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**TABLE OF CHANGES – FORM**

**Form I-918 Supplement A, Petition for Qualifying Family Member of U-1 Recipient**

**OMB Number: 1615-0104**

**09/06/2024**

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| **Reason for Revision: REV**  **Project Phase: OMBReview**  Legend for Proposed Text:   * Black font = Current text * Red font = Changes   Expires 02/28/2026  Edition Date 04/01/2024 |

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| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **Page 1** | **[Page 1]**  **For USCIS Use Only**  **Remarks**  **Receipt**  **Action Block**  **U.S. Embassy Consulate**  **Validity Dates** (mm/dd/yyyy)  **From:** / / /  **To:** / / /  **Wait Listed**  Stamp Number  Date (mm/dd/yyyy)  **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]**  **For USCIS Use Only**  **Remarks**  **Receipt**  **Action Block**  **U.S. Embassy Consulate**  **Validity Dates** (mm/dd/yyyy)  **From:** / / /  **To:** / / /  **Wait Listed**  Stamp Number  Date (mm/dd/yyyy)  **To be completed by an attorney or accredited representative.**  **Select this box if Form G-28 or G-28I is attached.**  **Attorney State Bar Number**  **Attorney or Accredited Representative USCIS Online Account Number** |
|  | **[Page 1]**  **START HERE - Type or print in black or blue ink.**  **NOTE:** The recipient of the U-1 nonimmigrant classification is referred to as the "principal." His or her family members are referred to as "derivatives." The principal should complete Supplement A. | **[Page 1]**  **START HERE - Type or print in black ink.**  **NOTE:** The recipient of the U-1 nonimmigrant classification is referred to as the "principal petitioner." The principal should complete Supplement A. |
| **Page 1,**  **Part 1. Family Member’s Relationship To You** (Principal) | **[Page 1]**  **Part 1. Family Member's Relationship To You** (Principal)  **1.** The family member that I am filing for is my:  Spouse  Parent  Child  Unmarried sibling under 18 years of age  **[new]** | **[Page 1]**  **Part 1.  Filing Information**  **1.** The family member I am filing for is my:  Spouse**/**Parent/Child/Unmarried sibling under 18 years of age  **2.** Are you filing this supplement together with your Form I-918, Petition for U Nonimmigrant Status?  Yes/No  **3.** If you answered “No” to **Item Number 2.**, is your Form I-918 petition:  Pending  Received Bona Fide Determination  Placed on the Waiting List  Approved |
| **Page 1,**  **Part 2. Information About You** (Principal) | **[Page 1]**  **Part 2. Information About You** (Principal)  **1.a.** Family Name (Last Name)  **1.b.** Given Name (First Name)  **1.c.** Middle Name  [new]  ***Other Information***  **2.** Date of Birth (mm/dd/yyyy)  **3.** Alien Registration Number (A-Number) (if any)  **4.** USCIS Online Account Number (if any)  **5.** Status of your Form I-918  Pending  Approved | **[Page 1]**  **Part 2. General Information About You** (Principal Petitioner (Victim))  **1.** Your Full Legal Name (**Do not** provide a nickname)  Family Name (Last Name)  Given Name (First Name)  Middle Name(if applicable)  **2.** Current Physical Address  In Care Of Name (if any)  Street Number and Name  Apt./Ste./Flr. Number  City or Town  State  ZIP Code  Provinceor Region (foreign address only)  Postal Code(foreign address only)  Country (foreign address only)  **[Page 2]**  **3.** Current Mailing Address (Safe Mailing Address)  If you do not want USCIS to send notices about this supplement to your physical address, you may provide a safe mailing address. If you do not provide a mailing address below, USCIS may send correspondence to the physical address listed in **Item Number 2.**  In Care Of Name (if any)  Street Number and Name  Apt./Ste./Flr.  Number  City or Town  State  ZIP Code  Province or Region (foreign address only)  Postal Code (foreign address only)  Country (foreign address only)  **4.** U.S. Consular or Inspection Facility Notification  Type of Office (Select **only one** box):  U.S. Consulate**/**Pre-Flight Inspection/Port-of-Entry  City or Town  State  Country  ***Other Information* *About You*** (Principal Petitioner (Victim))  **5.** Date of Birth (mm/dd/yyyy)  **6.** Alien Registration Number (A-Number) (if any)  **7.** USCIS Online Account Number (if any)  [deleted] |
| **Pages 1-2,**  **Part 3. Information About Your Qualifying Family Member** (Derivative) | **[Page 1]**  **Part 3. Information About Your Qualifying Family Member** (Derivative)  [new]  **1.a.** Family Name (Last Name)  **1.b.** Given Name (First Name)  **1.c.** Middle Name  **Other Names Used** (Include maiden name, nicknames, and aliases, if applicable)  **2.a.** Family Name (Last Name)  **2.b.** Given Name (First Name)  **2.c.** Middle Name  **NOTE:** If you need extra space to complete this section, use the space provided in **Part 11. Additional Information**.  ***Residence or Intended Residence in the United States***  **3.a.** Street Number and Name  **3.b.** Apt./Ste./Flr.  **3.c.** City or Town  **3.d.** State  **3.e.** ZIP Code  **[Page 2]**  ***Safe Mailing Address*** *(if other than Residence)*  **4.a.** In Care Of Name  **4.b.** Street Number and Name  **4.c.** Apt./Ste./Flr.  **4.d.** City or Town  **4.e.** State  **4.f.** ZIP Code  **4.g.** Province  **4.h.** Postal Code  **4.i.** Country  ***Other Information About Qualifying Family Member***  **5.** A-Number (if any)  **7.** USCIS Online Account Number (if any)  **6.** U.S. Social Security Number (if any)  **12.** Gender  Male  Female  **8.** Date of Birth (mm/dd/yyyy)  **9.** Country of Birth  **10.** Country of Citizenship or Nationality  **11.** Marital Status  Single  Married  Divorced  Widowed  [new]  1**3.** Form I-94 Arrival-Departure Record Number  **14.