

myUSCIS Copydeck: Interactive Forms

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|------------------------------|---|
| Form Number and Name | I-134A, Online Request to be a Supporter and Declaration of Financial Support |
| OMB Number | 1615-0157 |
| Form Edition Date: | |
| Form Expiration Date: | |
| Copydeck: | I-134A-xxx |

Revision Key

| Description | | |
|---|---|---|
| <ul style="list-style-type: none"> • All original (old) text is black. • All revised (new) text is red. | | |
| Example | Original | Revised |
| <ul style="list-style-type: none"> • All original text is black. • Any text that is removed from original column will be removed in the revision column with the words on either side indicated with red. | 1. Oranges 2. Bananas 3. Apple 4. Pineapple | 1. Oranges 2. Bananas 3. Pineapple 4. Pear |
| | I want to eat a watermelon for lunch and go hiking today. | I want to go hiking today. |

FILE A FORM: I-134A

Column Header Descriptions

Header: If needed, a header is located directly under the dropdown menu and above the body text.

Body Text: Based on the purpose of the form found in the paper form instructions.

Link: A reference column to include any URLs that appear as hyperlinks in the body text.

CTA: Copy to include for a button

| Heading | Field Type | Body Text | Revision | Alert | Link | CTA | Notes |
|---|------------|---|---|---|--|------------|-------|
| File a Form | | <p>Select the form you want to file online. Once you start, we will automatically save your information for 30 days, or from the last time you worked on the form.</p> <p>Fee waiver: If you are requesting a fee waiver, you cannot file online. You must file a paper version of both the Form I-912, Request for Fee Waiver and the form for the specific benefit you are requesting. You can review the fee waiver guidance at www.uscis.gov/feewaiver.</p> | <p>Select the form you want to file online. Once you start, we will automatically save your information for 30 days, or from the last time you worked on the form.</p> <p>Fee waiver: If the form you want to file is eligible for a fee waiver, and you would like to request one, you must file by paper. You must file a paper version of both the Form I-912, Request for Fee Waiver and the form for the specific benefit you are requesting. You can review the fee waiver guidance at www.uscis.gov/feewaiver.</p> | | | | |
| Select the form you want to file online | [dropdown] | <p>[Conditionally displayed when Form I-134A is selected from the drop down]</p> <p>Some immigration benefits that involve a temporary stay in the United States require U.S. Citizenship and Immigration Services (USCIS) to determine whether the applicant or beneficiary of the request has sufficient financial resources or financial support to pay for expenses during the temporary stay. The individual who submits Form I-134A must establish that they have both sufficient financial resources and access to those funds to support the beneficiary listed on Form I-134A for the duration of the beneficiary's stay in the United States.</p> | | <p>[yellow alert]</p> <p>[h] We are only accepting online filing of Form I-134A from individuals agreeing to financially support eligible beneficiaries from the following countries:</p> <p>[i]</p> <ul style="list-style-type: none"> • Cuba • Colombia • El Salvador • Ecuador • Guatemala • Haiti • Honduras • Nicaragua • Ukraine • Venezuela <p>You must be located in the United States to file Form I-134A online. Individuals seeking parole through these processes may not file Form I-134A on their own behalf. Supporters must include the name of the beneficiary on Form I-134A.</p> <p>Supporters must file a separate Form I-134A for each beneficiary they are planning to support, including minor children.</p> <p>To be eligible for this process, children under the age of 18 must be traveling to the United States in the care and custody of their parent or legal guardian and be able to provide documentation to confirm the relationship.</p> <p>If you are agreeing to support a beneficiary who is not seeking consideration for parole under one of these programs or processes, you must file a paper Form I-134 through the appropriate Lockbox location.</p> | <p>https://www.uscis.gov/i-134</p> | Start form | |

GETTING STARTED: I-134A

Column Header Descriptions

Primary Navigation: A section of the form that contains several pages.
Secondary Navigation: A single page within a section.

