Supplement A to Form I-914, Application for Derivative T Nonimmigrant Status

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-914
OMB No. 1615-0099
Expires 08/31/2026

START HERE - Type or print in ink. See Instructions for information about eligibility and how to complete and file this application. The recipient of the T nonimmigrant classification is referred to as the principal applicant. Their family member(s) is referred to as a derivative applicant. **Form I-914, Supplement A, is to be completed by the principal applicant.**

PART 1. Family Member For Whom You are Filing

1. The family member that I am filing for is my (select **only one** box):

- ☐ Spouse
- ☐ Child
- ☐ Parent
- ☐ Unmarried Sibling Under 18 Years of Age

2. The family member I am filing for is the adult or minor child of one of the family members listed in **Item Number 1.** who faces a present danger of retaliation as a result of my escape from the severe form of trafficking in persons or my cooperation with law enforcement and is the adult or minor (select **only one** box.)

- ☐ Child of my spouse
- ☐ Child of my child (my grandchild)
- ☐ Child of my parent (my sibling over 18 years of age)
- ☐ Child of my unmarried sibling under 18 years of age (my niece or nephew)

PART 2. General Information About You (the principal)

1. Your Full Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if any)

2. Date of Birth (mm/dd/yyyy)

3. Alien Registration Number (A-Number)

► **A-**

4. Status of your Form I-914, Application for T Nonimmigrant Status: (Select one)

- ☐ Filing this Form I-914, Supplement A, together
- ☐ Pending
- ☐ Approved

PART 3. Information About Your Family Member (the derivative)

1. Your Full Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if any)

For USCIS Use Only

Returned	Receipt
Date	
Date	
Resubmitted	
Date	
Date	
Reloc Sent	
Date	
Date	
Reloc Rec'd	
Date	
Date	

Validity Dates
From _____
To _____

Remarks

Waitlisted
Stamp # _____ Date _____

Action Block

To be fully completed by an attorney or accredited representative, if any.

☐ **Select this box if Form G-28 is attached.**

Attorney State License Bar Number

Attorney or Accredited Representative USCIS Online Account Number

PART 3. Information About Your Family Member (the derivative) (continued)

2. Other Names Used

Provide any other names your family member has used since birth, including aliases, maiden names, and nicknames. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

Family Name (Last Name) | Given Name (First Name) | Middle Name (if any)

3. U.S. Physical Address or Intended Physical Address *(USCIS ZIP Code Lookup)*

Street Number and Name | Apt. Ste. Flr. | Number

City or Town | State | ZIP Code

4. Safe U.S. Mailing Address

If you do not want U.S. Citizenship and Immigration Services (USCIS) to send notices about this application to your home address, you may provide an alternate safe mailing address.

In Care Of Name

Street Number and Name | Apt. Ste. Flr. | Number

City or Town | State | ZIP Code

5. Alien Registration Number (A-Number) (if any)

► **A-**

6. USCIS Online Account Number

►

7. U.S. Social Security Number (SSN) (if any)

►

8. Sex

☐ Male ☐ Female

9. Marital Status

☐ Single/Never Married ☐ Married ☐ Divorced ☐ Widowed ☐ Annulled

10. If your family member was previously married, list names of prior spouses and dates of termination of marriage. Documents such as divorce decrees or death certificates must be attached. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

A. Name of Former Spouse

Family Name (Last Name) | Given Name (First Name) | Middle Name

B. Date Marriage Ended (mm/dd/yyyy)

PART 3. Information About Your Family Member (the derivative) (continued)

C. Where Marriage Ended

City or Town | State or Province | Country

D. How Marriage Ended

☐ Annulled ☐ Divorced ☐ Separated ☐ Widowed

11. Date of Birth (mm/dd/yyyy)

12. Place of Birth

City or Town | State or Province | Country

13. Country of Citizenship or Nationality

14. Passport or Travel Document Number

15. Country That Issued Passport or Travel Document

16. Issued Date for Passport or Travel Document (mm/dd/yyyy)

17. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

18. Current Immigration Status

19. Is your family member currently living in the United States? ☐ Yes ☐ No

20. If you answered "Yes" to **Item Number 19.**, give the following information about your family member if he or she is currently in the United States.

