

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

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

Current Page Number and Section	Current Text	Proposed Text
Page 1	<p>[Page 1]</p> <p>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)</p> <p>To be completed by an attorney or accredited representative (if any). Select this box if Form G-28 is attached.</p> <p>Attorney State Bar Number (if applicable) Attorney or Accredited Representative USCIS Online Account Number (if any)</p>	<p>[Page 1]</p> <p>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)</p> <p>To be completed by an attorney or accredited representative. Select this box if Form G-28 or G-28I is attached.</p> <p>Attorney State Bar Number Attorney or Accredited Representative USCIS Online Account Number</p>
	<p>[Page 1]</p> <p>START HERE - Type or print in black or blue ink.</p> <p>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.</p>	<p>[Page 1]</p> <p>START HERE - Type or print in black ink.</p> <p>NOTE: The recipient of the U-1 nonimmigrant classification is referred to as the "principal petitioner." The principal should complete Supplement A.</p>
Page 1, Part 1. Family Member's Relationship To You (Principal)	<p>[Page 1]</p> <p>Part 1. Family Member's Relationship To You (Principal)</p> <p>1. The family member that I am filing for is</p>	<p>[Page 1]</p> <p>Part 1. Filing Information</p>

	<p>my: Spouse Parent Child Unmarried sibling under 18 years of age</p> <p>[new]</p>	<p>1. The family member I am filing for is my: Spouse/Parent/Child/Unmarried sibling under 18 years of age</p> <p>2. Are you filing this supplement together with your Form I-918, Petition for U Nonimmigrant Status? Yes/No</p> <p>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</p>
<p>Page 1, Part 2. Information About You (Principal)</p>	<p>[Page 1]</p> <p>Part 2. Information About You (Principal)</p> <p>1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name</p> <p>[new]</p>	<p>[Page 1]</p> <p>Part 2. General Information About You (Principal Petitioner (Victim))</p> <p>1. Your Full Legal Name (Do not provide a nickname) Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)</p> <p>2. Current Physical Address 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)</p> <p>[Page 2]</p> <p>3. Current Mailing Address (Safe Mailing Address)</p> <p>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.</p> <p>In Care Of Name (if any) Street Number and Name Apt./Ste./Flr. Number City or Town State</p>

	<p>Other Information</p> <p>2. Date of Birth (mm/dd/yyyy)</p> <p>3. Alien Registration Number (A-Number) (if any)</p> <p>4. USCIS Online Account Number (if any)</p> <p>5. Status of your Form I-918 Pending Approved</p>	<p>ZIP Code Province or Region (foreign address only) Postal Code (foreign address only) Country (foreign address only)</p> <p>4. U.S. Consular or Inspection Facility Notification</p> <p>Type of Office (Select only one box):</p> <p>U.S. Consulate/Pre-Flight Inspection/ Port-of-Entry City or Town State Country</p> <p>Other Information About You (Principal Petitioner (Victim))</p> <p>5. Date of Birth (mm/dd/yyyy)</p> <p>6. Alien Registration Number (A-Number) (if any)</p> <p>7. USCIS Online Account Number (if any) [deleted]</p>
<p>Pages 1-2, Part 3. Information About Your Qualifying Family Member (Derivative)</p>	<p>[Page 1]</p> <p>Part 3. Information About Your Qualifying Family Member (Derivative)</p> <p>[new]</p> <p>1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name</p> <p>Other Names Used (Include maiden name, nicknames, and aliases, if applicable)</p> <p>2.a. Family Name (Last Name) 2.b. Given Name (First Name) 2.c. Middle Name</p> <p>NOTE: If you need extra space to complete this section, use the space provided in Part 11. Additional Information.</p> <p>Residence or Intended Residence in the United States</p> <p>3.a. Street Number and Name</p>	<p>[Page 1]</p> <p>Part 3. Information About Your Qualifying Family Member</p> <p>1. Your Qualifying Family Member's Full Legal Name (Do not provide a nickname)</p> <p>Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)</p> <p>2. Other Names Used</p> <p>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.</p> <p>Family Name (Last Name) [x2] Given Name (First Name) [x2] Middle Name (if applicable) [x2]</p> <p>[deleted]</p> <p>3. Current or Intended Physical Address in the United States Street Number and Name</p>

