your preparer's business or organization name?		Family name (last name)		Text									
					7.3		What is your preparer's mailing address?		My preparer is not part of a business or organization. Country		Text Text Text Dropdown/Text			Street number and name Apartment, suite, unit, or floor						
		(If non-USA use Provide and text field) (If non-USA use Postal code and remove help text)			7.4		What is your preparer's contact information?		Address line 1 Address line 2 City or town State/Province ZIP code/Postal code		Text Text Text Text Text			Provide a 5 or 9 digit ZIP code.						
					7.5		What is your preparer's contact information?		Daytime telephone number Mobile telephone number		Text Text			Provide a 10-digit phone number. Provide a 10-digit phone number.						
					7.6		What is your preparer's contact information?		My preparer does not have a mobile telephone number. Email address My preparer does not have an email address.		Text Text Text			Example: user@domain.com						
					7.7		What is your preparer's contact information?		My preparer does not have a mobile telephone number. Email address My preparer does not have an email address.		Text Text Text			Example: user@domain.com						
Interpreter information		(IF YES TO INTERPRETER)			6.1		What is your interpreter's full name?		Given name (first name)		Text									
					6.2		What is your interpreter's business or organization name?		Family name (last name)		Text									
					6.3		What is your interpreter's mailing address?		My interpreter is not part of a business or organization. Country		Text Text Text Dropdown/Text			Street number and name Apartment, suite, unit, or floor						
		(If non-USA use Provide and text field) (If non-USA use Postal code and remove help text)			6.4		What is your interpreter's contact information?		Address line 1 Address line 2 City or town State/Province ZIP code		Text Text Text Text Text			Provide a 5 or 9 digit ZIP code.						
					6.5		What is your interpreter's contact information?		Daytime telephone number Mobile telephone number		Text Text			Provide a 10-digit phone number. Provide a 10-digit phone number.						
					6.6		What is your interpreter's contact information?		My interpreter does not have a mobile telephone number. Email address My interpreter does not have an email address.		Text Text Text			Example: user@domain.com						
					6.7		What language is your interpreter using to interpret this declaration for you?		My interpreter does not have a mobile telephone number. Email address My interpreter does not have an email address.		Text Text Text			Example: user@domain.com						

**ABOUT THE INDIVIDUAL AGREEING TO FINANCIALLY SUPPORT THE BENEFICIARY: I-134A**

**Column Header Descriptions**

Primary Navigation: A section of the form that contains several pages.

Secondary Navigation: A single page within a section.

Conditional Logic: Indicates whether the question or subquestion only applies if you meet certain criteria.