| Primary Nav | Secondary Nav | Tertiary Nav | Conditional Logic | Revisions | Paper Form Question | Question | Revisions | Sub-Question | Revisions | Field Type | Revisions | Instructional Text | Help Text | Alert | Required? | Revisions | Notes | Notes | | |
|-------------------------|------------------|--------------------------------------|---|---|---|--|---|--|---|--|-------------------|---------------------------------------|--|--|--|-----------|-------|---|--|--|
| Getting Started | Basis for filing | | | | 1.1 | On whose behalf are you filing this form? | | Another individual who is the beneficiary | | Radio | | | | | Yes | | | For online filing, this is the only option available. | | |
| | | | | | 1.2 | I am filing this form under one of the following: | | Parole Process | | Radio | | | Select "Parole Process" for the United for Ukraine and CHNV parole processes. Select "Family Reunification Parole Process" only if you have received personalized invitation letters inviting you to participate in the Family Reunification Parole Process. | | Yes | | | | | |
| | | | | [If "Parole Process" selected in 1.2] | | 1.3 | I am filing for an individual under the parole process for the following country: | | Family Reunification Parole Process Cuba Haiti Nicaragua Ukraine Venezuela | | Radio Dropdown | | | | | Yes | | | | |
| | | | | [If "Parole Process" selected] | | | | Who is providing financial support for the beneficiary? | | I am the only individual providing financial support I am the primary supporter providing financial support along with other individuals who are also providing financial support I am a co-supporter providing financial support along with a primary supporter I am filing as an individual providing financial support along with an organization I am filing on behalf of an organization that will provide all of the financial support | | Dropdown | | | | | | | | |
| | | | | [If "Family Reunification Program" selected in 1.2] | | 1.3 | I am filing for my relative who is associated with an approved I-130 and a national of: | | Colombia Cuba Ecuador El Salvador Guatemala Haiti Honduras | | Dropdown | | | | | | Yes | | | |
| | | | | [If "Family Reunification Program" selected in 1.2] | | 1.4 | Invitation Number: | | | | | Text | | The Invitation Number can be found on the Form I-130 beneficiary's Family Reunification Parole Process invitation letter. | | | Yes | | | |
| | | | | [If "Family Reunification Program" selected in 1.2] | | 1.5 | How many total family members will be included in this family reunification group who all share the same invitation number? | | | | | Text | | Entering "1" indicates no derivative beneficiaries share the same invitation number. | | Yes | | | | |
| | | Preparer and Interpreter Information | | | | | | Is someone assisting you with completing this declaration? | Yes/No | | | Radio | | | | | | | | |
| | | | | | [If YES] | | | Is a preparer assisting you with completing this declaration? | Yes/No | | | Radio | | A preparer is anyone who completes or helps you complete all or part of your declaration using information and answers that you provide. | | | | | | |
| | | | | | [If YES] | | | Is an interpreter assisting you with completing this declaration? | Yes/No | | | Radio | | An interpreter is anyone who translates or helps you translate all or part of your declaration using information and answers that you provide. | | | | | | |
| | | Preparer information | | | [If YES TO PREPARER] | | 7.1 | What is your preparer's full name? | | Given name (first name) | | Text | | | | | | | | |
| | | | | | | | 7.2 | What is your preparer's business or organization name? | | Family name (last name) | | Text | | | | | | | | |
| | | | | | | | 7.3 | What is your preparer's mailing address? | | My preparer is not part of a business or organization. Country | | Checkbox Dropdown | | | | | | | | |
| | | | | | [If non-USA use Province and text field] [If non-USA use Postal code and remove help text] | | | | | Address line 1 Address line 2 City or town State/Province | | Text Text Text Dropdown/Text | | | Street number and name Apartment, suite, unit, or floor | | | | | |
| | | | | | | | 7.4 | What is your preparer's contact information? | | Daytime telephone number | | Text | | | Provide a 10-digit ZIP code. | | | | | |
| | | | | | 7.5 | | | Mobile telephone number My preparer does not have a mobile telephone number. | | Text Checkbox | | | Provide a 10-digit phone number. | | | | | | | |
| | | | | | 7.6 | | | Email address My preparer does not have an email address. | | Text Checkbox | | | Example: user@domain.com | | | | | | | |
| Interpreter information | | | [If YES TO INTERPRETER] | | 6.1 | What is your interpreter's full name? | | Given name (first name) | | Text | | | | | | | | | | |
| | | | | | 6.2 | What is your interpreter's business or organization name? | | Family name (last name) | | Text | | | | | | | | | | |
| | | | | | 6.3 | What is your interpreter's mailing address? | | My interpreter is not part of a business or organization. Country | | Checkbox Dropdown | | | | | | | | | | |
| | | | [If non-USA use Province and text field] [If non-USA use Postal code and remove help text] | | | | | Address line 1 Address line 2 City or town State/Province | | Text Text Text Dropdown/Text | | | Street number and name Apartment, suite, unit, or floor | | | | | | | |
| | | | | | 6.4 | What is your interpreter's contact information? | | Daytime telephone number | | Text | | | Provide a 10-digit ZIP code. | | | | | | | |
| | | | | | 6.5 | | | Mobile telephone number My interpreter does not have a mobile telephone number. | | Text Checkbox | | | Provide a 10-digit phone number. | | | | | | | |
| | | | | | 6.6 | | | Email address My interpreter does not have an email address. | | Text Checkbox | | | Example: user@domain.com | | | | | | | |
| | | | | | | What language is your interpreter using to interpret this declaration for you? | | | | Text | | | | | | | | | | |

FINANCIAL INFORMATION ABOUT THE PERSON AGREEING TO FINANCIALLY SUPPORT THE BENEFICIARY: I-134A

Column Header Descriptions

Primary Navigation: A section of the form that contains several pages.

Secondary Navigation: A single page within a section.