	<p>3.b. Apt./Ste./Flr. 3.c. City or Town 3.d. State 3.e. ZIP Code</p> <p>[Page 2]</p> <p><i>Safe Mailing Address (if other than Residence)</i></p> <p>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</p> <p><i>Other Information About Qualifying Family Member</i></p> <p>5. A-Number (if any) 7. USCIS Online Account Number (if any) 6. U.S. Social Security Number (if any)</p> <p>12. Gender Male Female</p> <p>8. Date of Birth (mm/dd/yyyy)</p> <p>9. Country of Birth</p> <p>10. Country of Citizenship or Nationality</p> <p>11. Marital Status Single Married Divorced Widowed</p> <p>[new]</p>	<p>Apt./Ste./Flr. Number City or Town State ZIP Code</p> <p>[delete]</p> <p>[Page 3]</p> <p><i>Other Information About Your Qualifying Family Member</i></p> <p>4. Alien Registration Number (A-Number) (if any) 5. USCIS Online Account Number (if any) 6. U.S. Social Security Number (if any)</p> <p>7. Gender Male Female Another Gender Identity</p> <p>8. Date of Birth (mm/dd/yyyy)</p> <p>9. City or Town of Birth [Fillable field] State or Province of Birth [Fillable field] Country of Birth [Fillable field]</p> <p>10. Country of Citizenship or Nationality [Fillable field]</p> <p>11. Marital Status Single, Never Married Married Divorced Widowed</p> <p>12. Does your qualifying family member have a currently valid passport or travel document? Yes/No</p> <p>Please provide a copy of the biographical page(s) of their passport or travel document, even if it has expired.</p>
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	<p>13. Form I-94 Arrival-Departure Record Number</p> <p>14. Passport Number</p> <p>15. Travel Document Number</p> <p>16. Country of Issuance for Passport or Travel Document</p> <p>17. Date of Issuance for Passport or Travel Document (mm/dd/yyyy)</p> <p>18. Expiration Date for Passport or Travel Document (mm/dd/yyyy)</p>	<p>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.</p> <p>[deleted]</p>
<p>Pages 2-3, Part 4. Additional Information About Your Qualifying Family Member</p>	<p>[Page 2]</p> <p>Part 4. Additional Information About Your Qualifying Family Member</p> <p>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.</p> <p>1.a. Date of Last Entry into the United States (mm/dd/yyyy)</p> <p>Place of Last Entry into the United States</p> <p>1.b. City or Town</p> <p>1.c. State</p> <p>1.d. Current Immigration Status</p> <p>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.</p> <p>2.a. Date of Last Entry into the United States (mm/dd/yyyy)</p> <p>Place of Last Entry into the United States</p> <p>2.b. City or Town</p> <p>2.c. State</p> <p>2.d. Date Authorized Stay Expired (mm/dd/yyyy)</p> <p>2.e. Status at the Time of Entry (for example, F-1 student, B-2 tourist, entered without</p>	<p>[Page 3]</p> <p>Part 4. Additional Information About Your Qualifying Family Member</p> <p>[deleted]</p>

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

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]

	<p>6.d. Date Marriage Ended (mm/dd/yyyy)</p> <p>6.e. Where did the marriage end?</p> <p>6.f. How did the marriage end?</p> <p>Other Information</p> <p>7.a. Your family member was or is in immigration proceedings. Yes No</p> <p>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.</p> <p>7.b. Removal Proceedings Removal Date (mm/dd/yyyy)</p> <p>7.c. Exclusion Proceedings Exclusion Date (mm/dd/yyyy)</p> <p>7.d. Deportation Proceedings Deportation Date (mm/dd/yyyy)</p> <p>7.e. Rescission Proceedings Rescission Date (mm/dd/yyyy)</p> <p>7.f. Judicial Proceedings Judicial Date (mm/dd/yyyy)</p> <p>[new]</p> <p>8. Your family member would like an Employment Authorization Document. Yes No</p> <p>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.</p>	<p>Employment Authorization Document</p> <p>5. Is your qualifying family member requesting an Employment Authorization Document (EAD)? Yes/No</p> <p>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.</p>
<p>Pages 4-7, Part 5. Processing Information</p>	<p>[Page 4]</p> <p>Part 5. Processing Information</p> <p>[new]</p>	<p>[Page 4]</p> <p>Part 5. Arrival/Departure Information and General Inadmissibility Grounds</p> <p>NOTE: If you answer "Yes" to any of the</p>