Primary Nav	Secondary Nav	Tertiary Nav	Conditional Logic	Revisions	Paper Form Question	Revisions	Question	Revisions	Sub-Question	Revisions	Field Type	Revisions	Instructional Text	Help Text	Alert	Required?	Notes		
About the Individual Agreeing to Financially Support the Beneficiary	Name of the individual agreeing to financially support the beneficiary				3.1		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.						
					3.2		Have you used any other names since birth?		Middle name Family name (last name) Yes/No		Text Text Radio		Other names used may include aliases, middle name, and nicknames. Provide the other names you have used.						
					[if yes to 3.2]				Given name (first name) Middle name Family name (last name)		Text Text Text								
					[if "Marriage Process" selected in 1.2]		3.3		Provide the name of the organization, group, or entity that is providing support to the beneficiary with you (if any).		Provide the name of the organization, group, or entity that is providing support to the beneficiary with you (if any).		Organization, Group, Entity Name					Text	
					[if "Family Reunification Petition Process" selected in 1.2]		3.3		Provide the name of the individual(s) or co-sponsor(s) that is providing support to the beneficiary with you (if any).		Provide the name of the individual(s) or co-sponsor(s) that is providing support to the beneficiary with you (if any).		Individual(s) or Co-sponsor(s) Name					Text	
					3.4		Provide the name of the organization, group, or entity that is providing support to the beneficiary with you (if any).		Provide the name of the organization, group, or entity that is providing support to the beneficiary with you (if any).		Organization, Group, Entity Name		Text						
					3.4		Provide the name of the individual(s) or co-sponsor(s) that is providing support to the beneficiary with you (if any).		Provide the name of the individual(s) or co-sponsor(s) that is providing support to the beneficiary with you (if any).		Individual(s) or Co-sponsor(s) Name		Text						
					3.4		Provide the name of the organization, group, or entity that is providing support to the beneficiary with you (if any).		Provide the name of the organization, group, or entity that is providing support to the beneficiary with you (if any).		Organization, Group, Entity Name		Text						
					3.4		Provide the name of the individual(s) or co-sponsor(s) that is providing support to the beneficiary with you (if any).		Provide the name of the individual(s) or co-sponsor(s) that is providing support to the beneficiary with you (if any).		Individual(s) or Co-sponsor(s) Name		Text						
					3.4		Provide the name of the organization, group, or entity that is providing support to the beneficiary with you (if any).		Provide the name of the organization, group, or entity that is providing support to the beneficiary with you (if any).		Organization, Group, Entity Name		Text						
Contact Information for the individual agreeing to financially support the beneficiary					5.3		How may we contact you?		Daytime telephone number		Text		Provide a 10-digit phone number.						
					5.4		Middle telephone number (if any)		Text		Provide a 10-digit phone number.								
					5.5		This is the same as my daytime telephone number.		Checkbox										
					3.4		5.5		What is your current mailing address?		Email address		Text				Example: user@domain.com		
					3.4		3.4		In care of name (if any)		Text								
					3.4		3.4		Country		Dropdown		[yellow alert] [B] You must be located in the United States in order to file at this time.						
					3.4		3.4		Address line 1		Text		Street number and name						
					3.4		3.4		Address line 2		Text		Apartment, suite, unit, or floor						
					3.4		3.4		City or town		Text								
					3.4		3.4		State		Dropdown								
3.4	3.4	ZIP code	Text	Provide a 5 or 9-digit ZIP code.															
3.5	3.5	Is your mailing address the same as the physical address?	Yes/No	Radio															
[if NO]	3.6	What is your physical address?	In care of name (if any)	Text															
3.6	3.6	Country	Dropdown	[yellow alert] [B] You must be located in the United States in order to file at this time.															
3.6	3.6	Address line 1	Text	Street number and name															
3.6	3.6	Address line 2	Text	Apartment, suite, unit, or floor															
3.6	3.6	City or town	Text																
3.6	3.6	State	Dropdown																
3.6	3.6	ZIP code	Text	Provide a 5 or 9-digit ZIP code.															
When and where the individual agreeing to financially support the beneficiary was born					3.7		What is your date of birth?		MM/DD/YYYY		Date		Provide a 5 or 9-digit ZIP code.						
					3.9		What is your city or town of birth?		Text										
					3.9		What is your state or province of birth?		Text										
					3.9		What is your country of birth?		Dropdown										
					3.8		What is your sex?		Male Female X		Radio		Please select the sex that is shown on your passport or other government-issued identity document. For any value other than "Male" ("M") or "Female" ("F") that appears on your identity document, please choose "X" (unspecified or another gender identity). USCIS requires this information to conduct accurate background checks and security screening.						
					3.14		What is your current immigration status?		U.S. Citizen U.S. National Lawful Permanent Resident Nonimmigrant Other		Radio								
					[if Other]		3.14		What is your Form I-94 Arrival-Departure Record Number?		Please provide an explanation.		Textbox				Provide an 11 character I-94 Number.		
					[if Lawful Permanent Resident, then A- Number is required]		3.1		What is your A-Number?		A-		Text				Provide a 7, 8, or 9-digit number. If your A-Number is fewer than 9 digits, the system will automatically add zero(s) after the "A" and before the first digit so there is a total of 9 digits, for example: A001234567.		
					3.12		What is your Social Security Number?		I do not have or know my A-Number.		Checkbox								
					3.11		What is your USCIS Online Account Number?		I do not have a U.S. Social Security number.		Checkbox		You will only have an OAN if you previously filed a form that has a receipt number that begins with ICE. If you filed the form online, you can find your OAN in your account profile. If you mailed us the form, you can find your OAN at the top of the Account Access Notice we sent you.  If you do not have receipt number that begins with ICE, you do not have an OAN.  (The OAN is not the same as an A-Number.)						
3.13	What is your relationship to the beneficiary?	I do not have or know my USCIS Online Account Number.	Checkbox																
Employment Information for the individual agreeing to financially support the beneficiary					3.15		What is your employment status?		Employed (full-time, part-time, seasonal, self-employed)		Radio								
					3.15		Unemployed or not employed		Radio										
					3.15		Retired		Radio										
					3.15		Other		Radio										
					[if Other]		3.15		Please provide an explanation.		Textbox								
					[if EMPLOYED to 3.15]		3.16		What is your type of employment?		I am currently employed as a/an		Radio						
					[if EMPLOYED to 3.15]		3.16		I am currently self-employed as a/an		Radio								
					[if EMPLOYER IS NOT SELF]		3.16A		Employed as		Text								
					[if EMPLOYER IS NOT SELF]		3.16A		Name of employer		Text								
					[if EMPLOYER IS SELF]		3.16B		Self-employed as		Text								
[if EMPLOYER IS SELF]	3.17	What is your current employer's address?	Country	Dropdown															
3.17	Address line 1	Text	Street number and name																
3.17	Address line 2	Text	Apartment, suite, unit, or floor																
3.17	City or town	Text																	
3.17	State/Province	Dropdown/Text																	
3.17	ZIP code/Postal code	Text	Provide a 5 or 9-digit ZIP code.																