** Passport Number  **15.** Travel Document Number  **16.** Country of Issuance for Passport or Travel Document  **17.** Date of Issuance for Passport or Travel Document (mm/dd/yyyy)  **18.** Expiration Date for Passport or Travel Document (mm/dd/yyyy) | **[Page 1]**  **Part 3. Information About Your Qualifying Family Member**  **1.** Your Qualifying Family Member’s Full Legal Name (**Do not** provide a nickname)  Family Name (Last Name)  Given Name (First Name)  Middle Name(if applicable)  **2.** Other Names Used  Provide all other names your qualifying family member has used, including aliases, maiden names, and nicknames. If you need extra space to complete this section, use the space provided in **Part 10. Additional Information**.  Family Name (Last Name) [x2]  Given Name (First Name) [x2]  Middle Name(if applicable) [x2]  [deleted]  **3.** Current or Intended Physical Address in the United States  Street Number and Name  Apt./Ste./Flr. Number  City or Town  State  ZIP Code  [delete]  **[Page 3]**  ***Other Information About Your Qualifying Family Member***  **4.** Alien Registration Number (A-Number) (if any)  **5.** USCIS Online Account Number (if any)  **6.** U.S. Social Security Number (if any)  **7.** Gender  Male  Female  Another Gender Identity    **8.** Date of Birth (mm/dd/yyyy)  **9.** City or Town of Birth [Fillable field]  State or Province of Birth [Fillable field]  Country of Birth[Fillable field]  **10.** Country of Citizenship or Nationality[Fillable field]  **11.** Marital Status  Single**,** Never Married  Married  Divorced  Widowed  **12.** Does your qualifying family member have a currently valid passport or travel document? Yes/No  Please provide a copy of the biographical page(s) of their passport or travel document, even if it has expired.  **13.** Does your qualifying family member have a Form I-94, Arrival/Departure Record? Yes/No  If you answered “Yes,” provide a copy of the document with the Form I-918A.  [deleted] |
| **Pages 2-3,**  **Part 4. Additional Information About Your Qualifying Family Member** | **[Page 2]**  **Part 4. Additional Information About Your Qualifying Family Member**  **Provide the date of last entry, place of last entry, and current immigration status for your family member if he or she is currently in the United States.**  **1.a.** Date of Last Entry into the United States (mm/dd/yyyy)  Place of Last Entry into the United States  **1.b.** City or Town  **1.c.** State  **1.d.** Current Immigration Status  **Provide the date of entry, place of entry, and status at entry for your family member's last entry if he or she has previously traveled to the United States but is not currently in the United States.**  **2.a.** Date of Last Entry into the United States (mm/dd/yyyy)  Place of Last Entry into the United States  **2.b.** City or Town  **2.c.** State  **2.d.** Date Authorized Stay Expired (mm/dd/yyyy)  **2.e.** Status at the Time of Entry (for example, F-1 student, B-2 tourist, entered without inspection)  **[Page 3]**  **If your family member is outside the United States, provide the U.S. Consulate or inspection facility or a safe foreign mailing address you want notified if this supplement is approved.**  **3.a.** Type of Office (Select **only one** box):  U.S. Consulate  Pre-Flight Inspection  Port-of-Entry  **3.b.** City or Town  **3.c.** State  **3.d.** Country  **Safe Foreign Address Where You Want Notification Sent** (if other than U.S. Consulate, Pre-Flight Inspection, or Port-of-Entry)  **4.a.** Street Number and Name  **4.b.** Apt./Ste./Flr.  **4.c.** City or Town  **4.d.** Province  **4.e.** Postal Code  **4.f.** Country  [new]  **If your family member was previously married, list the names of your family member's prior spouses and the dates his or her marriages were terminated. You must attach documents such as divorce decrees or death certificates.**  [new]  **5.a.** Family Name (Last Name)  **5.b.** Given Name (First Name)  **5.c.** Middle Name  **5.d.** Date Marriage Ended (mm/dd/yyyy)  **5.e.** Where did the marriage end?  **5.f.** How did the marriage end?  **6.a.** Family Name (Last Name)  **6.b.** Given Name (First Name)  **6.c.** Middle Name  **6.d.** Date Marriage Ended (mm/dd/yyyy)  **6.e.** Where did the marriage end?  **6.f.** How did the marriage end?  ***Other Information***  **7.a.** Your family member was or is in immigration proceedings.  Yes  No  If you answered "Yes," select the type of proceedings. If your family member was in proceedings in the past and is no longer in proceedings, provide the date of action. If your family member is currently in proceedings, type or print “Current” in the appropriate date field. Select **all applicable** boxes. Use the space provided in **Part 11. Additional Information** to provide an explanation.  **7.b.** Removal Proceedings  Removal Date (mm/dd/yyyy)  **7.c.** Exclusion Proceedings  Exclusion Date (mm/dd/yyyy)  **7.d.** Deportation Proceedings  Deportation Date (mm/dd/yyyy)  **7.e.** Rescission Proceedings  Rescission Date (mm/dd/yyyy)  **7.f.** Judicial Proceedings  Judicial Date (mm/dd/yyyy)  [new]  **8.** Your family member would like an Employment Authorization Document.  Yes  No  **NOTE:** If you answered "Yes," submit Form I-765, Application for Employment Authorization Document, separately. If your family member is living outside the United States, he or she is not eligible to receive employment authorization until he or she is lawfully admitted to the United States. Do **not** file Form I-765 for a family member living outside the United States. | **[Page 3]**  **Part 4. Additional Information About Your Qualifying Family Member**  [deleted]  ***Information About Your Qualifying Family Member’s Prior Marriage(s)***  [deleted]  **1.** Your Qualifying Family Member’s Prior Spouse 1  Family Name (Last Name)  Given Name (First Name)  Middle Name (if applicable)  **2.** Date Marriage Ended (mm/dd/yyyy)  **3.** Country Where Marriage Ended  **4.** How did this marriage end?  Annulled/Divorced/Spouse Deceased/Other (Explain) [Fillable Field]  [deleted]  ***Employment Authorization Document***  **5.** Is your qualifying family member requesting an Employment Authorization Document (EAD)?  Yes/No  **NOTE:** If your qualifying family member is living outside the United States, they are **NOT** eligible to receive employment authorization until they are lawfully admitted to the United States. |