Conditional Logic: Indicates whether the question or subquestion only applies if you meet certain criteria.

| Primary Nav | Secondary Nav | Tertiary Nav | Conditional Logic | Paper Form Question | Question | Sub-Question | Field Type | Instructional Text | Help Text | Alert | Required? | Notes | | |
|--|---|--|-----------------------------------|---|---|---|--|--------------------|---|-------|-----------|-------|--|-----|
| Financial Information About the Individual Agreeing to Financially Support the Beneficiary | Income Information for the Individual Agreeing to Financially Support the Beneficiary | Provide all of the information requested in the table below about yourself, all of your dependents, and any other individuals you financially support. Do not include any individuals listed in the "Beneficiary's Financial Information" section. | | | | | | | | | | | | |
| | | Information about assets that are not based on employment should be added in the "Assets of the individual agreeing to financially support the beneficiary" section below. | | | | | | | | | | | | |
| | | Add entry | | | | | | | CTA | | | | | |
| | | 3.18 [LARGE TABLE] | | What is the individual's full name? | Given name (first name) | Text | | | | | | | | |
| | | | | | Middle name | Text | | | | | | | | |
| | | | | | Family name (last name) | Text | | | | | | | | |
| | | 3.18 | | What is the individual's date of birth? | MM/DD/YYYY | Date | | | | | | | | |
| | | 3.18 | | What is the individual's relationship to the individual agreeing to financially support the beneficiary? | | Dropdown | | | | | | | | |
| | | 3.18 | | How much income will this individual contribute to the beneficiary annually? | I'm entering my own financial information | Checkbox | If the income contribution is none, type in "0". | | | | | | | |
| | | | | Save entry | \$ | Text | | | | | | | | |
| | | Cancel | | CTA | | | | | | | | | | |
| 3.18 | | What is the total number of dependents? | | Text | | | | | Provide the total number of dependents. Number must be between 0 and 100. | | | | | |
| 3.18 | | What is the total income? | \$ | Text | | | | | | | | | | |
| Additional Income Information for the Individual Agreeing to Financially Support the Beneficiary | | | 3.20 | Does any of the income listed come from an illegal activity or source (such as proceeds from illegal gambling or illegal drug sales)? | Yes/No | Radio | | | | | | | | |
| | | | | [IF YES TO 3.19] | 3.21 | What amount of income comes from an illegal activity? | \$ | Text | | | | | | |
| | | | | | 3.22 | Does any of the income listed above come from means-tested public benefits as defined in 8 CFR 213a.17? | Yes/No | Radio | | | | | | |
| | | | | [IF YES TO 3.20] | 3.23 | What amount of income is from means-tested public benefits? | \$ | Text | | | | | | |
| | | | | | 3.27 | You are responsible for receiving, maintaining, and supporting the beneficiary for the duration of their temporary stay in the United States. Describe the resources you plan to use or provide to ensure the beneficiary has adequate financial support to cover their basic living needs. | | Text box | | | | | | Yes |
| | 3.28 | You are responsible for ensuring the beneficiary has safe and appropriate housing for the duration of their parole in the United States. Describe how you will ensure that the beneficiary's housing needs are met, including where the beneficiary will reside during their temporary stay in the United States, if known. | | Text box | | | | | | Yes | | | | |