**FINANCIAL INFORMATION ABOUT THE PERSON AGREEING TO FINANCIALLY SUPPORT THE BENEFICIARY: I-134A**

**Column Header Descriptions**

**Primary Navigation:** A section of the form that contains several pages.

**Secondary Navigation:** A single page within a section.

**Conditional Logic:** Indicates whether the question or subquestion only applies if you meet certain criteria.

Primary Nav	Secondary Nav	Tertiary Nav	Conditional Logic	Paper Form Question	Question	Sub-Question	Field Type	Instructional Text	Help Text	Alert	Required?	Notes	
Financial Information About the Individual Agreeing to Financially Support the Beneficiary	Income Information for the Individual Agreeing to Financially Support the Beneficiary	Provide all of the information requested in the table below about yourself, all of your dependents, and any other individuals you financially support. Do not include any individuals listed in the "Beneficiary's Financial Information" section.											
		Information about assets that are not based on employment should be added in the "Assets of the individual agreeing to financially support the beneficiary" section below.											
		Add entry CTA											
		3.18 [LARGE TABLE]	What is the individual's full name?	Given name (first name)	Text								
				Middle name	Text								
				Family name (last name)	Text								
		3.18	What is the individual's date of birth?	MM/DD/YYYY	Date								
		3.18	What is the individual's relationship to the individual agreeing to financially support the beneficiary?		Dropdown								
		3.18	How much income will this individual contribute to the beneficiary annually?	I'm entering my own financial information	Checkbox	If the income contribution is none, type in "0".							
			Save entry		CTA								
	Cancel		CTA										
3.18	What is the total number of dependents?		Text	Provide the total number of dependents. Number must be between 0 and 100.									
3.18	What is the total income?	\$	Text										
Additional Income Information for the Individual Agreeing to Financially Support the Beneficiary		3.19	Does any of the income listed come from an illegal activity or source (such as proceeds from illegal gambling or illegal drug sales)?	Yes/No	Radio								
		[IF YES TO 3.19]	3.2	What amount of income comes from an illegal activity?	\$	Text							
			3.21	Does any of the income listed above come from means-tested public benefits as defined in 8 CFR 213a.17?	Yes/No	Radio							
		[IF YES TO 3.20]	3.22	What amount of income is from means-tested public benefits?	\$	Text							
		Specific Contributions to the Beneficiary	3.27	You are responsible for receiving, maintaining, and supporting the beneficiary for the duration of their temporary stay in the United States. Describe the resources you plan to use or provide to ensure the beneficiary has adequate financial support to cover their basic living needs.		Text box	Yes						
			3.28	You are responsible for ensuring the beneficiary has safe and appropriate housing for the duration of their parole in the United States. Describe how you will ensure that the beneficiary's housing needs are met, including where the beneficiary will reside during their temporary stay in the United States, if known.		Text box	Yes						
			3.29	You are responsible for assisting the beneficiary's access to available services and benefits such as learning English, securing employment opportunities once authorized to work, enrolling children in school, and helping to enroll for benefits for which they are eligible. Describe what steps you plan to take as part of these responsibilities.		Text box	Yes						
			Assets of the individual agreeing to financially support the beneficiary										
		Provide information about any assets you will use to support the beneficiary for the anticipated period of his or her stay. List only assets that can be converted into cash within 12 months and that will be used to support the beneficiary while the beneficiary is in the United States. Provide the value of all assets listed in U.S. dollars, regardless of whether they are held in the United States or outside of the United States. Do not include assets from any individuals in the "Beneficiary's Financial Information" section.											
		You may also include your household members' assets below. Attach evidence in the "Evidence" section under "Proof of assets" and "Bonds" showing that you, or your dependents, have these assets.											
Add entry CTA													
3.23 [LARGE TABLE]	What is the asset holder's full name?	Given name (first name)	Text										
		Middle name	Text										
		Family name (last name)	Text										
	What is the type of asset?	Checking - Bank Account	Dropdown										
		Savings - Bank Account											
		Amutites											
		Stocks, Bonds, Certificates of Deposit											
		Retirement or Educational Account											
		Real Estate Holdings											
		Personal Property (net value)											
	What is the cash value in U.S. dollars?	\$	Text										
	Save entry		CTA										
	Cancel		CTA										
3.23	What is the total amount (U.S. dollars)?	\$	Text										
3.24	Have you previously submitted a Form I-134 or a Form I-134A on behalf of a person other than the beneficiary listed on this Form I-134A?	Yes/No	Radio										
Financial responsibility for other beneficiaries	[IF YES TO 3.24, conditional "Financial responsibility for other beneficiaries" section displays]	Provide the information about the people for whom you have previously submitted a Form I-134 or Form I-134A, other than the beneficiary listed on this Form I-134A.											
	Add entry CTA												
	[red alert] [if no entries are entered and 3.24 is yes]												
	3.25, 3.26 [LARGE TABLE]	What is the person's name?	Given name (first name)	Text									
		Middle name	Text										
		Family name (last name)	Text										
	What is the person's A number?	A-	Text	Provide a 7, 8, or 9-digit number. If your A-Number is fewer than 9 digits, the system will automatically add zero(s) after the "A" and before the first digit so there is a total of 9 digits, for example: A-001234567.									

**FINANCIAL INFORMATION ABOUT THE PERSON AGREEING TO FINANCIALLY SUPPORT THE BENEFICIARY: I-134A**

**Column Header Descriptions**

**Primary Navigation:** A section of the form that contains several pages.

**Secondary Navigation:** A single page within a section.

**Conditional Logic:** Indicates whether the question or subquestion only applies if you meet certain criteria.

Primary Nav	Secondary Nav	Tertiary Nav	Conditional Logic	Paper Form Question	Question	Sub-Question	Field Type	Instructional Text	Help Text	Alert	Required?	Notes
						I do not have or know the person's A-Number.	Checkbox					
					Date submitted	MM/DD/YYYY	Date					



**ABOUT THE BENEFICIARY: I-134A**

**Column Header Description**

Primary Question: A section of the form that contains several pages.

Secondary Question: A single page within a section.

Conditional Logic: A single page within a section.

Conditional Logic: Indicates whether the question or subquestion only applies if you meet certain criteria.

