Supplement A, Petition for Qualifying Family Member of U-1 Recipient

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

USCIS
Form I-918 SupA
OMB No. 1615-0104
Expires 12/31/2027

For USCIS Use Only	Remarks	Receipt	Action Block
	U.S. Embassy Consulate	**Validity Dates** (mm/dd/yyyy) **From:**____/____/____ **To:**____/____/____	**Wait Listed** Stamp Number Date (mm/dd/yyyy)

To be completed by an attorney or accredited representative.	☐ **Select this box if Form G-28 or G-28I is attached.**	**Attorney State Bar Number**	**Attorney or Accredited Representative USCIS Online Account Number**

► **START HERE - Type or print in black ink.**

NOTE: The recipient of the U-1 nonimmigrant classification is referred to as the "principal petitioner." The principal should complete Supplement A.

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Part 1. Filing Information

1. The family member I am filing for is my: ☐ Spouse ☐ Parent ☐ Child ☐ Unmarried sibling under 18 years of age

2. Are you filing this supplement together with your Form I-918, Petition for U Nonimmigrant Status? ☐ Yes ☐ No

3. If you answered "No" to **Item Number 2.**, is your Form I-918 petition:

☐ Pending ☐ Received Bona Fide Determination ☐ Placed on the Waiting List ☐ Approved

Part 2. General Information About You (Principal Petitioner (Victim))

1. Your Full Legal Name (**Do not** provide a nickname)

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

2. Current Physical Address

In Care Of Name (if any)

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

City or Town | State | ZIP Code

Province or Region (foreign address only) | Postal Code (foreign address only) | Country (foreign address only)

Part 2. General Information About You (Principal Petitioner (Victim)) (continued)

3. Current Mailing Address (Safe Mailing Address)

If you do not want USCIS to send notices about this supplement to your physical address, you may provide a safe mailing address. If you do not provide a mailing address below, USCIS may send correspondence to the physical address listed in **Item Number 2.**

In Care Of Name (if any)

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

City or Town | State | ZIP Code

Province or Region (foreign address only) | Postal Code (foreign address only) | Country (foreign address only)

4. U.S. Consular or Inspection Facility Notification

Type of Office (Select **only one** box): ☐ U.S. Consulate ☐ Pre-Flight Inspection ☐ Port-of-Entry

City or Town | State | Country

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Other Information About You (Principal Petitioner (Victim))

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

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

► **A-**

7. USCIS Online Account Number (if any)

►

Part 3. Information About Your Qualifying Family Member

1. Your Qualifying Family Member's Full Legal Name (**Do not** provide a nickname)

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

2. Other Names Used

Provide all other names your qualifying family member has used, including aliases, maiden names, and nicknames. If you need extra space to complete this section, use the space provided in **Part 10. Additional Information**.

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

3. Current or Intended Physical Address in the United States

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

City or Town | State | ZIP Code

Part 3. Information About Your Qualifying Family Member (continued)

Other Information About Your Qualifying Family Member

4. Alien Registration Number (A-Number) (if any)
► **A-**

5. USCIS Online Account Number (if any)
►

6. U.S. Social Security Number (if any)
►

7. Sex
☐ Male ☐ Female

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

9. City or Town of Birth

State or Province of Birth

Country of Birth

10. Country of Citizenship or Nationality

11. Marital Status ☐ Single, Never Married ☐ Married ☐ Divorced ☐ Widowed

12. Does your qualifying family member have a currently valid passport or travel document? ☐ Yes ☐ No
Please provide a copy of the biographical page(s) of their passport or travel document, even if it has expired.

13. Does your qualifying family member have a Form I-94, Arrival/Departure Record? ☐ Yes ☐ No
If you answered "Yes," provide a copy of the document with the Form I-918A.

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Part 4. Additional Information About Your Qualifying Family Member

Information About Your Qualifying Family Member's Prior Marriage(s)

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)

Employment Authorization Document

5. Is your qualifying family member requesting an Employment Authorization Document (EAD)? ☐ Yes ☐ No

NOTE: If your qualifying family member is living outside the United States, he or she is **NOT** eligible to receive employment authorization until he or she is lawfully admitted to the United States.

Part 5. Arrival/Departure Information and General Inadmissibility Grounds

NOTE: If you answer "Yes" to any of the below inadmissibility questions, please refer to the Form I-918 Instructions, Waiver of Grounds of Inadmissibility section, as you may be required to file a Form I-192 waiver.

Item Numbers 1. - 30., about the qualifying family member for whom you are filing this Supplement A. If you answer "Yes" to any questions (or if you answer "No," but are unsure of your answer), provide an explanation of the events and circumstances in the space provided in **Part 10. Additional Information**.

For the purposes of this supplement, you must answer "Yes" to the following questions, if applicable, even if your qualifying family member's records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney, told your qualifying family member that he or she no longer has a record.

1. Has your qualifying family member **EVER** been denied a visa or denied admission to the United States? ☐ Yes ☐ No

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

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 he or she is currently in proceedings, select the box next to "Present." If you answered "Unknown" to **Item Number 2.**, use the space provided in **Part 10. Additional Information** to provide an explanation. You may also use the space provided in **Part 10. Additional Information** to provide information about more than one type of proceeding, if necessary.