| | 3.29 | You are responsible for assisting the beneficiary's access to available services and benefits such as learning English, securing employment opportunities once authorized to work, enrolling children in school, and helping to enroll for benefits for which they are eligible. Describe what steps you plan to take as part of these responsibilities. | | Text box | | | | | | Yes | | | | |
| Assets of the Individual Agreeing to Financially Support the Beneficiary | | Provide information about any assets you will use to support the beneficiary for the anticipated period of his or her stay. List only assets that can be converted into cash within 12 months and that will be used to support the beneficiary while the beneficiary is in the United States. Provide the value of all assets listed in U.S. dollars, regardless of whether they are held in the United States or outside of the United States. Do not include assets from any individuals in the "Beneficiary's Financial Information" section. | | | | | | | | | | | | |
| | | You may also include your household members' assets below. Attach evidence in the "Evidence" section under "Proof of assets" and "Bonds" showing that you, or your dependents, have these assets. | | | | | | | | | | | | |
| | | Add entry | | | | | | | CTA | | | | | |
| | | 3.23 [LARGE TABLE] | | What is the asset holder's full name? | Given name (first name) | Text | | | | | | | | |
| | | | | | Middle name | Text | | | | | | | | |
| | | | | | Family name (last name) | Text | | | | | | | | |
| | | | | What is the type of asset? | Checking - Bank Account | Dropdown | | | | | | | | |
| | | | | | Savings - Bank Account | Dropdown | | | | | | | | |
| | | | | | Annuitiies | Dropdown | | | | | | | | |
| | | | | | Stocks, Bonds, Certificates of Deposit | Dropdown | | | | | | | | |
| | | | Retirement or Educational Account | Dropdown | | | | | | | | | | |
| | | | Real Estate Holdings | Dropdown | | | | | | | | | | |
| | | | Personal Property (net value) | Dropdown | | | | | | | | | | |
| | | What is the cash value in U.S. dollars? | \$ | Text | | | | | | | | | | |
| | | Save entry | | CTA | | | | | | | | | | |
| | | Cancel | | CTA | | | | | | | | | | |
| 3.23 | | What is the total amount (U.S. dollars)? | \$ | Text | | | | | | | | | | |
| 3.24 | | Have you previously submitted a Form I-134 or a Form I-134A on behalf of a person other than the beneficiary listed on this Form I-134A? | Yes/No | Radio | | | | | | | | | | |
| Financial responsibility for other beneficiaries | | Provide the information about the people for whom you have previously submitted a Form I-134 or Form I-134A, other than the beneficiary listed on this Form I-134A. | | | | | | | | | | | | |
| | | Add entry | | | | | | | CTA | | | | | |
| | | [red alert] If no entries are entered and 3.24 is yes | | | | | | | | | | | | |
| | | [red alert] You must include at least one person for whom you have previously submitted a Form I-134 or Form I-134A, other than the beneficiary listed on this Form I-134A. | | | | | | | | | | | | |
| 3.25, 3.26 [LARGE TABLE] | | What is the person's name? | Given name (first name) | Text | | | | | | | | | | |
| | | | Middle name | Text | | | | | | | | | | |
| | | | Family name (last name) | Text | | | | | | | | | | |
| | | What is the person's A-number? | A- | Text | Provide a 7, 8, or 9-digit number. If your A-Number is fewer than 9 digits, the system will automatically add zero(s) after the "A" and before the first digit so there is a total of 9 digits, for example: A-001234567. | | | | | | | | | |