Primary Question	Secondary Question	Tertiary Question	Conditional Logic	Response	Form Question	Response	Question	Response	Sub-Question	Response	Field Type	Response	Instructional Text	Response	Help Text	Response	Alert	Response	Required?	Response	Notes					
About the beneficiary	Beneficiary name			2.1	What is the beneficiary's surname (last name)?	Text	Given name (first name)	Text	The beneficiary's surname (last name) is the name on their birth certificate, unless it changed after birth by legal action such as marriage or court order. Do not provide any nicknames here.		Text															
				2.1	Middle name	Text																				
				2.1	Family name (last name)	Text																				
				2.2	Has the beneficiary used any other names (once birth)?	Radio																				
				2.2	Given name (first name)	Text																		Table		
				2.2	Middle name	Text																		Add another name button		
				2.2	Family name (last name)	Text																				
				2.2	Is this the individual listed as the principal beneficiary in your Family Reaffirmation Public Process invitation letter?	Yes/No																			Yes	
				2.2	Is this the individual listed as the principal beneficiary in your Family Reaffirmation Public Process invitation letter?	Yes/No																				
				Beneficiary contact information				2.11	How may we contact the beneficiary?	Text	Daytime telephone number	Text	Provide a US to US-digit number.		Text											
2.11	Mobile telephone number (if any)	Text	This is the same as the beneficiary's daytime telephone number.					Text	Provide a US to US-digit number.																	
2.11	Country	Drop-down																								
2.11	Address line 1	Text																								
2.11	Address line 2	Text																								
2.11	City or town	Text																								
2.11	State	Drop-down/Text																								
2.11	Postal code	Text																								
2.11	Is the beneficiary's mailing address the same as the physical address?	Radio																								
2.11	What is the beneficiary's physical address?	Text																								
What and where beneficiary was born				2.12	What is the beneficiary's date of birth?	Text	MM/DD/YYYY	Text																		
				2.12	Country	Drop-down																				
				2.12	Address line 1	Text																				
				2.12	Address line 2	Text																				
				2.12	City or town	Text																				
				2.12	State	Drop-down/Text																				
				2.12	Postal code	Text																				
				2.12	Is the beneficiary's physical address the same as the mailing address?	Radio																				
				2.12	What is the beneficiary's physical address?	Text																				
				Other information about beneficiary				2.6	What is the beneficiary's date of birth?	Text	MM/DD/YYYY	Text														
2.6	What is the beneficiary's city or town of birth?	Text																								
2.6	What is the beneficiary's state or province of birth?	Text																								
2.6	What is the beneficiary's country of birth?	Drop-down/Text																								
2.6	A print of person in a discretionary determination given on a case-by-case basis for urgent humanitarian reasons or significant public benefit. Please explain why a favorable exercise of discretion is warranted for this individual.	Text box																								
2.4	What is the beneficiary's sex?	Radio																								
2.9	What is the beneficiary's marital status?	Radio																								
2.9	Single, Never Married, Married, Divorced, Widowed, Legally Separated, Marriage Annulled, Other	Radio																								
2.7	What is the beneficiary's country of citizenship or nationality?	Text box																								
2.7	Provide an explanation	Drop-down																								
What country issued the beneficiary's most recently issued passport?				2.8	What country issued the beneficiary's most recently issued passport?	Drop-down																				
				2.8	Provide an explanation	Text box																				
				2.8	Provide an explanation	Text box																				
				2.8	Provide an explanation	Text box																				
				2.8	Provide an explanation	Text box																				
				2.8	Provide an explanation	Text box																				
				2.8	Provide an explanation	Text box																				
				2.8	Provide an explanation	Text box																				
				2.8	Provide an explanation	Text box																				
				2.8	Provide an explanation	Text box																				

**ABOUT THE BENEFICIARY: I-134A**

**Column Headers/Descriptions**

Primary Question: A portion of the form that contains several pages.

Secondary Questions: A single page within a section.

Conditional Logic: Indicates whether the question or sub-questions only apply if you meet certain criteria.

Primary Row	Secondary Row	Tertiary Row	Conditional Logic	Required	Page/Form/Question	Field/Question	Question	Exemptions	Sub-Question	Exemptions	Field Type	Exemptions	Instructional Text	Exemptions	Help Text	Exemptions	Alert	Exemptions	Required?	Exemptions	Notes
		(F Cuba)			2.8		What is the number of the beneficiary's most recently issued passport?				Text				Provide a 7 to 12 character passport number. Provide a 7-character passport number, beginning with 3 letters followed by 4 digits. Provide a 7-character passport number, beginning with 1 to 2 letters followed by 5 to 8 digits. Provide a 8-character passport number, beginning with 1 letter followed by 7 to 8 digits. Provide a 8-character passport number, beginning with 2 letters followed by 6 digits. Provide a 9-digit passport number.						
		(F Mexico)													Provide a 9-character passport number, beginning with 2 letters followed by 7 digits. Provide a 7 to 8 character passport number, beginning with 1 letter followed by 6 to 7 digits. Provide a 8-character passport number, beginning with 1 letter followed by 7 digits. Provide a 9-digit passport number.						
		(F Nicaragua)													Provide a 9-character passport number, beginning with 2 letters followed by 7 digits. Provide a 9-character passport number, beginning with 1 letter followed by 8 digits.						
		(F Venezuela)													Provide a 9-character passport number, beginning with 2 letters followed by 7 digits. Provide a 9-digit passport number.						
		(F Venezuela)	(F Colombia)												Provide a 9-character passport number, beginning with 2 letters followed by 7 digits. Provide a 7 to 8 character passport number, beginning with 1 letter followed by 6 to 7 digits. Provide a 8-character passport number, beginning with 1 letter followed by 7 digits. Provide a 9-digit passport number.						
		(F Honduras)													Provide a 9-character passport number, beginning with 2 letters followed by 7 digits. Provide a 9-digit passport number.						
		(F El Salvador)													Provide a 9-character passport number, beginning with 2 letters followed by 7 digits. Provide a 9-digit passport number.						
		(F Guatemala)													Provide a 9-character passport number, beginning with 2 letters followed by 7 digits. Provide a 9-digit passport number.						
		(F Russia)			2.8				Confirm the beneficiary's passport number						Provide a 9-digit passport number.						
		(F Venezuela is most recent passport show month)			2.8		What is the expiration date of the beneficiary's most recently issued passport?		MM/DD/YYYY		Date		Expiration Date (MM/DD/YYYY)		Note: The beneficiary must have a valid, unexpired passport. CBP will not approve based if the beneficiary's passport is expired.						Tooltip only shows if Venezuela is selected for country that issued the beneficiary's most recent passport. If the beneficiary has received a passport extension, then enter the extension's expiration date. For more information visit the <a href="#">Consular Service website</a> . Link: <a href="https://www.csis.gov/USIV">https://www.csis.gov/USIV</a>
					2.5		What is the beneficiary's A-Number?		A-		Text				Provide a 1, 2, 3, 4, or 8 digit number. If your A-Number is fewer than 8 digits, the system will automatically add zeros after the first 0 and before the first digit so there is a total of 8 digits, for example: A-000308501.						
					2.16		What is the beneficiary's anticipated period of stay in the United States?		I do not know or know the beneficiary's A-Number. From (MM/DD/YYYY) To (MM/DD/YYYY) All Dates		Date Date Date										