| **Pages 4-7,**  **Part 5. Processing Information** | **[Page 4]**  **Part 5. Processing Information**  [new]  Answer the following questions about the family member for whom you are filing this supplement. For the purposes of this supplement, you must answer "Yes" to the following questions, if applicable, even if your family member's records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney, told your family member that he or she no longer has a record.  **NOTE:** If you answer “Yes” to **ANY** question in **Part 5.**, provide an explanation in the space provided in **Part 11. Additional Information**.  **NOTE:** Answering "Yes" does not necessarily mean that U.S. Citizenship and Immigration Services (USCIS) will deny your Supplement A, Petition for Qualifying Family Member of U-1 Recipient.  Has your family member **EVER**:  **1.a.** Committed a crime or offense for which he or she has not been arrested?  Yes  No  **1.b.** Been arrested, cited, or detained by any law enforcement officer (including Department of Homeland Security (DHS), former Immigration and Nationalization Service (INS), and military officers) for any reason?  Yes  No  **1.c.** Been charged with committing any crime or offense?  Yes  No  **1.d.** Been convicted of a crime or offense (even if the violation was subsequently expunged or pardoned)?  Yes  No  **1.e.** Been placed in an alternative sentencing or a rehabilitative program (for example, diversion, deferred prosecution, withheld adjudication, deferred adjudication)?  Yes  No  **1.f.** Received a suspended sentence, been placed on probation, or been paroled?  Yes  No  **1.g.** Been held in jail or prison?  Yes  No  **1.h.** Been the beneficiary of a pardon, amnesty, rehabilitation, or other act of clemency or similar action?  Yes  No  **1.i.** Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States?  Yes  No  **Information About Arrests, Citations, Detentions, or Charges**  **2.a** Why was your family member arrested, cited, detained, or charged?  **2.b.** Date of arrest, citation, detention, or charge (mm/dd/yyyy)  Where was your family member arrested, cited, detained, or charged?  **2.c.** City or Town  **2.d.** State  **2.e.** Country  **2.f.** Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)  **3.a** Why was your family member arrested, cited, detained, or charged?  **3.b.** Date of arrest, citation, detention, or charge (mm/dd/yyyy)  Where was your family member arrested, cited, detained, or charged?  **3.c.** City or Town  **3.d.** State  **3.e.** Country  **3.f.** Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)  **[Page 5]**  Has your family member **EVER**:  **4.a.** Engaged in, or does he or she intend to engage in, prostitution or procurement of prostitution?  Yes  No  **4.b.** Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling?  Yes  No  **4.c.** Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally?  Yes  No  **4.d.** Illicitly trafficked in any controlled substance or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance?  Yes  No  Has your family member **EVER** committed, planned or prepared, participated in, threatened to, attempted to, conspired to commit, gathered information for, or solicited funds for any of the following:  **5.a.** Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)?  Yes  No  **5.b.** Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained?  Yes  No  **5.c.** Assassination?  Yes  No  **5.d.** The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?  Yes  No  **5.e.** The use of any biological agent, chemical agent, nuclear weapon or device, explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?  Yes  No  Has your family member **EVER** been a member of, solicited money or members for, provided support for, attended military training (as defined in section 2339D(c)(1) of Title 18, United States Code) by or on behalf of, or been associated with any other group of two or more individuals, whether organized or not, which has been designated as, or has engaged in or has a subgroup which has been designated as, or has engaged in:  **6.a.** A terrorist organization under section 219 of the Immigration and Nationality Act (INA)?  Yes  No  **6.b.** Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)?  Yes  No  **6.c.** Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained?  Yes  No  **6.d.** Assassination?  Yes  No  **6.e.** The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?  Yes  No  **6.f.** The use of any biological agent, chemical agent, nuclear weapon or device, explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?  Yes  No  **6.g.** Soliciting money or members or otherwise providing material support to a terrorist organization?  Yes  No  Does your family member intend to engage in the United States in:  **7.a.** Espionage?  Yes  No  **7.b.** Any unlawful activity, or any activity the purpose of which is in opposition to, or the control, or overthrow of the Government of the United States?  Yes  No  **7.c.** Solely, principally, or incidentally in any activity related to espionage or sabotage or to violate any law involving the export of goods, technology, or sensitive information?  Yes  No  **8.