**TABLE OF CHANGES – FORM**

**Form I-539A, Supplemental Information for Application for Extend/Change Nonimmigrant Status**

**OMB Number: 1615-0003**

**05/24/2023**

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| **Reason for Revision: Revision**  **Project Phase: 30 Day**  Legend for Proposed Text:   * Black font = Current text * Red font = Changes   Expires 12/31/2024  Edition Date 05/31/2022 |

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| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **Page 1,**  **To be completed by an attorney or BIA-accredited representative** (if any)**.** | **[Page 1]**  **To be completed by an attorney or BIA-accredited representative** (if any)**.**  **Select this box if Form G-28 is attached.**  **Attorney State Bar Number** (if applicable)  **Attorney or Accredited Representative USCIS Online Account Number** (if any) | **[Page 1]**  **To be completed by an Attorney or Accredited Representative** (if any)**.**  **Select this box if Form G-28 is attached.**  **Attorney State Bar Number** (if applicable)  **Attorney or Accredited Representative USCIS Online Account Number** (if any) |
| **Page 1,**  **Part 1. Information About the Person Filing Form I-539** | **[Page 1]**  **Part 1. Information About the Person Filing Form I-539**  **1.a.** Family Name (Last Name)  **1.b.** Given Name (First Name)  **1.c.** Middle Name | **[Page 1]**  **Part 1. Information About the Person Filing Form I-539**  **1.** Your Full Legal Name  Family Name (Last Name)  Given Name (First Name)  Middle Name(if applicable) |
| **Page 1,**  **Part 2. Information About You** | **[Page 1]**  **Part 2. Information About You**  Attach to Form I-539 when more than one person is included in the Form I-539 application. List each person on a separate Form I-539A. Do not include the person named in Form I-539.  **1.a.** Family Name (Last Name)  **1.b.** Given Name (First Name)  **1.c.** Middle Name  **2.** Date of Birth (mm/dd/yyyy)  **3.** Country of Birth  **4.** Country of Citizenship or Nationality  **5.** U.S. Social Security Number (if any)  **6.** Alien Registration Number (A-Number) (if any)  **7.** Date of Arrival (mm/dd/yyyy)  Provide Information About Your Most Recent Entry Into the United States  **8.** Form I-94 Arrival-Departure Record Number  **9.** Passport Number  **10*.*** Travel Document Number  **11.a.** Country of Passport or Travel Document Issuance  **11.b.** Passport or Travel Document Expiration Date (mm/dd/yyyy)  **12.a.** Current Nonimmigrant Status  **12.b.** Expiration Date (mm/dd/yyyy)  Provide Your Current Passport Information (if different from **Item Number 9.**)  [new]  **13.a.** Passport Number  **13.b.** Country of Passport Issuance  **13.c.** Passport Expiration Date (mm/dd/yyyy)  **14.** USCIS Online Account Number (if any) | **[Page 1]**  **Part 2. Information About You**  Attach to Form I-539 when more than one person is included in the Form I-539 application. Each co-applicant must complete a separate Form I-539A. Do not submit a Form I-539A for the person named in Form I-539.  **1.** Your Full Legal Name  Family Name (Last Name)  Given Name (First Name)  Middle Name(if applicable)  [no change]  [renumbered and moved down]  **7.** Provide Information About Your Most Recent Entry Into the United States  Date of Arrival (mm/dd/yyyy)  Form I-94 Arrival/Departure Record Number  Passport Number  Travel Document Number  Country of Passport or Travel Document Issuance  Passport or Travel Document Expiration Date (mm/dd/yyyy)  **8.** Current Nonimmigrant Status(for example, F-1 student, H-4 dependent, etc.)  Expiration Date (mm/dd/yyyy)  **9.** Current Passport Information  If your current passport information is different from the information you provided in **Item Number 8.**, provide your current passport information. If your current passport information matches the information you provided in **Item Number 8.**, proceed to **Item Number 10.**  Passport Number  Country of Passport Issuance  Passport Expiration Date (mm/dd/yyyy)  **10.** USCIS Online Account Number (if any) |
| **New** | [new] | **[Page 2]**  **Part 3. Additional Information About You**  Answer the following questions. If you answer “Yes” to any of the questions in **Item Numbers 1. - 4.**, use the space provided in **Part 7. Additional Information** to provide an explanation.  **1.** Are you an applicant for an immigrant visa?  Yes  No  **2.** Has an immigrant petition **EVER** been filed for you?  Yes  No  **3.** Have you **EVER** filed a Form I-485, Application to Register Permanent Residence or Adjust Status?  Yes  No  **4.** Have you **EVER** been arrested or convicted of any criminal offense since last entering the United States?  Yes  No  Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:  **5.** Acts involving torture or genocide?  Yes  No  **6.** Killing any person?  Yes  No  **7.** Intentionally and severely injuring any person?  Yes  No  **8.** Engaging in any kind of sexual contact or relations with any person who did not consent or was unable to consent, or was being forced or threatened?  Yes  No  **9.** Limiting or denying any person’s ability to exercise religious beliefs?  Yes  No  Have you **EVER**:  **10.** Served in, been a member of, assisted, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerilla group, militia, insurgent organization, or any other armed group?  Yes  No  **11.** Worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons?  Yes  No  **12.** Have you **EVER** been a member of, assisted, or participated in any group, unit, or organization of any kind in which you or other persons used or threatened to use any type of weapon against any person or threatened to do so?  Yes  No  **13.** Have you **EVER** sold, provided, or transported weapons, or assisted any person in selling, providing, or transporting weapons that you knew or believed would be used against another person?  Yes  No  **14.** Have you **EVER** received any weapons training, paramilitary training, or other military-type training?  Yes  No  **15.** Have you **EVER** violated the terms of the nonimmigrant status you now hold?  Yes  No  **16.** Are you now in removal proceedings?  Yes  No  **17.** Have you ever been employed in the United States since last admitted or granted an extension or change of status?  Yes  No  If you answered “No” to **Item Number 17.**, fully describe how you are supporting yourself in **Part 7. Additional Information.** Include documentary evidence of the source, amount, and basis for any income.  If you answered “Yes” **to Item Number 17.**, fully describe any and all periods of employment in **Part 7. Additional Information**.  **18.** Are you currently or have you ever been a J-1 exchange visitor or a J-2 dependent of a J-1 exchange visitor?  Yes  No  If you answered “Yes” **to Item Number 18.**, you must provide the dates you maintained status as a J-1 exchange visitor or J-2 dependent in **Part 7. Additional Information**. |
| **Pages 1-2,**  **Part 3. Applicant's Statement, Contact Information, Declaration, Certification and Signature** | **[Page 1]**  **Part 3. Applicant's Statement, Contact Information, Declaration, Certification and Signature**  **NOTE:** Read the **Penalties** section of the Form I-539 and Form I-539A Instructions before completing this section.  ***Applicant’s Statement***  **NOTE:** Select the box for either **Item Number 1.a. or 1.b.** If applicable, select the box for **Item Number 2.**  **1.a.** I can read and understand English, and I have read and understand every question and instruction on this form and my answer to every question**.**  **1.b.** The interpreter named in **Part 5.** read to me every question and instruction on this form and my answer to every question in [Fillable Field], a language in which I am fluent, and I understood everything**.**  **2.** At my request, the preparer named in **Part 6., [Fillable field],** prepared this form for me based only upon information I provided or authorized.  **[Page 2]**  ***Applicant’s Contact Information***  [new]  **3.** Applicant’s Daytime Telephone Number  **4.** Applicant’s Mobile Telephone Number (if any)  **5.** Applicant’s Email Address (if any)  ***Applicant's Declaration and Certification***  Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.  I furthermore authorize release of information contained in this form, 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 will require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, I will be required to sign an oath reaffirming that:  **1)** I reviewed and understood all of the information contained in, and submitted with, my form; 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 form 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 form and that all of this information is complete, true, and correct.  ***Applicant’s Signature***  **6.a.** Applicant's Signature  **6.b.** Date of Signature (mm/dd/yyyy)  **NOTE TO ALL APPLICANTS:** If you do not completely fill out this form or fail to submit required documents listed in the Instructions, USCIS may deny the Form I-539 filed on your behalf. | **[Page 3]**  **Part 4. Applicant's Contact Information, Certification, and Signature**  [deleted]  ***Applicant’s Contact Information***  Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).  **1.** Applicant’s Daytime Telephone Number  **2.** Applicant’s Mobile Telephone Number (if any)  **3.** Applicant’s Email Address (if any)  ***Applicant’s Certification and Signature***  [deleted]  I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 5.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.  [deleted]  **4.** Applicant’s Signature  Date of Signature (mm/dd/yyyy)  [deleted] |
| **Pages 2-3,**  **Part 4. Interpreter’s Contact Information, Statement, Certification, and Signature** | **[Page 2]**  **Part 4. Interpreter’s Contact Information, Statement, Certification, and Signature**  Provide the following information about the interpreter you used to complete Form I-539A if he or she is different from the interpreter used to complete the Form I-539 filed on your behalf.  ***Interpreter's Full Name***  **1.a.** Interpreter's Family Name (Last Name)  **1.b.** Interpreter's Given Name (First Name)  **2.** Interpreter's Business or Organization Name (if any)  ***Interpreter's Mailing Address***    **3.a.** Street Number and Name  **3.b.** Apt. Ste. Flr.  **3.c.** City or Town  **3.d.** State  **3.e.** ZIP Code  **3.f.** Province  **3.g.** Postal Code  **3.h.** 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 [Fillable Field], which is the same language specified in **Part 4., Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this form and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the form, including the **Applicant’s Declaration and Certification**, and has verified the accuracy of every answer.  **[Page 3]**  ***Interpreter’s Signature***  **7.a** Interpreter's Signature  **7.b.** Date of Signature (mm/dd/yyyy) | **[Page 4]**  **Part 5. Interpreter’s Contact Information, Certification, and Signature**  [deleted]  ***Interpreter’s Full Name***  **1.** Interpreter’s Family Name (Last Name)  Interpreter’s Given Name (First Name)  **2.** Interpreter’s Business or Organization Name  [deleted]  ***Interpreter’s Contact Information***  **3.** Interpreter’s Daytime Telephone Number  **4.** Interpreter’s Mobile Telephone Number (if any)  **5.** Interpreter’s Email Address (if any)  ***Interpreter’s Certification and Signature***  I certify, under penalty of perjury, that I am fluent in English and [Fillable language field], and I have interpreted every question on the application and Instructions and interpreted the applicant’s answers to the questions in that language, and the applicant informed me that they understood every instruction, question, and answer on the application.  [deleted]  **6.** Interpreter’s Signature  Date of Signature (mm/dd/yyyy) |
| **Page 3,**  **Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant** | **[Page 3]**  **Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant**  Provide the following information about the preparer you used to complete Form I-539A if he or she is different from the preparer used to complete the Form I-539 filed on your behalf.  ***Preparer's Full Name***    **1.a.** Preparer's Family Name (Last Name)  **1.b.** Preparer's Given Name (First Name)  **2.** Preparer's Business or Organization Name  ***Preparer's Mailing Address***  **3.a.** Street Number and Name  **3.b.** Apt. Ste. Flr.  **3.c.** City or Town  **3.d.** State  **3.e.** ZIP Code  **3.f.** Province  **3.g.** Postal Code  **3.h.** Country  ***Preparer's Contact Information***    **4.** Preparer's Daytime Telephone Number  **5.** Preparer's Mobile Telephone Number (if any)  **6.** Preparer's Email Address (if any)  ***Preparer’s Statement***  **7.a**. I am not an attorney or accredited representative but have prepared this form on behalf of the applicant and with the applicant's consent.  **7.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 form.  **NOTE:** If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this form.  ***Preparer's Certification***  By my signature, I certify, under penalty of perjury, that I prepared this form at the request of the applicant. The applicant then reviewed this completed form and informed me that he or she understands all of the information contained in, and submitted with, his or her form, including the Applicant’s Declaration and Certification, and that all of this information is complete, true, and correct. I completed this form based only on information that the applicant provided to me or authorized me to obtain or use.  ***Preparer’s Signature***  **8.a.** Preparer's Signature  **8.b.** Date of Signature (mm/dd/yyyy) | **[Page 5]**  **Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant**  [deleted]  ***Preparer’s Full Name***  **1.** Preparer’s Family Name (Last Name)  Preparer’s Given Name (First Name)  **2.** Preparer’s Business or Organization Name  [deleted]  ***Preparer’s Contact Information***  **3.** Preparer’s Daytime Telephone Number  **4.** Preparer’s Mobile Telephone Number (if any)  **5.** Preparer’s Email Address (if any)  [deleted]  ***Preparer’s Certification and Signature***  I certify, under penalty of perjury, that I prepared this application for the applicant at their request and with express consent and that all of the responses and information contained in and submitted with the application are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that they understand the responses and information in or submitted with the application.  [deleted]  **6.** Preparer’s Signature  Date of Signature (mm/dd/yyyy) |
| **Page 4,**  **Part 6. Additional Information** | **[Page 4]**  **Part 6. Additional Information**  If you need extra space to provide any additional information within this form, 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 (if any) 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.a.** Family Name (Last Name)  **1.b.** Given Name (First Name)  **1.c.** Middle Name  **2.** A-Number (if any)  **3.a.** Page Number  **3.b.** Part Number  **3.c.** Item Number  **3.d.** [Fillable field]  **4.a.** Page Number  **4.b.** Part Number  **4.c.** Item Number  **4.d.** [Fillable field]  **5.a.** Page Number  **5.b.** Part Number  **5.c.** Item Number  **5.d.** [Fillable field]  **6.a.** Page Number  **6.b.** Part Number  **6.c.** Item Number  **6.d.** [Fillable field]  **7.a.** Page Number  **7.b.** Part Number  **7.c.** Item Number  **7.d.** [Fillable field] | **[Page 6]**  **Part 7. Additional Information**  If you need extra space to provide any additional information within this form, 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 form or attach a separate sheet of paper. Type or print your name and A-Number (if any) 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(if applicable)  **2.** A-Number (if any)  **3.** Page Number  Part Number  Item Number  [Fillable field]  **4.** Page Number  Part Number  Item Number  [Fillable field]  **5.** Page Number  Part Number  Item Number  [Fillable field]  **6.** Page Number  Part Number  Item Number  [Fillable field]  [delete] |