**BENEFICIARY'S FINANCIAL INFORMATION: I-134A**

**Column Header Descriptions**

**Primary Navigation:** A section of the form that contains several pages.

**Secondary Navigation:** A single page within a section.

**Conditional Logic:** Indicates whether the question or subquestion only applies if you meet certain criteria.

Primary Nav	Secondary Nav	Tertiary Nav	Conditional Logic	Paper Form Question	Question	Sub-Question	Field Type	Instructional Text	Help Text	Alert	Required?	Notes		
Beneficiary's Financial Information	Beneficiary income information	Add entry						CTA						
		Opens up large table once clicked												
		2.17 [LARGE TABLE]	What is the individual's full name?	Given name (first name)	Text	Provide all of the information requested in the table below about the beneficiary, all of the beneficiary's dependents, and any other individuals the beneficiary financially supports (do not include information about the individual agreeing to financially support the beneficiary). Information about assets that are not based on employment should not be included here but may be added under "Beneficiary Assets" below.								
				Middle name	Text									
			What is individual's date of birth?	Family name (last name)	Text									
			What is the individual's relationship to the beneficiary?	MM/DD/YYYY	Date									
			How much income will this individual contribute to the beneficiary annually?	\$	Text									
			Save entry		CTA	If the income contribution is none, type in "0".								
			Cancel		CTA									
		2.17	What is the beneficiary's total number of dependents?		Text	Provide the total number of dependents. Number must be between 0 and 100.								
2.17	How much income will the beneficiary's dependents contribute to the beneficiary annually?	\$	Text											
Beneficiary additional income information		2.18	Does any of the beneficiary's total income (including income from dependents and other individuals who contribute to the beneficiary's income, excluding any individuals named in the "Financial Information About the Person Agreeing to Financially Support the Beneficiary" section) come from an illegal activity or source (such as proceeds from illegal gambling or illegal drug sales)?	Yes/No	Radio									
		[If YES to 2.18]	2.19	What amount of the beneficiary's total income comes from an illegal activity or source?	\$	Text								
			2.20	Does any of the beneficiary's total income come from means-tested public benefits as defined in 8 CFR 213a.1?	Yes/No	Radio								
		[If YES to 2.20]	2.21	What amount of the beneficiary's total income comes from means-tested public benefits?	\$	Text								
Beneficiary assets		Provide the current cash value of any assets available to the beneficiary for the expected period of his or her stay. List only assets that can be converted to cash within 12 months and that will be used to support the beneficiary while the beneficiary is in the United States. Provide the value of all assets listed in U.S. dollars, regardless of whether the assets are held in the United States or outside of the United States. Do not include assets from any individuals named in the "Financial Information About the Individual Agreeing to Financially Support the Beneficiary" section.												
		You may include the net value of the beneficiary's home as an asset. The net value of the home is the appraised value of the home, minus the sum of all loans secured by a mortgage, trust deed, or other lien on the home. If you list the net value of the beneficiary's home, then you must include documentation demonstrating that the beneficiary owns the home, a recent appraisal by a licensed appraiser, and evidence of the amount of all loans secured by a mortgage, trust deed, or other lien on the home.												
		You may not include the net value of the beneficiary's automobile unless the beneficiary has more than one automobile, and at least one automobile is not included as an asset. Submit evidence of the value of the assets listed. Evidence must include the name of the asset holder, a description of the asset, proof of ownership, and the basis for the owner's claim of its net cash value.												
		Attach evidence in the "Evidence" section under "Proof of beneficiary's assets" and "Bonds" showing that the beneficiary has these assets.												
		Add entry						CTA						
		2.22 [LARGE TABLE]	What is the asset holder's full name?	Given name (first name)	Text	Provide the current cash value of any assets available to the beneficiary for the expected period of his or her stay. List only assets that can be converted to cash within 12 months and that will be used to support the beneficiary while the beneficiary is in the United States. Provide the value of all assets listed in U.S. dollars, regardless of whether the assets are held in the United States or outside of the United States. Do not include assets from any individuals named in the "Financial Information About the Individual Agreeing to Financially Support the Beneficiary" section.								
				Middle name	Text									
				Family name (last name)	Text									
			What is the type of asset?	Checking - Bank Account	Dropdown									
				Savings - Bank Account	Text									
		Annuities	Text											
		Stocks, Bonds, Certificates of Deposit	Text											
		Retirement or Educational Account	Text											
		Real Estate Holdings	Text											
		Personal Property (net value)	Text											
	What is the cash value of the asset in U.S. dollars?	\$	Text											
	Save entry		CTA											
	Cancel		CTA											
	What is the total amount (U.S. dollars)?	\$	Text											