FINANCIAL INFORMATION ABOUT THE PERSON AGREEING TO FINANCIALLY SUPPORT THE BENEFICIARY: I-134A

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| Primary Nav | Secondary Nav | Tertiary Nav | Conditional Logic | Paper Form Question | Question | Sub-Question | Field Type | Instructional Text | Help Text | Alert | Required? | Notes |
|-------------|---------------|--------------|-------------------|---------------------|----------------|--------------|--|--------------------|-----------|-------|-----------|-------|
| | | | | | | | I do not have or know the person's A-Number. | Checkbox | | | | |
| | | | | | Date submitted | MM/DD/YYYY | Date | | | | | |

ABOUT THE BENEFICIARY: I-134A

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|---|------------------|--|--|---|--|---|---|--|----------------------------------|-------|---|---|----------------------------------|--|
| About the Beneficiary | Beneficiary name | | | 2.1 | What is the beneficiary's current legal name? | Given name (first name) | Text | The beneficiary's current legal name is the name on their birth certificate, unless it changed after birth by a legal action such as marriage or court order. Do not provide any nicknames here. | | | | | | |
| | | | | 2.1 | Has the beneficiary used any other names since birth? [LIST] | Middle name | Text | | | | | | | |
| | | | | 2.1 | | Family name (last name) | Text | | | | | | | |
| | | | | 2.2 | | Yes/No | Radio | Other names used may include aliases, maiden name, and nicknames. Provide the other names the beneficiary has used. | | | | | | |
| | | | | [if yes to 2.2] | | | Given name (first name) | Text | | | | | Table Add another name button | |
| | | | | | | | Middle name | Text | | | | | | |
| | | | | | | | Family name (last name) | Text | | | | | | |
| | | | | | | | Yes/No | Radio | | | | | Yes | |
| | | | | [if "Family Reunification Program" selected in 1.2] | | | Is this the individual listed as the principal beneficiary in your Family Reunification Parole Process invitation letter? | | | | | | | |
| | | | | | | 2.13 | How may we contact the beneficiary? | Daytime telephone number | Text | | Provide a 10 to 20-digit number. | | | |
| | | | | | | 2.14 | | Mobile telephone number (if any) | Text | | Provide a 10 to 20-digit number. | | | |
| | | | | | | | | This is the same as the beneficiary's daytime telephone number. | Checkbox | | | [blue alert] [b] You must provide a valid email address for the beneficiary. If your Form I-134A is confirmed, we will send important information to the beneficiary at this email address. If you do not provide an email address that the beneficiary can access, they will not be able to complete the parole process. DO NOT enter your email address in this field. | | |
| | | | | | | 2.15 | | Email address | Text | | Example: user@domain.com | | | |
| | | [if selected "Family Reunification Parole Process" in 1.2, show United States in dropdown] | | 2.10 | What is the beneficiary's current mailing address? | Confirm the beneficiary's email address In care of name (if any) | Text Text | | Example: user@domain.com | | | | | |
| | | | | 2.10 | | Country | Dropdown | | | | Yes | | | |
| | | | | 2.10 | | Address line 1 | Text | | Street number and name | | | | | |
| | | | | 2.10 | | Address line 2 | Text | | Apartment, suite, unit, or floor | | | | | |
| | | | | 2.10 | | City or town | Text | | | | Yes | | | |
| | | | | 2.10 | | Province | Dropdown/Text | | | | | | | |
| | | | | 2.10 | | Postal code | Text | | | | | | | |
| | | [if United States mailing address, default to 'No'] | | 2.11 | Is the beneficiary's mailing address the same as the physical address? | Yes/No | Radio | | | | | | | |
| | | [if no] | | 2.12 | What is the beneficiary's physical address? | In care of name (if any) | Text | The beneficiary's physical address must be outside of the United States. | | | | Instructional text conditional based on selection of FRP in 1.2 | | |
| | | [if selected "Family Reunification Parole Process" in 1.2, show instructional text] | | | | | | | | | | | | |
| | | | | 2.12 | | Country | Dropdown | | Street number and name | | | | | |
| | | | | 2.12 | | Address line 1 | Text | | Apartment, suite, unit, or floor | | | | | |
| | | | | 2.12 | | Address line 2 | Text | | | | | | | |
| | | | | 2.12 | | City or town | Text | | | | | | | |
| | | | | 2.12 | | Province | Dropdown/Text | | | | | | | |
| | | | | 2.12 | | Postal code | Text | | | | | | | |
| When and where beneficiary was born | | | | 2.3 | What is the beneficiary's date of birth? | MM/DD/YYYY | Date | | | | Yes | | | |
| | | | | 2.6 | What is the beneficiary's city or town of birth? | | Text | | | | | | | |
| | | | | 2.6 | What is the beneficiary's state or province of birth? | | Text | | | | | | | |
| | | | | 2.6 | What is the beneficiary's country of birth? | | Dropdown/Text | | | | | | | |
| | | | | | | A grant of parole is a discretionary determination granted on a case-by-case basis for urgent humanitarian reasons or significant public benefit. Please explain why a favorable exercise of discretion is merited for this individual. | | Text Box | | | | Yes | | |
| Other information about the Beneficiary | | | | 2.4 | What is the beneficiary's sex? | Male Female X | Radio | Please select the sex that is shown on your passport or other government-issued identity document. For any value other than "Male" ("M") or "Female" ("F") that appears on your identity document, please choose "X" (Unspecified or another gender identity). USCIS requires this information to conduct accurate background checks and security screening. | | | Yes | | | |
| | | | | 2.9 | What is the beneficiary's marital status? | Single, Never Married Married Divorced Widowed Legally Separated Marriage Annulled Other | Radio | | | | | | | |
| | | | [if OTHER] | 2.9 | | Provide an explanation | Text box | | | | | | | |
| | | | [if selected "Parole Process" in 1.2, show yellow alert] | 2.7 | What is the beneficiary's country of citizenship or nationality? | | Dropdown | | | | [yellow alert] [b] We are only accepting online filing of Form I-134A from individuals agreeing to financially support Cuban, Haitian, Nicaraguan, Ukrainian, and Venezuelan citizens and their immediate family. [b] Immediate family members are: • Their spouse or common-law partner; and • Unmarried children under the age of 21. Note: Individuals only eligible as immediate family members and children under age 18 must travel with their beneficiary spouse, common law partner, parent, or legal guardian to be eligible for parole. | | | |
| | | | | | | | | | | | | | | |