	<p>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.</p> <p>NOTE: If you answer "Yes" to ANY question in Part 5., provide an explanation in the space provided in Part 11. Additional Information.</p> <p>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.</p> <p>Has your family member EVER:</p> <p>1.a. Committed a crime or offense for which he or she has not been arrested? Yes No</p> <p>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</p> <p>1.c. Been charged with committing any crime or offense? Yes No</p> <p>1.d. Been convicted of a crime or offense (even if the violation was subsequently expunged or pardoned)? Yes No</p> <p>1.e. Been placed in an alternative sentencing or a rehabilitative program (for example, diversion, deferred prosecution, withheld adjudication, deferred adjudication)?</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>[deleted]</p>
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	<p>Yes No</p> <p>1.f. Received a suspended sentence, been placed on probation, or been paroled? Yes No</p> <p>1.g. Been held in jail or prison? Yes No</p> <p>1.h. Been the beneficiary of a pardon, amnesty, rehabilitation, or other act of clemency or similar action? Yes No</p> <p>1.i. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? Yes No</p> <p>Information About Arrests, Citations, Detentions, or Charges</p> <p>2.a Why was your family member arrested, cited, detained, or charged?</p> <p>2.b. Date of arrest, citation, detention, or charge (mm/dd/yyyy)</p> <p>Where was your family member arrested, cited, detained, or charged?</p> <p>2.c. City or Town</p> <p>2.d. State</p> <p>2.e. Country</p> <p>2.f. Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)</p> <p>3.a Why was your family member arrested, cited, detained, or charged?</p> <p>3.b. Date of arrest, citation, detention, or charge (mm/dd/yyyy)</p> <p>Where was your family member arrested, cited, detained, or charged?</p> <p>3.c. City or Town</p> <p>3.d. State</p> <p>3.e. Country</p> <p>3.f. Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)</p> <p>[Page 5]</p>	
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	<p>Has your family member EVER:</p> <p>4.a. Engaged in, or does he or she intend to engage in, prostitution or procurement of prostitution? Yes No</p> <p>4.b. Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? Yes No</p> <p>4.c. Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally? Yes No</p> <p>4.d. Illicitly trafficked in any controlled substance or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance? Yes No</p> <p>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:</p> <p>5.a. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? Yes No</p> <p>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</p> <p>5.c. Assassination? Yes No</p> <p>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</p> <p>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</p>	
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	<p>one or more individuals or to cause substantial damage to property? Yes No</p> <p>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:</p> <p>6.a. A terrorist organization under section 219 of the Immigration and Nationality Act (INA)? Yes No</p> <p>6.b. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? Yes No</p> <p>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</p> <p>6.d. Assassination? Yes No</p> <p>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</p> <p>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</p> <p>6.g. Soliciting money or members or otherwise providing material support to a terrorist organization? Yes No</p> <p>Does your family member intend to engage in the United States in:</p>	
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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

[moved to **Item Number 22.**]