A. Place of Last Entry

City or Town | State

B. Date of Last Entry (mm/dd/yyyy)

C. Form I-94 Arrival-Departure Record Number

►

21. If your family member is outside the United States, indicate the U.S. Consulate or inspection facility you want notified if this application is approved.

A. Type of Office (Select one):

☐ Consulate ☐ Pre-flight Inspection Facility ☐ Port of Entry

B. City or Town

C. U.S. State or Foreign Country

PART 3. Information About Your Family Member (the derivative) (continued)

D. Foreign Address Where You Want Notification Sent

Street Number and Name | Apt. Ste. Flr. | Number

City or Town | State | ZIP Code

Province | Postal Code | Country

22. Give the following information about your family member if he or she has previously traveled to the United States.

A. Place of Entry

City or Town | State

B. Date of Entry (mm/dd/yyyy)

C. Date Authorized Stay Expired (mm/dd/yyyy)

D. Immigration Status

23. Has your family member ever been in immigration court proceedings? ☐ Yes ☐ No

24. If you answered "Yes" to **Item Number 23.**, what type of proceedings? (Select **all** that apply)

A. ☐ Removal Date (mm/dd/yyyy)

B. ☐ Exclusion Date (mm/dd/yyyy)

C. ☐ Deportation Date (mm/dd/yyyy)

D. ☐ Recission Date (mm/dd/yyyy)

E. ☐ Next Hearing Date (mm/dd/yyyy)

25. Is your family member requesting an Employment Authorization Document? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 25.**, submit Form I-765, Application for Employment Authorization Document, with Form I-914, Supplement A, or separately.

NOTE: 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.

PART 4. Processing Information

Answer the following questions about your family member for whom you are filing. You must answer "Yes" to the following questions even if the records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney told you that your family member no longer has a record. (If your answer is "Yes" to any one of these questions, use the space provided in **Part 8. Additional Information** to explain your answer. Answering "Yes" does not necessarily mean that your family member will be denied T nonimmigrant status.)

1. Has the family member for whom you are filing **EVER**:

A. Committed a crime or offense for which they have not been arrested? ☐ Yes ☐ No

B. Been arrested, cited, or detained by any law enforcement officer (including Department of Homeland Security (DHS), former Immigration and Naturalization Service (INS), and military officers) for any reason? ☐ Yes ☐ No

C. Been charged with committing any crime or offense? ☐ Yes ☐ No

D. Been convicted of a crime or offense (even if violation was subsequently expunged or pardoned)? ☐ Yes ☐ No

E. Been placed in an alternative sentencing or a rehabilitative program (for example, diversion, deferred prosecution, withheld adjudication, deferred adjudication)? ☐ Yes ☐ No

F. Received a suspended sentence, been placed on probation, or been paroled? ☐ Yes ☐ No

G. Been in jail or prison? ☐ Yes ☐ No

H. Been the beneficiary of a pardon, amnesty, rehabilitation, or other act of clemency or similar action? ☐ Yes ☐ No

I. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? ☐ Yes ☐ No

If you answered "Yes" to any part of **Item Number 1.**, complete the following table. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information** to explain your answer.

Why was the family member for whom you are filing arrested, cited, detained, or charged?	**Date of arrest, citation, detention, charge** (mm/dd/yyyy)	**Where was the family member for whom you are filing arrested, cited, detained, or charged?** (City or Town, State, Country)	**Outcome or disposition** (for example, no charges filed, charges dismissed, jail, probation, etc.)

2. Has the family member for whom you are filing:

A. Engaged in prostitution or procurement of prostitution or does he or she intend to engage in prostitution or procurement of prostitution? ☐ Yes ☐ No

B. **EVER** engaged in any unlawful commercialized vice, including but not limited to illegal gambling? ☐ Yes ☐ No

C. **EVER** knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally? ☐ Yes ☐ No

D. **EVER** illicitly trafficked in any controlled substance, or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance? ☐ Yes ☐ No

PART 4. Processing Information (continued)

3. Has the family member for whom you are filing **EVER** committed, planned or prepared, participated in, threatened to, attempted to, or conspired to commit, gathered information for, or solicited funds for any of the following:

A. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? ☐ Yes ☐ No

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

C. Assassination? ☐ Yes ☐ No

D. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individual or to cause substantial damage to property? ☐ Yes ☐ No

E. The use of any biological agent; chemical agent; or 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

4. Has the family member for whom you are filing **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 an organization that is:

A. Designated as a terrorist organization under the Immigration and Nationality Act section 219? ☐ Yes ☐ No

B. Any other group of two or more individuals, whether organized or not, which has engaged in or has a subgroup which has engaged in:

(1) Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? ☐ Yes ☐ No

(2) 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

(3) Assassination? ☐ Yes ☐ No

(4) The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individual or to cause substantial damage to property? ☐ Yes ☐ No

(5) Soliciting money or members or otherwise providing material support to a terrorist organization? ☐ Yes ☐ No

(6) The use of any biological agent; chemical agent; or 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

5. Does the family member for whom you are filing intend to engage in the United States in:

A. Espionage? ☐ Yes ☐ No

B. Any unlawful activity, or any activity the purpose of which is in opposition, to control or overthrow of the Government of the United States? ☐ Yes ☐ No

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

6. Has the family member for whom you are filing **EVER** been or do they continue to be a member of the Communist or other totalitarian party, except when membership was involuntary? ☐ Yes ☐ No

7. Has the family member for whom you are filing, 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, ever 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

PART 4. Processing Information (continued)

8. Has the family member for whom you are filing **EVER** been present or nearby when any person was:

A. Intentionally killed, tortured, beaten, or injured? ☐ Yes ☐ No

B. Displaced or moved from their residence by force, compulsion, or duress? ☐ Yes ☐ No

C. In any way compelled or forced to engage in any kind of sexual contact or relations? ☐ Yes ☐ No

9. A. Are removal, exclusion, rescission, or deportation proceedings pending against the family member for whom you are filing? ☐ Yes ☐ No

B. Have removal, exclusion, rescission, or deportation proceedings **EVER** been initiated against the family member for whom you are filing? ☐ Yes ☐ No

C. Has the family member for whom you are filing **EVER** been removed, excluded, or deported from the United States? ☐ Yes ☐ No

D. Has the family member for whom you are filing **EVER** been ordered to be removed, excluded, or deported from the United States? ☐ Yes ☐ No

E. Has the family member for whom you are filing **EVER** been denied a visa or denied admission to the United States? (If a visa was denied, use the space provided in **Part 8. Additional Information** to explain your answer.) ☐ Yes ☐ No

F. Has the family member for whom you are filing **EVER** been granted voluntary departure by an immigration officer or an immigration judge and failed to depart within the allotted time? ☐ Yes ☐ No

10. Has the family member for whom you are filing (or has any member of their family) **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

A. Acts involving torture or genocide? ☐ Yes ☐ No

B. Killing any person? ☐ Yes ☐ No

C. Intentionally and severely injuring any person? ☐ Yes ☐ No

D. Engaging in any kind of sexual contact or relations with any person who was being forced or threatened? ☐ Yes ☐ No

E. Limiting or denying any person's ability to exercise religious beliefs? ☐ Yes ☐ No

11. Has the family member for whom you are filing **EVER**:

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, guerrilla group, militia, or insurgent organization? ☐ Yes ☐ No

B. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? ☐ Yes ☐ No

12. Has the family member for whom you are filing **EVER** been a member of, assisted in, or participated in any group, unit, or organization of any kind in which they or any other persons used any type of weapon against any person or threatened to do so? ☐ Yes ☐ No

13. Has the family member for whom you are filing **EVER** assisted or participated in selling or providing weapons to any person who to their knowledge used them against another person, or in transporting weapons to any person who to their knowledge used them against another person? ☐ Yes ☐ No

14. Has the family member for whom you are filing **EVER** received any type of military, paramilitary, or weapons training? ☐ Yes ☐ No

15. Is the family member for whom you are filing under a final order or civil penalty for violating INA section 274C (producing and/or using false documentation to unlawfully satisfy a requirement of the INA)? ☐ Yes ☐ No

16. Has the family member for whom you are filing **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

PART 4. Processing Information (continued)

17. Has the family member for whom you are filing **EVER** left the United States to avoid being drafted into the U.S. Armed Forces? ☐ Yes ☐ No