** Has your family member **EVER** been or does he or she continue to be a member of the Communist or other totalitarian party, except when membership was involuntary?  Yes  No  **[Page 6]**  **9.** Has your family member **EVER**, during the period of March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ordered, incited, assisted or otherwise participated in the persecution of any person because of race, religion, nationality, membership in a particular social group or political opinion?  Yes  No  Has your family member **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:  **10.a.** Acts involving torture or genocide?  Yes  No  **10.b.** Killing any person?  Yes  No  **10.c.** Intentionally and severely injuring any person?  Yes  No  **10.d.** Engaging in any kind of sexual conduct or relations with any person who was being forced or threatened?  Yes  No  **10.e.** Limiting or denying any person's ability to exercise religious beliefs?  Yes  No  **10.f.** The persecution of any person because of race, religion, national origin, membership in a particular social group, or political opinion?  Yes  No  **10.g.** Displacing or moving any person from their residence by force, threat of force, compulsion, or duress?  Yes  No  **NOTE:**  If you answered "Yes" to any question in **Item Numbers 10.a. - 10.g.**, please describe the circumstances in the spaces provided in **Part 11. Additional Information**.  **11.** Has your family member **EVER** advocated that another person commit any of the acts described in **Item Numbers 10.a. - 10.g.**, urged, or encouraged another person, to commit such acts?  Yes  No  Has your family member **EVER** been present or nearby when any person was:  **12.a.** Intentionally killed, tortured, beaten, or injured?  Yes  No  **12.b.** Displaced or moved from his or her residence by force, compulsion, or duress?  Yes  No  **12.c.** In any way compelled or forced to engage in any kind of sexual contact or relations?  Yes  No  Has your family member **EVER**:  **13.a.** Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerilla group, militia, or other insurgent organization?  Yes  No  **13.b.** Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons?  Yes  No  **13.c.** Served in, been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons transported, possessed, or used any type of weapon?  Yes  No  **NOTE:** If you answered "Yes" to any question in **Item Numbers 13.a. - 13.c.**, please describe the circumstances in **Part 11. Additional Information**.  Has your family member **EVER**:  **14.a.** Received any type of military, paramilitary, or weapons training?  Yes  No  **14.b.** Been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so?  Yes  No  **14.c.** Assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person?  Yes  No  **NOTE:** If you answered "Yes" to any question in **Item Numbers 14.a. - 14.c.**, please describe the circumstances in **Part 11. Additional Information**.  Has your family member **EVER**:  **15.a.** Recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed force or group?  Yes  No  **15.b.** Used any person under 15 years of age to take part in hostilities, or to help or provide services to people in combat?  Yes  No  **16.** Is your family member **NOW** in removal, exclusion, rescission, or deportation proceedings?  Yes  No  **17.** Has your family member **EVER** had removal, exclusion, rescission, or deportation proceedings initiated against him or her?  Yes  No  **[Page 7]**  **18.** Has your family member **EVER** been removed, excluded, or deported from the United States?  Yes  No  **19.** Has your family member **EVER** been ordered to be removed, excluded, or deported from the United States?  Yes  No  **20.** Has your family member **EVER** been denied a visa or denied admission to the United States?  Yes  No  [moved down from above]  **21.** Has your family member **EVER** been granted voluntary departure by an immigration officer or an immigration judge and failed to depart within the allotted time?  Yes  No  **22.** Is your family member **NOW** under a final order or civil penalty for violating section 274C of the INA (producing and/or using false documentation to unlawfully satisfy a requirement of the INA)?  Yes  No  **23.** Has your family member **EVER**, by fraud or willful misrepresentation of a material fact, sought to procure or procured a visa or other documentation, for entry into the United States or any immigration benefit?  Yes  No  **24.** Has your family member **EVER** left the United States to avoid being drafted into the U.S. Armed Forces or U.S. Coast Guard?  Yes  No  **25.** Has your family member **EVER** been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and not yet complied with that requirement or obtained a waiver of such?  Yes  No  **26.** Has your family member **EVER** detained, retained, or withheld the custody of a child, having a lawful claim to United States citizenship, outside the United States from a United States citizen granted custody?  Yes  No  **27.** Does your family member plan to practice polygamy in the United States?  Yes  No  **28.** Has your family member **EVER** entered the United States as a stowaway?  Yes  No  **29.a.** Does your family member **NOW** have a communicable disease of public health significance?  Yes  No  **29.b.** Does your family member **NOW** have or has your family member **EVER** had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated with the disorder which has posed or may pose a threat to the property, safety, or welfare of yourself or others?  Yes  No  **29.c.** Is your family member **NOW** or has your family member **EVER** been a drug abuser or drug addict?  