		Extend/Ch Depart	Information for Appli ange Nonimmigrant S tment of Homeland Security enship and Immigration Service	t <b>atus</b> o	<b>USCIS</b> <b>Form I-539A</b> MB No. 1615-0003 Expires 07/27/2026			
A	o be completed by an ttorney or Accredited epresentative (if any).	Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable)	Attorney or Accredited F USCIS Online Account N				
►	START HERE - Type	or print in black ink.						
Pa	rt 1. Information A	bout the Person Fili	ng Form I-539					
1.	Your Full Legal Name Family Name (Last Na		en Name (First Name)	Middle Name (if appli	icable)			
Pa	rt 2. Information A	About You						
			cluded in the Form I-539 applicati for the person named in Form I-53		complete a			
1.	Your Full Legal Name     Family Name (Last Name)     Given Name (First Name)     Middle Name (if applicable)							
2.	. Date of Birth (mm/dd/yyyy) 3. Country of Birth							
4. 6.								
7.	Provide Information A	bout Your Most Recent E	ntry Into the United States					
	Date of Arrival (mm/d	ld/yyyy) Form I-94	Arrival/Departure Record Numb	er Passport Number				
	Travel Document Number		f Passport or cument Issuance	Passport or Travel Doct Date (mm/dd/yyyy)	ument Expiration			
8.	Current Nonimmigrant Status (for example, F-1 student, H-4 dependent, etc.) Expiration Date (mm/dd/yyyy)							
9.	Current Passport Infor	mation						
	If your current passport information is different from the information you provided in <b>Item Number 7.</b> , provide your current passport information. If your current passport information matches the information you provided in <b>Item Number 7.</b> , proceed to <b>Item Number 10.</b>							
	Passport Number	Coun	try of Passport Issuance	Passport Expiration D	ate (mm/dd/yyyy)			
10. USCIS Online Account Number (if any) ►								

Par	t 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 spa <b>Iditional Information</b> to provide an explanation.	ace provided in <b>Part</b>
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 EVER 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
Have	e 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
	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 EVER been a member of, assisted, or participated in any group, unit, or organization of any	Yes No

- Have you EVER been a member of, assisted, or participated in any group, unit, or organization of any 12. kind in which you or other persons used or threatened to use any type of weapon against any person or threatened to do so?
- 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?
- Have you **EVER** received any weapons training, paramilitary training, or other military-type training? 14.

15. Have you EVER violated the terms of the nonimmigrant status you now hold?

- Are you now in removal proceedings? 16.
- Have you ever been employed in the United States since last admitted or granted an extension or change 17. of status?

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	Yes No
	visitor?	

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.

Yes

Yes

Yes

Yes

Yes

No No

No

No No

No

No

## Part 4. Applicant's Contact Information, Certification, and Signature

#### **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)		
		$ \rightarrow $	

### Applicant's Certification and Signature

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.

Part 5. Interpreter's Contact Information, Certification, and Signature	

#### Interpreter's Full Name

1.	Interpreter's Family Name (Last Name)	Interpreter's Given Name (First Name)			
2.	Interpreter's Business or Organization Name		202.	3	
Inte	erpreter's Contact Information				
3.	Interpreter's Daytime Telephone Number	4.	Interpreter's Mobile Telepho	one Numb	ber (if any)
5.	Interpreter's Email Address (if any)				
I cert	ify, under penalty of perjury, that I am fluent in English and				, and I have interpreted
-	question on the application and Instructions and interpreted to cant informed me that they understood every instruction, question and the statement of the stat		-		at language, and the
6.	Interpreter's Signature			Date of S	Signature (mm/dd/yyyy)
➡					

# Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

### Preparer's Full Name

1.	Preparer's Family Name (Last Name) Pre-	eparer's Given Name (First Name)
2.	Preparer's Business or Organization Name	FT
Pre	eparer's Contact Information	
3.	Preparer's Daytime Telephone Number 4.	Preparer's Mobile Telephone Number (if any)
5.	Preparer's Email Address (if any)	FOR

### **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.

6.	Preparer's Signature					Date of Sig	gnature (mm/dd/yyyy)
➡							
		2/	8/	2	02	3	

# 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 N	(ame)	Given Name (First Name)	Middle Name (if applicable)
2.	A-Number (if any)	• A-	RAF	
3.	Page Number	Part Number	Item Number	
		NC	)TF	OR
4.	Page Number	Part Number	Item Number	ΤΙΛ
		12/	18/2	023
5.	Page Number	Part Number	Item Number	
5.				
6.	Page Number	Part Number	Item Number	