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

	<p>removal, exclusion, rescission, or deportation proceedings initiated against him or her? Yes No</p> <p>[Page 7]</p> <p>18. Has your family member EVER been removed, excluded, or deported from the United States? Yes No</p> <p>19. Has your family member EVER been ordered to be removed, excluded, or deported from the United States? Yes No</p> <p>20. Has your family member EVER been denied a visa or denied admission to the United States? Yes No</p> <p>[moved down from above]</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>25. Has your family member EVER been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and</p>	<p>[Reformatted and renumbered to be Item Number 2.]</p> <p>1. Has your qualifying family member EVER been denied a visa or denied admission to the United States? Yes/No</p> <p>[deleted]</p> <p>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</p> <p>[deleted]</p>
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	<p>not yet complied with that requirement or obtained a waiver of such? Yes No</p> <p>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</p> <p>27. Does your family member plan to practice polygamy in the United States? Yes No</p> <p>28. Has your family member EVER entered the United States as a stowaway? Yes No</p> <p>29.a. Does your family member NOW have a communicable disease of public health significance? Yes No</p> <p>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</p> <p>29.c. Is your family member NOW or has your family member EVER been a drug abuser or drug addict? Yes No</p> <p>[new]</p>	<p>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.</p> <p><input type="checkbox"/>Removal <input type="checkbox"/>Exclusion <input type="checkbox"/>Deportation <input type="checkbox"/>Rescission <input type="checkbox"/>Unknown</p>
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		<p>Date: (mm/dd/yyyy):</p> <p>3. Has your qualifying family member EVER been issued a final order of exclusion, deportation, or removal? Yes/No/Unknown</p> <p>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</p> <p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No B. For one year or more and then departed the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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.</p> <p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No B. Having been deported, excluded, or removed from the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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.</p> <p>Criminal Acts and Violations</p> <p>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</p>
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"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.

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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

		<p>years or more?</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p> <p><i>Security and Related</i></p> <p>Does your qualifying family member intend to:</p> <p>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</p> <p>18.b. Engage in any activity in the United States that violates or evades any law prohibiting the</p>
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		<p>export from the United States of goods, technology, or sensitive information? Yes/No</p> <p>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</p> <p>Has your qualifying family member EVER:</p> <p>19.a. Received any weapons training, paramilitary training or other military-type training? Yes/No</p> <p>19.b. Committed hijacking or sabotage of a conveyance (including an aircraft, vessel, or vehicle), kidnapping, or assassination? Yes/No</p> <p>[Page 6]</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>Has your qualifying family member EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:</p>
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		<p>23.a. Acts involving torture or genocide? Yes/No</p> <p>23.b. Killing any person? Yes/No</p> <p>23.c. Intentionally and severely injuring any person? Yes/No</p> <p>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</p> <p>23.e. Limiting or denying any person's ability to exercise religious beliefs? Yes/No</p> <p>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</p> <p>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</p> <p>Fraud and Misrepresentation</p> <p>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</p> <p>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</p> <p>28. Has your qualifying family member EVER falsely claimed to be a U.S. citizen (in writing or any other way)? Yes/No</p> <p>Miscellaneous Conduct</p> <p>29. Has your qualifying family member EVER been convicted of desertion from the U.S. armed forces? Yes/No</p> <p>30. Has your qualifying family member NOW</p>
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		or have they EVER been a drug abuser or addict?
<p>Page 7, Part 6. Information About Your Qualifying Family Member's Spouse and/or Children</p>	<p>[Page 7]</p> <p>Part 6. Information About Your Qualifying Family Member's Spouse and/or Children</p> <p>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.</p> <p>1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name</p> <p>2. Date of Birth (mm/dd/yyyy) 3. Country of Birth</p> <p>4. Relationship</p> <p>5.a. Family Name (Last Name) 5.b. Given Name (First Name) 5.c. Middle Name</p> <p>6. Date of Birth (mm/dd/yyyy) 7. Country of Birth</p> <p>8. Relationship</p> <p>9.a. Family Name (Last Name) 9.b. Given Name (First Name) 9.c. Middle Name</p> <p>10. Date of Birth (mm/dd/yyyy) 11. Country of Birth</p> <p>12. Relationship</p>	<p>[deleted]</p>
	<p>[new]</p>	<p>[Page 6]</p> <p>Part 6. Biographic Information About Your Qualifying Family Member</p> <p>1. Ethnicity (Select only one box) Hispanic or Latino Not Hispanic or Latino</p> <p>2. Race (Select all applicable boxes) American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White</p> <p>[Page 7]</p> <p>3. Height Feet__ Inches __</p>