Yes  No  [new] | **[Page 4]**  **Part 5. Arrival/Departure Information and General Inadmissibility Grounds**  **NOTE:** If you answer “Yes” to any of the below inadmissibility questions, please refer to the Form I-918 Instructions, Waiver of Grounds of Inadmissibility section, as you may be required to file a Form I-192 waiver.  **Item Numbers 1. - 30.**,about the qualifying family member for whom you are filing this Supplement A. If you answer “Yes” to any questions (or if you answer “No,” but are unsure of your answer), provide an explanation of the events and circumstances in the space provided in **Part 10. Additional Information**.  For the purposes of this supplement, you must answer "Yes" to the following questions, if applicable, even if your qualifying family member's records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney, told your qualifying family member that they no longer have a record.  [deleted]  [moved to **Item Number 22.**]  [Reformatted and renumbered to be **Item Number 2.**]  **1.** Has your qualifying family member **EVER** been denied a visa or denied admission to the United States?  Yes/No  [deleted]  **2.** Is your qualifying family member presently or has your qualifying family member **EVER** been in exclusion, deportation, removal, or rescission proceedings?  Yes/No/Unknown  [deleted]  If you answered "Yes," to **Item Number 2.**, select the type of proceedings. If your qualifying family member was in proceedings in the past and is no longer in proceedings, provide the date of action. If they are currently in proceedings, select the box next to “Present.” If you answered “Unknown” to **Item Number 2.**, use the space provided in **Part 10. Additional Information** to provide an explanation. You may also use the space provided in **Part 10. Additional Information** to provide information about more than one type of proceeding, if necessary.  Removal Exclusion Deportation Rescission Unknown  Date: (mm/dd/yyyy):  **3.** Has your qualifying family member **EVER** been issued a final order of exclusion, deportation, or removal?  Yes/No/Unknown  **4.** Has your qualifying family member **EVER** departed the United States on their own after having been ordered excluded, deported, or removed from the United States?  Yes/No  **5.** Since April 1, 1997, has your qualifying family member been unlawfully present in the United States:  **A.** For more than 180 days but less than a year, and then departed the United States? [ ] Yes [ ] No  **B.** For one year or more and then departed the United States? [ ] Yes [ ] No  **NOTE:** Your qualifying family member was unlawfully present in the United States if they entered the United States without being inspected and admitted or paroled, or if they legally entered the United States but they stayed longer than permitted.  **6.** Since April 1, 1997, have they **EVER** reentered or attempted to reenter the United States without being inspected and admitted or paroled after:  **A.** Having been unlawfully present in the United States for more than one year in the aggregate? [ ] Yes [ ] No  **B.** Having been deported, excluded, or removed from the United States? [ ] Yes [ ] No  If your answer is “Yes,” please provide an explanation including the date(s) of departure, re-entry or attempted reentry of your qualifying family member in **Part 10. Additional Information**.  ***Criminal Acts and Violations***  For **Item Numbers 7.** - **30.**, you must answer "Yes" to any question that applies to your qualifying family member, even if their records were sealed or otherwise cleared, or even if anyone, including a judge, law enforcement officer, or attorney, told them they no longer have a record. You must also answer "Yes" to the following questions whether the action or offense occurred here in the United States or anywhere else in the world. If you answer "Yes" to **Item Numbers 7. - 30.**, use the space provided in **Part 10. Additional Information** to provide an explanation that includes why your qualifying family member was arrested, cited, detained, or charged; where they were arrested, cited, detained, or charged; when (date) the event occurred; and the outcome or disposition (for example, no charges filed, charges dismissed, jail, probation, community service).  **NOTE:** Answering "Yes" does not necessarily mean that U.S. Citizenship and Immigration Services (USCIS) will deny your Supplement A, Petition for Qualifying Family Member of U-1 Recipient.  **[Page 5]**  **7.** Has your qualifying family member **EVER** been arrested, cited, charged, or detained for any reason by any law enforcement official (including but not limited to any U.S. immigration official or any official of the U.S. armed forces or U.S. Coast Guard or by a similar official of a country other than the United States)?  Yes/No  **8.** Has your qualifying family member **EVER** committed a crime of any kind (even if they were not arrested, cited, charged with, tried for that crime, or convicted)?  Yes/No  **9.** Has your qualifying family member **EVER** pled guilty to or been convicted of a crime or offense (even if the violation was subsequently expunged or sealed by a court, or if they were granted a pardon, amnesty, a rehabilitation decree, or other act of clemency)? If you answer “Yes,” provide documentation of the post-conviction action.  Yes/No  **10.** Has your qualifying family member **EVER** been ordered, punished by a judge, or had conditions imposed on them that restrained their liberty (such as a prison sentence, suspended sentence, house arrest, parole, alternative sentencing, drug or alcohol treatment, rehabilitative programs or classes, probation, or community service)?  Yes/No  **11.** Has your qualifying family member **EVER** been convicted of two or more offenses (other than purely political offenses) for which the combined sentences to confinement were five years or more?  **12.** Has your qualifying family member **EVER** exercised immunity (diplomatic or otherwise) to avoid being prosecuted for a criminal offense in the United States?  Yes/No  **13.** Has your qualifying family member **EVER**, while serving as a foreign government official, been responsible for or directly carried out violations of religious freedoms?  Yes/No  **14.** Has your qualifying family member **EVER** illegally trafficked or benefited from the trafficking of any controlled substances, or knowingly aided, abetted, assisted, conspired, or colluded in the illegal trafficking of any controlled substances or chemicals?  Yes/No  **15.** Has your qualifying family member **EVER** engaged in prostitution, or do they intend to engage in any form of commercialized vice, such as prostitution, illegal gambling, bootlegging, or child pornography, while in the United States?  Yes/No  **16.** Has your qualifying family member **EVER** engaged in money laundering or has your qualifying family member **EVER** knowingly aided, assisted, conspired, or colluded with others in money laundering or are they seeking to enter the United States to engage in such activity?  Yes/No  **17.** Has your qualifying family member **EVER** trafficked, or knowingly aided, abetted, assisted, conspired, or colluded with others in trafficking, persons for commercial sex acts or involuntary servitude, peonage, debt bondage, or slavery? Trafficking includes recruiting, harboring, transporting, providing, or obtaining a person for labor or services through force, fraud, or coercion.  Yes/No  ***Security and Related***  Does your qualifying family member intend to:  **18.a.** Engage in any activity that violates or evades any law relating to espionage (including spying) or sabotage in the United States?  Yes/No  **18.b.** Engage in any activity in the United States that violates or evades any law prohibiting the export from the United States of goods, technology, or sensitive information?  Yes/No  **18.c.** Engage in any activity whose purpose includes opposing, controlling, or overthrowing the U.S. Government by force, violence, or other unlawful means while in the United States?  Yes/No  Has your qualifying family member **EVER**:  **19.a.** Received any weapons training, paramilitary training or other military-type training?  Yes/No  **19.b.** Committed hijacking or sabotage of a conveyance (including an aircraft, vessel, or vehicle), kidnapping, or assassination?  Yes/No  **[Page 6]**  **19.c.** Threatened, attempted, conspired to use, or used a weapon or explosive or any dangerous device with the intent to endanger the safety of another person or people or cause substantial damage to property?  Yes/No  **20.**  Has your qualifying family member **EVER** assisted or participated in selling, providing, or transporting weapons to any person who, to their knowledge, planned to use them against another person?  Yes/No  **21.** Has your qualifying family member **EVER** 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  **22.** Has your qualifying family member **EVER** 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  Has your qualifying family member **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:  **23.a.** Acts involving torture or genocide?  Yes/No  **23.b.** Killing any person?  Yes/No  **23.c.** Intentionally and severely injuring any person?  Yes/No  **23.d.** 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  **23.e.** Limiting or denying any person's ability to exercise religious beliefs?  Yes/No  **24.** Has your qualifying family member **EVER** recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed force or group?  Yes/No  **25.** Has your qualifying family member **EVER** used any person under 15 years of age to take part in hostilities, or to help or provide services to people in combat?  Yes/No  **Fraud and Misrepresentation**  **26.** Are you NOW under a final order or civil penalty for violating section 274C of the INA (producing and/or using false documentation to unlawfully satisfy a requirement of the INA)? Yes/No  **27.** Has your qualifying family member **EVER** lied about, concealed, or misrepresented any information on an application or petition to obtain a visa, other documentation required for entry into the United States, admission to the United States, or any other immigration benefit?  Yes/No  **28.** Has your qualifying family member **EVER** falsely claimed to be a U.S. citizen (in writing or any other way)?  Yes/No  ***Miscellaneous Conduct***  **29.** Has your qualifying family member **EVER** been convicted of desertion from the U.S. armed forces?  Yes/No  **30.** Has your qualifying family member **NOW** or have they **EVER** been a drug abuser or addict? |
| **Page 7,**  **Part 6. Information About Your Qualifying Family Member’s Spouse and/or Children** | **[Page 7]**  **Part 6. Information About Your Qualifying Family Member's Spouse and/or Children**  Provide the following information about your family member's spouse and/or children. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information**.  **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.** Relationship  **5.a.** Family Name (Last Name)  **5.b.** Given Name (First Name)  **5.c.** Middle Name  **6.** Date of Birth (mm/dd/yyyy)  **7.** Country of Birth  **8.** Relationship  **9.a.** Family Name (Last Name)  **9.b.** Given Name (First Name)  **9.c.** Middle Name  **10.** Date of Birth (mm/dd/yyyy)  **11.** Country of Birth  **12.** Relationship | [deleted] |