☐ Removal ☐ Exclusion ☐ Deportation ☐ Rescission ☐ Unknown

Date (mm/dd/yyyy) ☐ Present

3. Has your qualifying family member **EVER** been issued a final order of exclusion, deportation, or removal? ☐ Yes ☐ No ☐ Unknown

4. Has your qualifying family member **EVER** departed the United States on their own after having been ordered excluded, deported, or removed from the United States? ☐ Yes ☐ No

5. Since April 1, 1997, has your qualifying family member been unlawfully present in the United States:

A. For more than 180 days but less than a year, and then departed the United States? ☐ Yes ☐ No

B. For one year or more and then departed the United States? ☐ Yes ☐ No

NOTE: Your qualifying family member was unlawfully present in the United States if he or she entered the United States without being inspected and admitted or paroled, or if he or she legally entered the United States but stayed longer than permitted.

6. Since April 1, 1997, have they **EVER** reentered or attempted to reenter the United States without being inspected and admitted or paroled after:

A. Having been unlawfully present in the United States for more than one year in the aggregate? ☐ Yes ☐ No

B. Having been deported, excluded, or removed from the United States? ☐ Yes ☐ No

If your answer is "Yes," please provide an explanation including the date(s) of departure, re-entry or attempted reentry in **Part 10. Additional Information.**

Criminal Acts and Violations

For **Item Numbers 7. - 30.**, you must answer "Yes" to any question that applies to your qualifying family member, even if their records were sealed or otherwise cleared, or even if anyone, including a judge, law enforcement officer, or attorney, told them he or she no longer has a record. You must also answer "Yes" to the following questions whether the action or offense occurred here in the United States or anywhere else in the world. If you answer "Yes" to **Item Numbers 7. - 30.**, use the space provided in **Part 10. Additional Information** to provide an explanation that includes why your qualifying family member was arrested, cited, detained, or charged; where he or she was 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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Part 5. Arrival/Departure Information and General Inadmissibility Grounds (continued)

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 you were granted a pardon, amnesty, a rehabilitation decree, or other act of clemency)? If you answered "Yes," provide documentation of the post-conviction action. ☐ Yes ☐ No

10. Has your qualifying family member **EVER** been ordered, punished by a judge, or had conditions imposed on them that restrained their liberty (such as a prison sentence, suspended sentence, house arrest, parole, alternative sentencing, drug or alcohol treatment, rehabilitative programs or classes, probation, or community service)? ☐ Yes ☐ No

11. Has your qualifying family member **EVER** been convicted of two or more offenses (other than purely political offenses) for which the combined sentences to confinement were five years or more? ☐ Yes ☐ No

12. Has your qualifying family member **EVER** exercised immunity (diplomatic or otherwise) to avoid being prosecuted for a criminal offense in the United States? ☐ Yes ☐ No

13. Has your qualifying family member **EVER**, while serving as a foreign government official, been responsible for or directly carried out violations of religious freedoms? ☐ Yes ☐ No

14. Has your qualifying family member **EVER** illegally trafficked or benefited from the trafficking of any controlled substances, or knowingly aided, abetted, assisted, conspired, or colluded in the illegal trafficking of any controlled substances or chemicals? ☐ Yes ☐ No

15. Has your qualifying family member **EVER** engaged in prostitution, or do they intend to engage in any form of commercialized vice, such as prostitution, illegal gambling, bootlegging, or child pornography, while in the United States? ☐ Yes ☐ No

16. Has your qualifying family member **EVER** engaged in money laundering or has your qualifying family member **EVER** knowingly aided, assisted, conspired, or colluded with others in money laundering or are they seeking to enter the United States to engage in such activity? ☐ Yes ☐ No

17. Has your qualifying family member **EVER** trafficked, or knowingly aided, abetted, assisted, conspired, or colluded with others in trafficking persons for commercial sex acts or involuntary servitude, peonage, debt bondage, or slavery? Trafficking includes recruiting, harboring, transporting, providing, or obtaining a person for labor or services through force, fraud, or coercion. ☐ Yes ☐ No

Security and Related

Does your qualifying family member intend to:

18.a. Engage in any activity that violates or evades any law relating to espionage (including spying) or sabotage in the United States? ☐ Yes ☐ No

18.b. Engage in any activity in the United States that violates or evades any law prohibiting the export from the United States of goods, technology, or sensitive information? ☐ Yes ☐ No

18.c. Engage in any activity whose purpose includes opposing, controlling, or overthrowing the U.S. Government by force, violence, or other unlawful means while in the United States? ☐ Yes ☐ No

Has your qualifying family member **EVER**:

19.a. Received any weapons training, paramilitary training or other military-type training? ☐ Yes ☐ No

19.b. Committed hijacking or sabotage of a conveyance (including an aircraft, vessel, or vehicle), kidnapping, or assassination? ☐ Yes ☐ No

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Part 5. Arrival/Departure Information and General Inadmissibility Grounds (continued)

