

## **Supplemental Information for Application to Extend/Change Nonimmigrant Status**

USCIS Form I-539A

OMB No. 1615-0003 Expires 12/31/2024

## **Department of Homeland Security**

U.S. Citizenship and Immigration Services

To be completed by an Attorney or Accredited Representative (if any).  Select this be Form G-28 in attached.			Attorney State Bar Number (if applicable)		Attorney or Accredited Representative (SCIS Online Account Number (if any)			
<b>&gt;</b>	START HERE - Type	or print in black in	ık.					
Pai	rt 1. Information A	About the Person	n Fili	ng Form I-539				
1.								
	Family Name (Last Name) Given Name (First Name)					Middle Name (if applicable)		
					1			
Das	of 2 Information A	A havet Way						
	ct 2. Information A							
				cluded in the Form I-539 applicati for the person named in Form I-53		. Each co-applicant must complete a		
жра 1.			33711	tor the person named in Form 1 33	٠,٠			
	Your Full Legal Name Family Name (Last Name) Given Name (First Name)			Middle Name (frantischle)				
	Taimiy Name (Last Na	ame)		ch ivalic (First ivalic)	Н	Middle Name (if applicable)		
•	Data of Birds (1999/14)	2	Com	tons of Disth				
2.	Date of Birth (mm/dd/	<u>/yyyy)</u> 3.	Coun	try of Birth				
				<b>5</b>	<u> </u>			
4.	Country of Citizenship	p or Nationality		5. U.S. Social	Sec	curity Number (if any)		
_				4//				
6.	Alien Registration Num  • A-	mber (A-Number) (i	f any)					
7.				ntry Into the United States				
	Date of Arrival (mm/d	ld/yyyy) For	m I-94	Arrival/Departure Record Number	er	Passport Number		
		•						
	Travel Document Country of Passport or Number Travel Document Issuance				Passport or Travel Document Expiration			
	Tumber	112	ivel DC	cument issuance		Date (mm/dd/yyyy)		
o	Comment Namionalismo	t Status (for average	- T 1	otedant II A danandant ata)		Enginetica Data (mm/dd/mm)		
8.	Current Nonimmigran	it Status (for exampl	е, г-1	student, H-4 dependent, etc.)		Expiration Date (mm/dd/yyyy)		
n								
9. Current Passport Information								
	If your current passport information is different from the information you provided in <b>Item Number 8.</b> , provide your current passport information. If your current passport information matches the information you provided in <b>Item Number 8.</b> , proceed to <b>Item Number 10.</b>							
	Passport Number		Coun	try of Passport Issuance		Passport Expiration Date (mm/dd/yyyy)		
	1			·		1 1 (		

**10.** USCIS Online Account Number (if any)

Pa	rt 3. Additional Information About You	
	wer the following questions. If you answer "Yes" to any of the questions in <b>Item Numbers 1 4.</b> , use the sp <b>dditional Information</b> to provide an explanation.	pace provided in Part
1.	Are you an applicant for an immigrant visa?	Yes No
2.	Has an immigrant petition <b>EVER</b> been filed for you?	Yes No
3.	Have you <b>EVER</b> filed a Form I-485, Application to Register Permanent Residence or Adjust Status?	Yes No
4.	Have you <b>EVER</b> been arrested or convicted of any criminal offense since last entering the United States?	Yes No
Hav	e you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any o	f 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
Hav	e you <b>EVER</b> :	
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 <b>EVER</b> 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 <b>EVER</b> 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 <b>EVER</b> received any weapons training, paramilitary training, or other military-type training?	Yes No
15.	Have you <b>EVER</b> 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
	ou answered "No" to <b>Item Number 17.</b> , fully describe how you are supporting yourself in <b>Part 7. Additional</b> ude documentary evidence of the source, amount, and basis for any income.	l Information.
If yo	ou answered "Yes" to Item Number 17., fully describe any and all periods of employment in Part 7. Addition	onal 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
•	ou answered "Yes" to Item Number 18., you must provide the dates you maintained status as a J-1 exchange endent in Part 7. Additional Information.	visitor or J-2

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Pa	rt 4. Applicant's Contact Information, Certification, and Signature				
$Ap_{I}$	plicant's Contact Information				
Prov	ride 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)				
Ap	plicant's Certification and Signature				
my a unde infor that	tify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in <b>Part 5.</b> , erstood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the rmation are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the inistration and enforcement of U.S. immigration law.				
4.	Applicant's Signature Date of Signature (mm/dd/yyyy)				
<b>-</b>	DD OTTOTOTO				
D					
Pal	rt 5. Interpreter's Contact Information, Certification, and Signature				
Int	erpreter's Full Name				
1.	Interpreter's Family Name (Last Name)  Interpreter's Given Name (First Name)				
2.	Interpreter's Business or Organization Name				
Int	erpreter's Contact Information				
3.	Interpreter's Daytime Telephone Number  4. Interpreter's Mobile Telephone Number (if any)				
5.	Interpreter's Email Address (if any)				
I cer	tify, under penalty of perjury, that I am fluent in English and , and I have interpreted				
ever	y question on the application and Instructions and interpreted the applicant's answers to the questions in that language, and the icant informed me that they understood every instruction, question, and answer on the application.				
6.	Interpreter's Signature Date of Signature (mm/dd/yyyy)				
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## Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

D	I T II M		
Pre	parer's Full Name		
1.	Preparer's Family Name (Last Name)	Prep	parer's Given Name (First Name)
2.	Preparer's Business or Organization Name	$\Delta$	
Pre	parer's Contact Information		
3.	Preparer's Daytime Telephone Number	4.	Preparer's Mobile Telephone Number (if any)
5.	Preparer's Email Address (if any)		HUK
Pre	parer's Certification and Signature		
all of	tify, under penalty of perjury, that I prepared this application for the responses and information contained in and submitted wit mation provided by the applicant. The applicant reviewed the esponses and information in or submitted with the application.	h the a	application are complete, true, and correct and reflects only
6.	Preparer's Signature		Date of Signature (mm/dd/yyyy)
<b>→</b>	05/24		2023

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## 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)
<ul><li>2.</li><li>3.</li></ul>	A-Number (if any) A-  Page Number  Part Number	Item Number	R
4.	Page Number Part Number	Item Number	ION
	05/	24/202	23
5.	Page Number Part Number	Item Number	
6.	Page Number Part Number	Item Number	

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