**EVIDENCE I-13AA**

**Substantive Documentation**

**Primary Worksheet, A section of the form that contains several pages.**

Section	Form	Document Type	Requirement	Notes	Document Type	Requirement
<b>Bank return evidence</b>	Form I-134 instructions (pg.5)	Bank CD/SA Statement	Upload	Provide a statement from an officer of the bank or other financial institution with deposits, identifying the following details: <ul style="list-style-type: none"> <li>Date account opened</li> <li>Total amount deposited for the past year, and</li> <li>Present balance.</li> </ul>	Bank CD/SA statement Other documents	<ul style="list-style-type: none"> <li>Clear and readable</li> <li>Accepted file formats: .JPG, .JPEG, .PDF, .TIFF or .TIF</li> <li>No cropped or password-protected files</li> <li>If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document</li> <li>Upload no more than five documents at a time</li> <li>Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses</li> <li>Maximum size: 10MB per file</li> </ul>
<b>Employer statement</b>	Form I-134 instructions (pg.5)	Employer Statement	Upload	Provide statement(s) from your employer on business stationery showing: <ul style="list-style-type: none"> <li>Date and status of employment</li> <li>Your title and</li> <li>Whether the position is temporary or permanent.</li> </ul>	Employer statement Other documents	<ul style="list-style-type: none"> <li>Clear and readable</li> <li>Accepted file formats: .JPG, .JPEG, .PDF, .TIFF or .TIF</li> <li>No cropped or password-protected files</li> <li>If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document</li> <li>Upload no more than five documents at a time</li> <li>Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses</li> <li>Maximum size: 10MB per file</li> </ul>
<b>Income tax return</b>	Form I-134 instructions (pg.5)	Income Tax Return	Upload	Provide a copy of the last U.S. federal income tax return filed per instructions. <p>As the person who agrees to financially support the beneficiary, you must show you have sufficient income or financial resources to support the beneficiary. Failure to provide evidence of sufficient income or financial resources may result in the denial of the foreign national's application for a visa or for her removal from the United States.</p>	Taxform to read Other documents	<ul style="list-style-type: none"> <li>Clear and readable</li> <li>Accepted file formats: .JPG, .JPEG, .PDF, .TIFF or .TIF</li> <li>No cropped or password-protected files</li> <li>If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document</li> <li>Upload no more than five documents at a time</li> <li>Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses</li> <li>Maximum size: 10MB per file</li> </ul>
<b>Bonds</b>	Form I-134 instructions (pg.6)	Bonds	Upload	Provide a list containing serial numbers and denominations of bonds and name of retail owner(s). <p>As the person who agrees to financially support the beneficiary, you must show you have sufficient income or financial resources to support the beneficiary. Failure to provide evidence of sufficient income or financial resources may result in the denial of the foreign national's application for a visa or for her removal from the United States.</p>	Bonds Other documents	<ul style="list-style-type: none"> <li>Clear and readable</li> <li>Accepted file formats: .JPG, .JPEG, .PDF, .TIFF or .TIF</li> <li>No cropped or password-protected files</li> <li>If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document</li> <li>Upload no more than five documents at a time</li> <li>Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses</li> <li>Maximum size: 10MB per file</li> </ul>
<b>Proof of immigration status</b>	Form I-134 instructions (pg.5)	Proof of Immigration Status (see #10 - Immigration Status)	Upload	Provide evidence of your status. <p>A U.S. citizen or U.S. national may submit a copy of a birth certificate, certificate of naturalization, certificate of citizenship, consular report of birth abroad to U.S. parents, or a copy of the biographic data page on your U.S. passport.</p> <p>Proof of lawful permanent resident status includes a photograph of both sides of the Permanent Resident Card or Arrival Registration Receipt (Form I-95), or a photograph of an unexpired temporary Form I-551 stamp in a foreign passport or DHS Form I-94 Annual Departure Record.</p>	Immigrant status Other documents	<ul style="list-style-type: none"> <li>Clear and readable</li> <li>Accepted file formats: .JPG, .JPEG, .PDF, .TIFF or .TIF</li> <li>No cropped or password-protected files</li> <li>If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document</li> <li>Upload no more than five documents at a time</li> <li>Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses</li> <li>Maximum size: 10MB per file</li> </ul>
<b>Proof of assets of individual agreeing to financially support the beneficiary</b>	Form I-134 instructions (pg.5)	Proof of Assets of Individual Agreeing To Financially Support The Beneficiary	Upload	Provide evidence of assets you own to support the beneficiary for the unexpired period of the stay. You may only assets that can be converted into cash within 12 months and that will be used to support the beneficiary while the beneficiary is in the United States. Provide the value of all assets held in U.S. dollars, regardless of whether they are held in the United States or outside of the United States. Do not include assets from any individuals in the beneficiary's financial institution network. <p>You may include the net value of a home as an asset. The net value of the home is the appraised value of the home, minus the sum of all loans secured by a mortgage, trust deed, or other lien on the home. If you list the net value of the beneficiary's home, then you must include documentation demonstrating that you own the home, a trust agreement for a limited partner, and evidence of the amount of all loans secured by a mortgage, trust deed, or other lien on the home.  <p>You may not include the net value of an automobile unless you show that you own more than one automobile, and at least one automobile is not included as an asset.</p> <p>Submit evidence of the value of your or your household member's assets. Evidence must include the name of the asset holder, a description of the asset, proof of ownership, and the basis for the owner's claim of its net cash value.</p> </p>	Assets Other documents	<ul style="list-style-type: none"> <li>Clear and readable</li> <li>Accepted file formats: .JPG, .JPEG, .PDF, .TIFF or .TIF</li> <li>No cropped or password-protected files</li> <li>If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document</li> <li>Upload no more than five documents at a time</li> <li>Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses</li> <li>Maximum size: 10MB per file</li> </ul>
<b>Proof of beneficiary's assets</b>	Form I-134 instructions (pg.4)	Proof of Beneficiary's Assets	Upload	Provide evidence of assets you own to support the beneficiary for the unexpired period of the stay. List all assets that can be converted into cash within 12 months and that will be used to support the beneficiary while the beneficiary is in the United States. Provide the value of all assets held in U.S. dollars, regardless of whether the assets are held in the United States or outside the United States. Do not include assets from any individuals in the financial institution network. <p>You may include the net value of the beneficiary's home as an asset. The net value of the home is the appraised value of the home, minus the sum of all loans secured by a mortgage, trust deed, or other lien on the home. If you list the net value of the beneficiary's home, then you must include documentation demonstrating that the beneficiary owns the home, a trust agreement for a limited partner, and evidence of the amount of all loans secured by a mortgage, trust deed, or other lien on the home.  <p>You may not include the net value of an automobile unless the beneficiary has more than one automobile, and at least one automobile is not included as an asset. Submit evidence of the value of the assets listed. Evidence must include the name of the asset holder, a description of the asset, proof of ownership, and the basis of the owner's claim of its net cash value.</p> <p>You may submit evidence of the value of the beneficiary's household member's assets. Evidence must include the name of the asset holder, a description of the asset, proof of ownership, and the basis for the owner's claim of its net cash value.</p> </p>	Monetary asset Other documents	<ul style="list-style-type: none"> <li>Clear and readable</li> <li>Accepted file formats: .JPG, .JPEG, .PDF, .TIFF or .TIF</li> <li>No cropped or password-protected files</li> <li>If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document</li> <li>Upload no more than five documents at a time</li> <li>Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses</li> <li>Maximum size: 10MB per file</li> </ul>
<b>Proof of the beneficiary's marital status</b>	if Family Reunification: Public Power selected in I-2 (NOI) and not NOCI check "Single" under Marital Status	Proof of Beneficiary's Marital Status	Upload	Provide evidence of the beneficiary's marital status. <p>If the beneficiary is married or has had a change in marital status since submission of the USCIS Form I-130, submit a copy of the beneficiary's current marriage certificate and any divorce decrees, annulment decrees, or death certificate showing that their previous marriage was terminated if applicable.</p>	Marriage certificate Divorce decree Annulment decree Death certificate	<ul style="list-style-type: none"> <li>Clear and readable</li> <li>Accepted file formats: .JPG, .JPEG, .PDF, .TIFF or .TIF</li> <li>No cropped or password-protected files</li> <li>If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document</li> <li>Upload no more than five documents at a time</li> <li>Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses</li> <li>Maximum size: 10MB per file</li> </ul>
<b>Proof of the beneficiary's family relationship</b>	if Family Reunification: Public Power selected in I-2	Proof of Beneficiary's Family Relationship	Upload	Provide evidence of the beneficiary's age and family relationship with the principal beneficiary or an approved Form I-20. <p>If the beneficiary is the principal beneficiary of an approved Form I-20, only evidence of the beneficiary's age is required.</p>	Birth certificate Adoption decree	<ul style="list-style-type: none"> <li>Clear and readable</li> <li>Accepted file formats: .JPG, .JPEG, .PDF, .TIFF or .TIF</li> <li>No cropped or password-protected files</li> <li>If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document</li> <li>Upload no more than five documents at a time</li> <li>Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses</li> <li>Maximum size: 10MB per file</li> </ul>