		<p>4. Weight Pounds _ _ _</p> <p>5. Eye Color (Select only one box) Black Blue Brown Gray Green Hazel Maroon Pink Unknown/Other</p> <p>6. Hair Color (Select only one box) Bald (No hair) Black Blond Brown Gray Red Sandy White Unknown/Other</p>
<p>Page 8, Part 7. Petitioner’s Statement, Contact Information, Declaration, and Signature</p>	<p>[Page 8]</p> <p>Part 7. Petitioner's Statement, Contact Information, Declaration, and Signature</p> <p>NOTE: Read the Penalties section of the Form I-918 Instructions before completing this part.</p> <p><i>Petitioner's Statement</i></p> <p>NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p><i>Petitioner's Contact Information</i></p> <p>3. Petitioner's Daytime Telephone Number</p> <p>4. Petitioner's Mobile Telephone Number (if any)</p> <p>5. Petitioner's Email Address (if any)</p>	<p>[Page 7]</p> <p>Part 7. Principal Petitioner's Contact Information, Certification, and Signature</p> <p>[deleted]</p> <p><i>Principal Petitioner's Contact Information</i></p> <p>1. Principal Petitioner's Daytime Telephone Number</p> <p>2. Principal Petitioner’s Safe Daytime Telephone Number</p> <p>3. Principal Petitioner's Email Address (if any)</p>

	<p><i>Petitioner's Declaration and Certification</i></p> <p>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.</p> <p>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.</p> <p>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:</p> <ol style="list-style-type: none"> 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. <p>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.</p> <p><i>Petitioner's Signature</i></p> <p>6.a. Petitioner's Signature (sign in ink) 6.b. Date of Signature (mm/dd/yyyy)</p> <p>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.</p>	<p><i>Principal Petitioner's Certification and Signature</i></p> <p>[deleted]</p> <p>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.</p> <p>[deleted]</p> <p>4. Petitioner's Signature Date of Signature (mm/dd/yyyy)</p> <p>[deleted]</p>
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	<p>[new]</p> <p>[moved up from below section]</p>	<p>Qualifying Family Member's Signature</p> <p>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.</p> <p>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.</p> <p>5. Qualifying Family Member's Signature Date of Signature (mm/dd/yyyy)</p>
<p>Pages 8-9, Part 8. Qualifying Family Member's Statement, Contact Information, Declaration, and Signature</p>	<p>[Page 8]</p> <p>Part 8. Qualifying Family Member's Statement, Contact Information, Declaration, and Signature</p> <p>NOTE: Read the Penalties section of the Form I-918 Instructions before completing this part.</p> <p>Qualifying Family Member's Statement</p> <p>NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>[Page 9]</p> <p>Qualifying Family Member's Contact Information</p> <p>3. Qualifying Family Member's Daytime Telephone Number 4. Qualifying Family Member's Mobile</p>	<p>[deleted]</p>

	<p>Telephone Number (if any) 5. Qualifying Family Member's Email Address (if any)</p> <p><i>Qualifying Family Member's Declaration and Certification</i></p> <p>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.</p> <p>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).</p> <p>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:</p> <ol style="list-style-type: none"> 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. <p>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.</p> <p><i>Qualifying Family Member's Signature</i></p> <p>6.a. Qualifying Family Member's Signature (sign in ink) 6.b. Date of Signature (mm/dd/yyyy)</p> <p>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.</p>	<p><i>Qualifying Family Member's Signature</i> moved into Part 8. Principal Petitioner's Statement, Contact Information, Certification, and Signature</p>
<p>Pages 9-10,</p>	<p>[Page 9]</p>	<p>[Page 8]</p>