ABOUT THE BENEFICIARY: I-134A

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|-------------|---------------|--------------|---|---------------------|---|-------------------|------------|------------------------------|---|---|-----------|---|
| | | | [If selected "Family Reunification Parole Process" in 1.2, show yellow alert] | | | | | | | <p>[yellow alert]</p> <p>[h] We are only accepting online filing of Form I-134A from individuals agreeing to financially support Cuban, Colombian, Haitian, Honduran, Ecuadorian, Salvadoran, and Guatemalan citizens and their immediate family</p> <p>[b] Immediate family members are:</p> <ul style="list-style-type: none"> The spouse or common-law partner of the primary beneficiary who is a citizen of a qualifying country; and Unmarried children under the age of 21. <p>Note: Individuals only eligible as immediate family members and children under age 18 must travel with their beneficiary spouse, common law partner, parent, or legal guardian to be eligible for parole.</p> | | |
| | | | [If selected "Parole Process" in 1.2, show yellow alert] | 2.8 | What country issued the beneficiary's most recently issued passport? | | Dropdown | | | <p>[yellow alert]</p> <p>[h] We are only accepting online filing of Form I-134A from individuals agreeing to financially support Cuban, Haitian, Nicaraguan, Ukrainian, and Venezuelan citizens and their immediate family</p> <p>[b] Immediate family members are:</p> <ul style="list-style-type: none"> Their spouse or common-law partner; and Unmarried children under the age of 21. <p>Note: Individuals only eligible as immediate family members and children under age 18 must travel with their beneficiary spouse, common law partner, parent, or legal guardian to be eligible for parole.</p> | | |
| | | | [If selected "Family Reunification Parole Process" in 1.2, show yellow alert] | | | | | | | <p>[yellow alert]</p> <p>[h] We are only accepting online filing of Form I-134A from individuals agreeing to financially support Cuban, Colombian, Haitian, Honduran, Ecuadorian, Salvadoran, and Guatemalan citizens and their immediate family</p> <p>[b] Immediate family members are:</p> <ul style="list-style-type: none"> The spouse or common-law partner of the primary beneficiary who is a citizen of a qualifying country; and Unmarried children under the age of 21. <p>Note: Individuals only eligible as immediate family members and children under age 18 must travel with their beneficiary spouse, common law partner, parent, or legal guardian to be eligible for parole.</p> | | |
| | | | | 2.8 | What is the number of the beneficiary's most recently issued passport? | | Text | | Provide a 7 to 12-character passport number. | | | |
| | | | (If Cuban) | | | | | | Provide a 7-character passport number, beginning with 1 letter followed by 6 digits. | | | |
| | | | (If Haitian) | | | | | | Provide a 9-character passport number, beginning with 1-3 letters followed by 6-8 digits. | | | |
| | | | (If Nicaraguan) | | | | | | Provide a 8 to 9-character passport number, beginning with 1 letter followed by 7-8 digits. | | | |
| | | | (If Ukrainian) | | | | | | Provide an 8-character passport number, beginning with 2 letters followed by 6 digits. | | | |
| | | | (If Venezuelan) | | | | | | Provide a 9-digit passport number. | | | |
| | | | (If Colombia) | | | | | | Provide an 8-character passport number, beginning with 2 letters followed by 6 digits. | | | |
| | | | (If Honduras) | | | | | | Provide a 7 to 8-character passport number, beginning with 1 letter followed by 6-7 digits. | | | |
| | | | (If Ecuador) | | | | | | Provide a 9-character passport number, beginning with 1 letter followed by 8 digits. | | | |
| | | | (If El Salvador) | | | | | | Provide a 9-character passport number, beginning with 1 letter followed by 8 digits. | | | |
| | | | (If Guatemala) | | | | | | Provide a 9-digit passport number. | | | |
| | | | (If Russian) | | | | | | Provide a 9-digit passport number. | | | |
| | | | | 2.8 | Confirm the beneficiary's passport number | | | | | | | |
| | | | [If Venezuelan is most recent passport show tooltip] | 2.8 | What is the expiration date of the beneficiary's most recently issued passport? | MM/DD/YYYY | Date | Expiration Date (MM/DD/YYYY) | Note: The beneficiary must have a valid, unexpired passport. CBP will not approve travel if the beneficiary's passport is expired. | | | <p>Tooltip only shows if Venezuelan is selected for country that issued the beneficiary's most recent passport:</p> <p>If the beneficiary has received a passport extension, then enter the extension's expiration date. For more information visit the Process for Venezuelans webpage.</p> <p>Link: https://www.uscis.gov/CHNW</p> |
| | | | | 2.5 | What is the beneficiary's A-Number? A- | | Text | | Provide a 7, 8, or 9-digit number. If your A-Number is fewer than 9 digits, the system will automatically add zero(s) after the "A" and before the first digit so there is a total of 9 digits, for example: A-001234567. | | | |
| | | | | | I do not have or know the beneficiary's A-Number. | | Checkbox | | | | | |
| | | | | 2.16 | What is the beneficiary's anticipated period of stay in the United States? | From (MM/DD/YYYY) | Date | | | | | |
| | | | | | To (MM/DD/YYYY) | | Date | | | | | |
| | | | | | No End Date | | Checkbox | | | | | |

BENEFICIARY'S FINANCIAL INFORMATION: I-134A

Column Header Descriptions

Primary Navigation: A section of the form that contains several pages.

Secondary Navigation: A single page within a section.

Conditional Logic: Indicates whether the question or subquestion only applies if you meet certain criteria.