## ADDITIONAL INFORMATION: I-134A

### Column Header Descriptions

**Primary Navigation:** A section of the form that contains several pages.

**Secondary Navigation:** A single page within a section.

Primary Nav	Secondary Nav	Tertiary Nav	Conditional Logic	Paper Form Question	Question	Sub-Question	Field Type	Instructional Text	Help Text	Alert	Required?	Notes
Additional Information	Additional Information						Large table	<p>If you need to provide any additional 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.</p> <p>If you do not need to provide any additional information, you may leave this section blank.</p>			No	Large Table Pattern Ghost Sub Nav



**WARNINGS, ALERTS, NOTICES, AND ERRORS: I-134A**

**Column Header Descriptions**

**Section:** The primary row where the alert can be found.

**Page:** The secondary row where the alert can be found.

**Type:** The color of the alert. (Red, Yellow, Blue, Green)

**Conditional Logic:** A column used to indicate whether the question or sub-question only applies if you meet certain criteria.

**Message:** The content that will show on the alert. Use the icons to indicate the beneficiary's next step to indicate the beneficiary's next step.

Navigation	Revisions	Sub-navigation	Revisions	Type	Revisions	Conditional Logic	Revisions	Message	Revisions	Link	Notes
File A Form				Yellow alert		Always show		<p>[I] We are only accepting online filing of Form I-134A from individuals agreeing to financially support eligible beneficiaries from the following countries:</p> <ul style="list-style-type: none"> <li>• Cuba</li> <li>• Haiti</li> <li>• Nicaragua</li> <li>• Ukraine</li> <li>• Venezuela</li> </ul> <p>You must be located in the United States to file Form I-134A online. Individuals seeking parole may not file Form I-134A on their own behalf. Supporters must include the name of the beneficiary on Form I-134A.</p> <p><b>Supporters must file a separate Form I-134A for each beneficiary they are planning to support, including minor children.</b></p> <p>To be eligible for this process, children under the age of 18 must be traveling to the United States in the care and custody of their parent or legal guardian and be able to provide documentation to confirm the relationship.</p> <p>If you are agreeing to support a beneficiary seeking parole who is not applying under Venezuela or Ukraine for Ukraine, or a beneficiary seeking any other immigration benefit, you must file a <a href="#">separate Form I-134A</a> through the appropriate Lockbox location.</p>	<p>[I] We are only accepting online filing of Form I-134A from individuals agreeing to financially support eligible beneficiaries from the following countries:</p> <ul style="list-style-type: none"> <li>• Cuba</li> <li>• Colombia</li> <li>• Ecuador</li> <li>• Guatemala</li> <li>• Haiti</li> <li>• Honduras</li> <li>• Nicaragua</li> <li>• Ukraine</li> <li>• Venezuela</li> </ul> <p>You must be located in the United States to file Form I-134A online. Individuals seeking parole through this process may not file Form I-134A on their own behalf. Supporters must include the name of the beneficiary on Form I-134A.</p> <p><b>Supporters must file a separate Form I-134A for each beneficiary they are planning to support, including minor children.</b></p> <p>To be eligible for this process, children under the age of 18 must be traveling to the United States in the care and custody of their parent or legal guardian and be able to provide documentation to confirm the relationship.</p> <p>If you are agreeing to support a beneficiary who is not seeking consideration for parole under one of these programs or processes, <a href="#">submit your Form I-134A through the appropriate Lockbox location.</a></p>	<p><a href="https://www.lockbox.gov/I-134A">https://www.lockbox.gov/I-134A</a></p>	
About the IATSTB		Contact information for the individual agreeing to financially support the beneficiary		Yellow alert		Always show under "What is your current mailing address?" question and "What is your physical address?" question		<p>[I] You must be located in the United States in order to file at this time.</p>			
About the IATSTB		When and where the individual agreeing to financially support the beneficiary was born		Red alert		If date of birth is different than the date of birth in the applicant's profile, the following red alert is shown:		<p>NS. This account has already been verified with a different date of birth</p> <p>The date of birth in this account's profile is [MM/DD/YYYY].</p> <p>If you need to apply for a benefit for someone else using the date of birth you entered, you should sign out of this account and create a new account for them at <a href="#">https://www.lockbox.gov/apply</a>.</p> <p>NS. This account has already been verified with a different A-Number</p> <p>The A-Number in this account's profile is [xxxxxxxx].</p> <p>If you need to apply for a benefit for someone else using the A-Number you entered, you must sign out of this account and create a new account for them at <a href="#">https://www.lockbox.gov/apply</a>.</p> <p>You must include at least one person for whom you have previously submitted a Form I-134 or Form I-134A, other than the beneficiary listed on this Form I-134A.</p> <p>PS. Please ensure that you provide a valid email address for the beneficiary. We will use this email address to notify the beneficiary about the status. <a href="#">(Select previous copy)</a></p> <p>PS. Please ensure that you provide a valid email address for the beneficiary. We will use this email address to notify the beneficiary about the status. If this Form I-134A is confirmed, we will use your email address as the beneficiary's email address.</p>	<p><a href="https://www.lockbox.gov/apply">https://www.lockbox.gov/apply</a></p>		