18. Has the family member for whom you are filing **EVER** detained, retained, or withheld the custody of a child, having a lawful claim to U.S. citizenship, outside the United States from a U.S. citizen granted custody? ☐ Yes ☐ No

19. Does the family member for whom you are filing plan to practice polygamy in the United States? ☐ Yes ☐ No

20. Did the family member for whom you are filing enter the United States as a stowaway? ☐ Yes ☐ No

21. A. Does the family member for whom you are filing have a communicable disease of public health significance? ☐ Yes ☐ No

B. Does the family member for whom you are filing have or have they 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 themselves or others? ☐ Yes ☐ No

C. Is the family member for whom you are filing now or have they been a drug abuser or drug addict? ☐ Yes ☐ No

PART 5. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-914 Instructions before completing this part.

Applicant's Statement

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Applicant's Statement Regarding the Interpreter

A. ☐ I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.

B. ☐ The interpreter named in **Part 6.** read to me every question and instruction on this application and my answer to every question in _____, a language in which I am fluent, and I understood everything.

2. Applicant's Statement Regarding the Preparer

☐ At my request, the preparer named in **Part 7.**, _____, prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

4. Applicant's Mobile Telephone Number (if any)

5. Applicant's Email Address (if any)

PART 5. Applicant's Statement, Contact Information, Declaration, Certification, and Signature (continued)

Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that U.S. Citizenship and Immigration Services (USCIS) may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I authorize the release of any information from my record that USCIS needs to determine eligibility for the benefit I am seeking for the family member for whom I am applying, to investigate my claim, and to investigate fraudulent claims. I further authorize USCIS to release information to law enforcement agencies and prosecutors investigating or prosecuting crimes of trafficking or related crimes. I further authorize USCIS to release information to Federal, State, and local public and private agencies providing benefits, to be used solely in making determinations of eligibility for benefits pursuant to 8 U.S.C. 1641(c).

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law. Any disclosure shall be in accordance with the confidentiality provisions at 8 U.S.C. section 1367 and 8 CFR 214.216.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

1) I reviewed and understood all of the information contained in, and submitted with, my application; and

2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application 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 application and that all of this information is complete, true, and correct.

NOTE: If your family member is in the United States, he or she must verify the accuracy of the information recorded on this supplement and must also complete this section of the supplement.

Applicant's Signature

6. Applicant's Signature | Date of Signature (mm/dd/yyyy)

Applicant's Phone Number (if any) | Applicant's Safe Phone Number (if any)

7. Signature of Family Member (the family member for whom you are filing if he or she is physically present in the United States) | Date of Signature (mm/dd/yyyy)

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

PART 6. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1. Interpreter's Family Name (Last Name) | Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

PART 6. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Mailing Address

3. Street Number and Name | Apt. Ste. Flr. | Number

City or Town | State | ZIP Code

Province | Postal Code | Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and _____, which is the same language specified in **Part 5.**, **Item B.** in **Item Number 1.**, and I have read to this applicant in the identified language every question and instruction on this application and their answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7. Interpreter's Signature | Date of Signature (mm/dd/yyyy)

PART 7. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

1. Preparer's Family Name (Last Name) | Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

PART 7. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant (continued)

Preparer's Mailing Address

3. Street Number and Name

Apt. Ste. Flr. ☐ ☐ ☐ Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5. Preparer's Mobile Telephone Number (if any)

6. Preparer's Email Address (if any)

Preparer's Statement

7. **A.** ☐ I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.

B. ☐ I am an attorney or accredited representative and my representation of the applicant in this case ☐ extends ☐ does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

8. Preparer's Signature

Date of Signature (mm/dd/yyyy)

Part 8. Additional Information

If you need extra space to provide any additional information within this application, 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 application 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.

1. Family Name (Last Name) | Given Name (First Name) | Middle Name

2. A-Number ► **A-**

3. **A.** Page Number **B.** Part Number **C.** Item Number

D.

4. **A.** Page Number **B.** Part Number **C.** Item Number

D.

5. **A.** Page Number **B.** Part Number **C.** Item Number

D.

6. **A.** Page Number **B.** Part Number **C.** Item Number

D.