| Primary Nav | Secondary Nav | Tertiary Nav | Conditional Logic | Paper Form Question | Question | Sub-Question | Field Type | Instructional Text | Help Text | Alert | Required? | Notes | | |
|-------------------------------------|--|--|---|---|--|---|------------|--------------------|-----------|---|-----------|-------|--|--|
| Beneficiary's Financial Information | Beneficiary income information | <p>Provide information about the income of the beneficiary, all of the beneficiary's dependents, and any other individuals the beneficiary financially supports. Do not include any individuals named in the "Financial Information About the Individual Agreeing to Financially Support the Beneficiary" section.</p> | | | | | | | | | | | | |
| | | Add entry | | | | | | | CTA | Opens up large table once clicked | | | | |
| | | 2.17 (LARGE TABLE) | What is the individual's full name? | Given name (first name) | Text | <p>Provide all of the information requested in the table below about the beneficiary, all of the beneficiary's dependents, and any other individuals the beneficiary financially supports (do not include information about the individual agreeing to financially support the beneficiary). Information about assets that are not based on employment should not be included here but may be added under "Beneficiary Assets" below.</p> | | | | | | | | |
| | | | | Middle name | Text | | | | | | | | | |
| | | | | Family name (last name) | Text | | | | | | | | | |
| | | | What is individual's date of birth? | MM/DD/YYYY | Date | | | | | | | | | |
| | | | What is the individual's relationship to the beneficiary? | | Dropdown | | | | | | | | | |
| | | | How much income will this individual contribute to the beneficiary annually? | \$ | Text | If the income contribution is none, type in "0". | | | | | | | | |
| | | | Save entry | | CTA | | | | | | | | | |
| | | | Cancel | | CTA | | | | | | | | | |
| | | 2.17 | What is the beneficiary's total number of dependents? | | Text | Provide the total number of dependents. Number must be between 0 and 100. | | | | | | | | |
| | | 2.17 | How much income will the beneficiary's dependents contribute to the beneficiary annually? | \$ | Text | | | | | | | | | |
| | | Beneficiary additional income information | 2.18 | Does any of the beneficiary's total income (including income from dependents and other individuals who contribute to the beneficiary's income, excluding any individuals named in the "Financial Information About the Person Agreeing to Financially Support the Beneficiary" section) come from an illegal activity or source (such as proceeds from illegal gambling or illegal drug sales)? | Yes/No | Radio | | | | | | | | |
| | | | [If YES to 2.18] | 2.19 | What amount of the beneficiary's total income comes from an illegal activity or source? | \$ | Text | | | | | | | |
| | | | | 2.20 | Does any of the beneficiary's total income come from means-tested public benefits as defined in B CFR 213a.17? | Yes/No | Radio | | | | | | | |
| [If YES to 2.20] | 2.21 | | What amount of the beneficiary's total income comes from means-tested public benefits? | \$ | Text | | | | | | | | | |
| Beneficiary assets | | | | | | | | | | <p>Provide the current cash value of any assets available to the beneficiary for the expected period of his or her stay. List only assets that can be converted to cash within 12 months and that will be used to support the beneficiary while the beneficiary is in the United States. Provide the value of all assets listed in U.S. dollars, regardless of whether the assets are held in the United States or outside of the United States. Do not include assets from any individuals named in the "Financial Information About the Individual Agreeing to Financially Support the Beneficiary" section.</p> <p>You may include the net value of the beneficiary's home as an asset. The net value of the home is the appraised value of the home, minus the sum of all loans secured by a mortgage, trust deed, or other lien on the home. If you list the net value of the beneficiary's home, then you must include documentation demonstrating that the beneficiary owns the home, a recent appraisal by a licensed appraiser, and evidence of the amount of all loans secured by a mortgage, trust deed, or other lien on the home.</p> <p>You may not include the net value of the beneficiary's automobile unless the beneficiary has more than one automobile, and at least one automobile is not included as an asset. Submit evidence of the value of the assets listed. Evidence must include the name of the asset holder, a description of the asset, proof of ownership, and the basis for the owner's claim of its net cash value.</p> <p>Attach evidence in the "Evidence" section under "Proof of beneficiary's assets" and "Bonds" showing that the beneficiary has these assets.</p> | | | | |
| Add entry | | | | | | | CTA | | | | | | | |
| 2.22 (LARGE TABLE) | What is the asset holder's full name? | Given name (first name) | Text | | | | | | | | | | | |
| | | Middle name | Text | | | | | | | | | | | |
| | | Family name (last name) | Text | | | | | | | | | | | |
| | What is the type of asset? | Checking - Bank Account Savings - Bank Account Annuities Stocks, Bonds, Certificates of Deposit Retirement or Educational Account Real Estate Holdings Personal Property (net value) | Dropdown | | | | | | | | | | | |
| | What is the cash value of the asset in U.S. dollars? | \$ | Text | | | | | | | | | | | |
| | Save entry | | CTA | | | | | | | | | | | |
| | Cancel | | CTA | | | | | | | | | | | |
| | What is the total amount (U.S. dollars)? | \$ | Text | | | | | | | | | | | |

ADDITIONAL INFORMATION: I-134A

Column Header Descriptions

Primary Navigation: A section of the form that contains several pages.

Secondary Navigation: A single page within a section.

| Primary Nav | Secondary Nav | Tertiary Nav | Conditional Logic | Paper Form Question | Question | Sub-Question | Field Type | Instructional Text | Help Text | Alert | Required? | Notes |
|------------------------|------------------------|--------------|-------------------|---------------------|----------|--------------|-------------|--|-----------|-------|-----------|--|
| Additional Information | Additional Information | | | | | | Large table | <p>If you need to provide any additional information for any of your answers to the questions in this form, enter it into the space below. You should include the questions that you are referencing.</p> <p>If you do not need to provide any additional information, you may leave this section blank.</p> | | | No | Large Table Pattern Ghost Sub Nav |

WARNINGS, ALERTS, NOTICES, AND ERRORS: I-134A

Column Header Descriptions

Section: The primary nav where the alert can be found.

Page: The secondary nav where the alert can be found.

Type: The color of the alert. (Red, Yellow, Blue, Green)

Conditional Logic: A column used to indicate whether the question or subquestion only applies if you meet certain criteria.