About the IATSTB		Immigration information for the individual agreeing to financially support the beneficiary		Red alert		If A-Number is different than the A-Number of the applicant's profile, the following red alert is shown:		<p>The A-Number in this account's profile is [xxxxxxxx].</p> <p>If you need to apply for a benefit for someone else using the A-Number you entered, you must sign out of this account and create a new account for them at <a href="#">https://www.lockbox.gov/apply</a>.</p> <p>You must include at least one person for whom you have previously submitted a Form I-134 or Form I-134A, other than the beneficiary listed on this Form I-134A.</p> <p>PS. Please ensure that you provide a valid email address for the beneficiary. We will use this email address to notify the beneficiary about the status. <a href="#">(Select previous copy)</a></p> <p>PS. Please ensure that you provide a valid email address for the beneficiary. We will use this email address to notify the beneficiary about the status. If this Form I-134A is confirmed, we will use your email address as the beneficiary's email address.</p>	<p><a href="https://www.lockbox.gov/apply">https://www.lockbox.gov/apply</a></p>		
Financial Info		Financial responsibility for other beneficiaries		Blue alert		If no entries are entered and 3.24 is yes		<p>[I] We are only accepting online filing of Form I-134A from individuals agreeing to financially support Cuban, Haitian, Nicaraguan, Ukrainian, and Venezuelan citizens and their immediate family</p>			
About the Beneficiary		Beneficiary contact information		Blue alert		Always show		<p>[I] Immediate family members are:</p> <ul style="list-style-type: none"> <li>• Their spouse or common-law partner; and</li> <li>• Unmarried children under the age of 21.</li> </ul> <p><b>Note:</b> Individuals only eligible as immediate family members and children under age 18 must travel with their beneficiary spouse, common law partner, parent, or legal guardian to be eligible for parole.</p>			
About the Beneficiary		Other information about the beneficiary		Yellow alert		Always show under "What is the beneficiary's country of citizenship or nationality?" question and "What country issued the beneficiary's most recently issued passport?" question	<p>If user selected "Parole Process" in question 1.2, show under "What is the beneficiary's country of citizenship or nationality?" question and "What country issued the beneficiary's most recently issued passport?" question</p>	<p>[I] We are only accepting online filing of Form I-134A from individuals agreeing to financially support Cuban, Haitian, Nicaraguan, Ukrainian, and Venezuelan citizens and their immediate family</p> <p>[I] Immediate family members are:</p> <ul style="list-style-type: none"> <li>• Their spouse or common-law partner; and</li> <li>• Unmarried children under the age of 21.</li> </ul> <p><b>Note:</b> Individuals only eligible as immediate family members and children under age 18 must travel with their beneficiary spouse, common law partner, parent, or legal guardian to be eligible for parole.</p>			
About the Beneficiary		Other information about the beneficiary		Yellow alert		Always show under "What is the beneficiary's country of citizenship or nationality?" question and "What country issued the beneficiary's most recently issued passport?" question	<p>If user selected "Family Reunification Parole Process" in question 1.2, show under "What is the beneficiary's country of citizenship or nationality?" question and "What country issued the beneficiary's most recently issued passport?" question</p>	<p>[I] We are only accepting online filing of Form I-134A from individuals agreeing to financially support Cuban, Colombian, Ecuadorian, Guatemalan, Honduran, and Guatemalan citizens and their immediate family</p> <p>[I] Immediate family members are:</p> <ul style="list-style-type: none"> <li>• Their spouse or common-law partner; and</li> <li>• Unmarried children under the age of 21.</li> </ul> <p><b>Note:</b> Individuals only eligible as immediate family members and children under age 18 must travel with their beneficiary spouse, common law partner, parent, or legal guardian to be eligible for parole.</p>			
Review & Submit		Review your declaration		Blue alert		Alert appears only for active drafts started before toggle on of I-134A "12/21"		<p>[I] The name of this form has changed</p> <p>[I] The name of this form has changed to Form I-134A, Online Request to be a Supporter and Declaration of Financial Support.</p> <p>No other changes have been made to your draft. <a href="#">Learn more about Form I-134A.</a></p>	<p><a href="https://www.lockbox.gov/I-134A">https://www.lockbox.gov/I-134A</a></p>		