|  | [new] | **[Page 6]**  **Part 6. Biographic Information About Your Qualifying Family Member**  **1.**  Ethnicity (Select **only one** box)  Hispanic or Latino  Not Hispanic or Latino  **2.**  Race (Select **all applicable** boxes)  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White  **[Page 7]**  **3.**  Height  Feet\_\_ Inches \_\_  **4.**  Weight    Pounds \_ ­\_ \_  **5.**  Eye Color (Select **only one** box)  Black  Blue  Brown  Gray  Green  Hazel  Maroon  Pink  Unknown/Other  **6.**  Hair Color (Select **only one** box)  Bald (No hair)  Black  Blond  Brown  Gray  Red  Sandy  White  Unknown/Other |
| **Page 8,**  **Part 7. Petitioner’s Statement, Contact Information, Declaration, and Signature** | **[Page 8]**  **Part 7. Petitioner's Statement, Contact Information, Declaration, and Signature**  **NOTE:** Read the **Penalties** section of the Form I-918 Instructions before completing this part.  ***Petitioner'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 supplement and my answer to every question.  **1.b.** The interpreter named in **Part 9.** read to me every question and instruction on this supplement 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 10.**, [fillable field], prepared this supplement for me based only upon information I provided or authorized.  ***Petitioner's Contact Information***  **3.** Petitioner's Daytime Telephone Number  **4.** Petitioner's Mobile Telephone Number (if any)  **5.** Petitioner's Email Address (if any)  ***Petitioner'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 of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.  I further authorize release of information contained in this supplement, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.  I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:  **1)** I provided or authorized all of the information contained in, and submitted with, my supplement;  **2)** I reviewed and understood all of the information in, and submitted with, my supplement; and  **3)** 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 supplement 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 supplement, and that all of this information is complete, true, and correct.  ***Petitioner's Signature***  **6.a.** Petitioner's Signature (sign in ink)  **6.b.** Date of Signature (mm/dd/yyyy)  **NOTE TO ALL PETITIONERS:** If you do not completely fill out this supplement or fail to submit required documents listed in the Instructions, USCIS may deny your supplement.  **[new]**  [moved up from below section] | **[Page 7]**  **Part 7. Principal Petitioner's Contact Information, Certification, and Signature**  [deleted]  ***Principal*** ***Petitioner's Contact Information***  **1.** Principal Petitioner's Daytime Telephone Number  **2.** Principal Petitioner’s Safe Daytime Telephone Number  **3.** Principal Petitioner's Email Address (if any)  ***Principal*** ***Petitioner'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 supplement, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 8.**, understood, all of the responses and information contained in, and submitted with, my supplement, 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.** Petitioner's Signature  Date of Signature (mm/dd/yyyy)  [deleted]  ***Qualifying Family Member's Signature***  **NOTE:** Principal petitioners and qualifying family members (or parent or legal guardian, if applicable) who are physically present in the same country must both sign the Supplement A. If principal petitioners and qualifying family members **(or parent or legal guardians)**are not both physically present in the same country, just the principal petitioner must sign the Supplement A.  I certify, under penalty of perjury, that all of the information provided about me in this supplement and any document(s) submitted with it are true and correct.  **5.**Qualifying Family Member's Signature  Date of Signature (mm/dd/yyyy) |
| **Pages 8-9,**  **Part 8. Qualifying Family Member’s Statement, Contact Information, Declaration, and Signature** | **[Page 8]**  **Part 8. Qualifying Family Member's Statement, Contact Information, Declaration, and Signature**  **NOTE:** Read the **Penalties** section of the Form I-918 Instructions before completing this part.  ***Qualifying Family Member'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 supplement and my answer to every question.  **1.b.** The interpreter named in **Part 9.** read to me every question and instruction on this supplement 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 10.**, [fillable field], prepared this supplement for me based only upon information I provided or authorized.  **[Page 9]**  ***Qualifying Family Member's Contact Information***  **3.** Qualifying Family Member's Daytime Telephone Number  **4.** Qualifying Family Member's Mobile Telephone Number (if any)  **5.** Qualifying Family Member's Email Address (if any)  ***Qualifying Family Member'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 of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.  I further authorize release of information contained in this supplement, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws. Any disclosure shall be in accordance with 8 U.S.C. section 1367 and 8 CFR 214.14(e).  I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:  **1)** I provided or authorized all of the information contained in, and submitted with, my supplement;  **2)** I reviewed and understood all of the information in, and submitted with, my supplement; and  **3)** 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 supplement 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 supplement, and that all of this information is complete, true, and correct.  ***Qualifying Family Member's Signature***  **6.a.** Qualifying Family Member's Signature (sign in ink)  **6.b.** Date of Signature (mm/dd/yyyy)  **NOTE TO ALL QUALIFYING FAMILY MEMBERS:** If you do not completely fill out this supplement or fail to submit required documents listed in the Instructions, USCIS may deny your supplement. | [deleted]  ***Qualifying Family Member’s Signature*** moved into **Part 8.** **Principal Petitioner's Statement, Contact Information, Certification, and Signature** |