<p>Part 9. Interpreter's Contact Information, Certification, and Signature</p>	<p>Part 9. Interpreter's Contact Information, Certification, and Signature</p> <p>Provide the following information about the interpreter.</p> <p><i>Interpreter's Full Name</i></p> <p>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)</p> <p><i>Interpreter's Mailing Address</i></p> <p>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</p> <p><i>Interpreter's Contact Information</i></p> <p>4. Interpreter's Daytime Telephone Number 5. Interpreter's Mobile Telephone Number (if any) 6. Interpreter's Email Address (if any)</p> <p>[Page 10]</p> <p><i>Interpreter's Certification</i></p> <p>I certify, under penalty of perjury, that:</p> <p>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.</p> <p><i>Interpreter's Signature</i></p> <p>7.a. Interpreter's Signature (sign in ink) 7.b. Date of Signature (mm/dd/yyyy)</p>	<p>Part 8. Interpreter's Contact Information, Certification, and Signature</p> <p>[deleted]</p> <p><i>Interpreter's Full Name</i></p> <p>1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name) 2. Interpreter's Business or Organization Name</p> <p>[deleted]</p> <p><i>Interpreter's Contact Information</i></p> <p>3. Interpreter's Daytime Telephone Number 4. Interpreter's Mobile Telephone Number 5. Interpreter's Email Address</p> <p><i>Interpreter's Certification and Signature</i></p> <p>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.</p> <p>[deleted]</p> <p>6. Interpreter's Signature Date of Signature (mm/dd/yyyy)</p>
<p>Pages 10-11, Contact Information,</p>	<p>[Page 10] Part 10. Contact Information, Declaration,</p>	<p>[Page 8] Part 9. Contact Information, Declaration,</p>

<p>Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Qualifying Family Member</p>	<p>and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Qualifying Family Member</p> <p>Provide the following information about the preparer.</p> <p>Preparer's Full Name</p> <p>1.a. Preparer's Family Name (Last Name) 1.b. Preparer's Given Name (First Name)</p> <p>2. Preparer's Business or Organization Name (if any)</p> <p>Preparer's Mailing Address</p> <p>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</p> <p>Preparer's Contact Information</p> <p>4. Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any) 6. Preparer's Email Address (if any)</p> <p>Preparer's Statement</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>[Page 11]</p> <p>Preparer's Certification</p>	<p>and Signature of the Person Preparing this Supplement, if Other Than the Petitioner</p> <p>[deleted]</p> <p>Preparer's Full Name</p> <p>1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name)</p> <p>2. Preparer's Business or Organization</p> <p>[deleted]</p> <p>Preparer's Contact Information</p> <p>3. Preparer's Daytime Telephone Number 4. Preparer's Mobile Telephone Number (if any) 5. Preparer's Email Address (if any)</p> <p>[deleted]</p> <p>[Page 9]</p> <p>Preparer's Certification and Signature</p>
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	<p>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.</p> <p><i>Preparer's Signature</i></p> <p>8.a. Preparer's Signature (sign in ink) 8.b. Date of Signature (mm/dd/yyyy)</p>	<p>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.</p> <p>[deleted]</p> <p>6. Preparer's Signature Date of Signature (mm/dd/yyyy)</p>
<p>Page 12, Part 11. Additional Information</p>	<p>[Page 12]</p> <p>Part 11. Additional Information</p> <p>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.</p> <p>Your Full Name (Principal)</p> <p>1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name</p> <p>2. A-Number (if any)</p> <p>3.a. Page Number 3.b. Part Number 3.c. Item Number 3.d.</p> <p>4.a. Page Number 4.b. Part Number 4.c. Item Number 4.d.</p> <p>5.a. Page Number 5.b. Part Number 5.c. Item Number</p>	<p>[Page 10]</p> <p>Part 10. Additional Information</p> <p>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.</p> <p>[deleted]</p> <p>1. Family Name (Last Name) [Auto-populated field] Given Name (First Name) [Auto-populated field] Middle Name (if applicable) [Auto-populated field]</p> <p>2. A-Number [Auto-populated field]</p> <p>3. Page Number Part Number Item Number [Fillable field]</p> <p>4. Page Number Part Number Item Number [Fillable field]</p> <p>5. Page Number Part Number</p>

	<p>5.d.</p> <p>6.a. Page Number 6.b. Part Number 6.c. Item Number 6.d.</p> <p>7.a. Page Number 7.b. Part Number 7.c. Item Number 7.d.</p>	<p>Item Number [Fillable field]</p> <p>6. Page Number Part Number Item Number [Fillable field]</p> <p>[deleted]</p>
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