19.c. Threatened, attempted, conspired to use, or used a weapon or explosive or any dangerous device with the intent to endanger the safety of another person or people or cause substantial damage to property? ☐ Yes ☐ No

20. Has your qualifying family member **EVER** assisted or participated in selling, providing, or transporting weapons to any person who, to their knowledge, planned to use them against another person? ☐ Yes ☐ No

21. Has your qualifying family member **EVER** worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? ☐ Yes ☐ No

22. Has your qualifying family member **EVER** served in, been a member of, assisted, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerilla group, militia, insurgent organization, or any other armed group? ☐ Yes ☐ No

Has your qualifying family member **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

23.a. Acts involving torture or genocide? ☐ Yes ☐ No

23.b. Killing any person? ☐ Yes ☐ No

23.c. Intentionally and severely injuring any person? ☐ Yes ☐ No

23.d. Engaging in any kind of sexual contact or relations with any person who did not consent or was unable to consent, or was being forced or threatened? ☐ Yes ☐ No

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

24. Has your qualifying family member **EVER** recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed force or group? ☐ Yes ☐ No

25. Has your qualifying family member **EVER** used any person under 15 years of age to take part in hostilities, or to help or provide services to people in combat? ☐ Yes ☐ No

Fraud and Misrepresentation

26. Are you NOW under a final order or civil penalty for violating section 274C of the INA (producing and/or using false documentation to unlawfully satisfy a requirement of the INA)? ☐ Yes ☐ No

27. Has your qualifying family member **EVER** lied about, concealed, or misrepresented any information on an application or petition to obtain a visa, other documentation required for entry into the United States, admission to the United States, or any other immigration benefit? ☐ Yes ☐ No

28. Has your qualifying family member **EVER** falsely claimed to be a U.S. citizen (in writing or any other way)? ☐ Yes ☐ No

Miscellaneous Conduct

29. Has your qualifying family member **EVER** been convicted of desertion from the U.S. armed forces? ☐ Yes ☐ No

30 Has your qualifying family member **NOW** or have they **EVER** been a drug abuser or addict? ☐ Yes ☐ No

Part 6. Biographic Information About Your Qualifying Family Member

1. Ethnicity (Select **only one** box)

☐ Hispanic or Latino ☐ Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander ☐ White

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Part 6. Biographic Information About Your Qualifying Family Member (continued)

3. Height
Feet [ ] Inches [ ]

4. Weight
Pounds [ ]

5. Eye Color (Select **only one** box)

☐ Black ☐ Blue ☐ Brown ☐ Gray ☐ Green ☐ Hazel ☐ Maroon ☐ Pink
☐ Unknown/Other

6. Hair Color (Select **only one** box)

☐ Bald (No hair) ☐ Black ☐ Blond ☐ Brown ☐ Gray ☐ Red ☐ Sandy ☐ White
☐ Unknown/Other

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Part 7. Principal Petitioner's Contact Information, Certification, and Signature

Principal Petitioner's Contact Information

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Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Principal Petitioner's Daytime Telephone Number

2. Principal Petitioner's Safe Daytime Telephone Number

3. Principal Petitioner's Email Address (if any)

Principal Petitioner's Certification and Signature

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.

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4. Petitioner's Signature ➡

Date of Signature (mm/dd/yyyy)

Qualifying Family Member's Signature

NOTE: Principal petitioners and qualifying family members (or parent or legal guardian, if applicable) who are physically present in the same country must both sign the Supplement A. If principal petitioners and qualifying family members **(or parent or legal guardians)** are not both physically present in the same country, just the principal petitioner must sign the Supplement A.

I certify, under penalty of perjury, that all of the information provided about me in this supplement and any document(s) submitted with it are true and correct.

5. Qualifying Family Member's Signature

Date of Signature (mm/dd/yyyy)

Part 8. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number

4. Interpreter's Mobile Telephone Number

5. Interpreter's Email Address

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and _____, 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 he or she understood every instruction, question, and answer on the supplement.

6. Interpreter's Signature

Date of Signature (mm/dd/yyyy)

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Part 9. Contact Information, Declaration, and Signature of the Person Preparing this Supplement, if Other Than the Petitioner

Preparer's Full Name

1. Preparer's Family Name (Last Name)

Preparer's Given Name (First Name)

2. Preparer's Business or Organization

Preparer's Contact Information

3. Preparer's Daytime Telephone Number

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

5. Preparer's Email Address (if any)

Part 9. Contact Information, Declaration, and Signature of the Person Preparing this Supplement, if Other Than the Petitioner (continued)

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this supplement for the petitioner at his or her 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 he or she understands the responses and information in or submitted with the supplement.

6. Preparer's Signature

Date of Signature (mm/dd/yyyy)

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Part 10. Additional Information

If you need extra space to provide any additional information within this supplement, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this supplement or attach a separate sheet of paper. Type or print your name and A-Number at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

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

2. A-Number ► **A-**

3. Page Number | Part Number | Item Number

4. Page Number | Part Number | Item Number

5. Page Number | Part Number | Item Number

6. Page Number | Part Number | Item Number

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