Message: The copy that will show on the alert. Use [h] to indicate the header copy and [b] to indicate the body copy.

| Navigation | Sub-navigation | Type | Conditional Logic | Message | Link | Notes |
|-----------------------------|--|--------------|--|--|---|-------|
| File-A-Form Overview | | Yellow alert | Always show | <p>[h] We are only accepting online filing of Form I-134A from individuals agreeing to financially support eligible beneficiaries from the following countries:</p> <ul style="list-style-type: none"> • Cuba • Colombia • Ecuador • El Salvador • Guatemala • Haiti • Honduras • Nicaragua • Ukraine • Venezuela <p>You must be located in the United States to file Form I-134A online. Individuals seeking parole through these processes may not file Form I-134A on their own behalf. Supporters must include the name of the beneficiary on Form I-134A.</p> <p>Supporters must file a separate Form I-134A for each beneficiary they are planning to support, including minor children.</p> <p>To be eligible for this process, children under the age of 18 must be traveling to the United States in the care and custody of their parent or legal guardian and be able to provide documentation to confirm the relationship.</p> <p>If you are agreeing to support a beneficiary who is not seeking consideration for parole under one of these programs or processes, you must file a paper Form I-134 through the appropriate Lockbox location.</p> | https://www.uscis.gov/i-134 | |
| About the IATFSTB | Contact information for the individual agreeing to financially support the beneficiary | Yellow alert | Always show under "What is your current mailing address?" question and "What is your physical address?" question | [b] You must be located in the United States in order to file at this time. | | |
| About the IATFSTB | When and where the individual agreeing to financially support the beneficiary was born | Red alert | If date of birth is different than the date of birth of the applicant's profile, the following red alert is shown. | <p>h5. This account has already been verified with a different date of birth</p> <p>The date of birth in this account's profile is [MM/DD/YYYY].</p> <p>If you need to apply for a benefit for someone else using the date of birth you entered, you should sign out of this account and create a new account for them at https://myaccount.uscis.gov/</p> | https://myaccount.uscis.gov/ | |
| About the IATFSTB | Immigration information for the individual agreeing to financially support the beneficiary | Red alert | If A-Number is different than the A-Number of the applicant's profile, the following red alert is shown. | <p>h5. This account has already been verified with a different A-Number</p> <p>The A-Number in this account's profile is [xxxxxxx].</p> <p>If you need to apply for a benefit for someone else using the A-Number you entered, you must sign out of this account and create a new account for them at https://myaccount.uscis.gov/</p> | https://myaccount.uscis.gov/ | |
| Financial Info ATIATFSTP | Financial responsibility for other beneficiaries | Red alert | If no entries are entered and 3.24 is yes | You must include at least one person for whom you have previously submitted a Form I-134 or Form I-134A, other than the beneficiary listed on this Form I-134A. | | |
| About the Beneficiary | Beneficiary contact information | Blue alert | Always show | [b] You must provide a valid email address for the beneficiary. We will send them important information at this email address if Form I-134A is confirmed. If you do not provide an email address that the beneficiary can access, they will not be able to complete the parole process. DO NOT enter your email address in this field. | | |
| About the Beneficiary | Other information about the beneficiary | Yellow alert | If user selected "Parole Process" in question 1.2, show under "What is the beneficiary's country of citizenship or nationality?" question and "What country issued the beneficiary's most recently issued passport?" question | <p>[h] We are only accepting online filing of Form I-134A from individuals agreeing to financially support Cuban, Haitian, Nicaraguan, Ukrainian, and Venezuelan citizens and their immediate family</p> <p>[b] Immediate family members are:</p> <ul style="list-style-type: none"> • Their spouse or common-law partner; and • Unmarried children under the age of 21. <p>Note: Individuals only eligible as immediate family members and children under age 18 must travel with their beneficiary spouse, common law partner, parent, or legal guardian to be eligible for parole.</p> | | |
| About the Beneficiary | Other information about the beneficiary | Yellow alert | If user selected "Family Reunification Parole Process" in question 1.2, show under "What is the beneficiary's country of citizenship or nationality?" question and "What country issued the beneficiary's most recently issued passport?" question | <p>[yellow alert]</p> <p>[h] We are only accepting online filing of Form I-134A from individuals agreeing to financially support Cuban, Colombian, Haitian, Honduran, Ecuadorian, Salvadoran, and Guatemalan citizens and their immediate family</p> <p>[b] Immediate family members are:</p> <ul style="list-style-type: none"> • The spouse or common-law partner of the primary beneficiary who is a citizen of a qualifying country; and • Unmarried children under the age of 21. <p>Note: Individuals only eligible as immediate family members and children under age 18 must travel with their beneficiary spouse, common law partner, parent, or legal guardian to be eligible for parole.</p> | | |

WARNINGS, ALERTS, NOTICES, AND ERRORS: I-134A

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| Navigation | Sub-navigation | Type | Conditional Logic | Message | Link | Notes |
|-----------------|-------------------------|------------|--|--|---|-------|
| Review & Submit | Review your declaration | Blue alert | Alert appears only for active drafts started before toggle on of I-134A ~12/21 | [h] The name of this form has changed [b] The name of this form has changed to Form I-134A, Online Request to be a Supporter and Declaration of Financial Support. No other changes have been made to your draft. Learn more about Form I-134A . | https://www.uscis.gov/i-134a | |