| **Pages 9-10,**  **Part 9. Interpreter’s Contact Information, Certification, and Signature** | **[Page 9]**  **Part 9. Interpreter's Contact Information, Certification, and Signature**  Provide the following information about the interpreter.  ***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)  **[Page 10]**  ***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 7.**, **Item Number 1.b.**, and **Part 8.** **Item Number 1.b.**, and I have read to this petitioner and qualifying family member in the identified language(s) every question and instruction on this supplement and the petitioner's and qualifying family member's answer to every question. The petitioner and qualifying family member informed me that they understand every instruction, question, and answer on the supplement, including the **Petitioner's Declaration and Certification** **and the Qualifying Family Member's Declaration and Certification**, and have verified the accuracy of every answer.  ***Interpreter's Signature***  **7.a.** Interpreter's Signature (sign in ink)  **7.b.** Date of Signature (mm/dd/yyyy) | **[Page 8]**  **Part 8. 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  **5.**Interpreter's Email Address  ***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 supplement and Instructions and interpreted the petitioner’s answers to the questions in that language, and the petitioner informed me that they understood every instruction, question, and answer on the supplement.  [deleted]  **6.**Interpreter's Signature  Date of Signature (mm/dd/yyyy) |
| **Pages 10-11,**  **Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Qualifying Family Member** | **[Page 10]**  **Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Qualifying Family Member**  Provide the following information about the preparer.  ***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 (if any)  ***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 supplement on behalf of the petitioner and qualifying family member and with the petitioner's and qualifying family member's consent.  **7.b.** I am an attorney or accredited representative and my representation of the petitioner and qualifying family member in this case extends/does not extend beyond the preparation of this supplement.  **NOTE:** If you are an attorney or accredited representative whose representation extends beyond preparation of this supplement, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this supplement.  **[Page 11]**  ***Preparer's Certification***  By my signature, I certify, under penalty of perjury, that I prepared this supplement at the request of the petitioner and qualifying family member. The petitioner and qualifying family member then reviewed this completed supplement and informed me that they understand all of the information contained in, and submitted with, this supplement, including the **Petitioner's Declaration and Certification, and the Qualifying Family Member's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this supplement based only on information that the petitioner and qualifying family member provided to me or authorized me to obtain or use.  ***Preparer's Signature***  **8.a.** Preparer's Signature (sign in ink)  **8.b.** Date of Signature (mm/dd/yyyy) | **[Page 8]**  **Part 9. Contact Information, Declaration, and Signature of the Person Preparing this Supplement, if Other Than the Petitioner**  [deleted]  ***Preparer's Full Name***  **1.**Preparer's Family Name (Last Name)  Preparer's Given Name (First Name)  **2.**Preparer's Business or Organization  [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]  **[Page 9]**  ***Preparer's Certification and Signature***  I certify, under penalty of perjury, that I prepared this supplement for the petitioner at their request and with express consent and that all of the responses and information contained in and submitted with the supplement are complete, true, and correct and reflects only information provided by the petitioner. The petitioner reviewed the responses and information and informed me that they understand the responses and information in or submitted with the supplement.  [deleted]  **6.**Preparer's Signature  Date of Signature (mm/dd/yyyy) |
| **Page 12,**  **Part 11. Additional Information** | **[Page 12]**  **Part 11. Additional Information**  If you need extra space to provide any additional information within this supplement, 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 supplement or attach a separate sheet of paper. Include 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.  Your Full Name (Principal)  **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.**  **4.a.** Page Number  **4.b.** Part Number  **4.c.** Item Number  **4.d.**  **5.a.** Page Number  **5.b.** Part Number  **5.c.** Item Number  **5.d.**  **6.a.** Page Number  **6.b.** Part Number  **6.c.** Item Number  **6.d.**  **7.a.** Page Number  **7.b.** Part Number  **7.c.** Item Number  **7.d.** | **[Page 10]**  **Part 10. Additional Information**  If you need extra space to provide any additional information within this supplement, 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 supplement or attach a separate sheet of paper. Type or print your name and A-Number at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.  [deleted]  **1.** Family Name (Last Name) [Auto-populated field]  Given Name (First Name) [Auto-populated field]  Middle Name (if applicable) [Auto-populated field]  **2.** A-Number [Auto-populated field]  **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]  [deleted] |