Supplement J, Confirmation of Valid Job Offer or Request for Job Portability Under INA Section 204(j)

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

USCIS
Form I-485
OMB No. 1615-0023
Expires 02/28/2027

For USCIS Use Only	Fee Receipt	Action Block

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NOTE: Use Form I-485, Supplement J, Confirmation of Valid Job Offer or Request for Job Portability Under INA Section 204(j) (Supplement J), to either confirm that the job offered to you in Form I-140, Immigrant Petition for Alien Worker, that is the basis of your Form I-485, Application to Register Permanent Residence or Adjust Status, remains available to you or to request job portability under the Immigration and Nationality Act (INA) section 204(j).

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

NOTE TO ALL APPLICANTS: If you do not completely fill out this supplement or fail to submit required documents listed in the Instructions, U.S. Citizenship and Immigration Services (USCIS) may reject or deny your application.

IMPORTANT: The applicant completes **Parts 1.**, **2.**, and **3.**

Part 1. Reason for Filing Supplement J

1. This supplement is being filed to (Select **only one** box):

☐ Confirm that the job offered to you in the Form I-140, that is the basis of your Form I-485, remains a valid job offer that you intend to accept once your Form I-485 is approved.

☐ Request job portability under INA section 204(j) to a new, full-time, permanent job offer that you intend to accept once your Form I-485 is approved.

Part 2. Information About You (Applicant)

1. Your Current Legal Name (do not provide a nickname)

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

2. U.S. Mailing Address

In Care Of Name (if any)

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

City or Town | State | ZIP Code

Other Information

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

4. USCIS Online Account Number (if any)
►

Part 2. Information About You (Applicant) (continued)

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

6. Country of Birth

Basic Information About Your Form I-485 and the Underlying Form I-140

7. Form I-485 Receipt Number (if already filed with USCIS)

8. Form I-485 Filing Date (if already filed with USCIS) (mm/dd/yyyy)

9. Form I-140 Receipt Number

10. Has your Form I-140 been approved? ☐ Yes ☐ No ☐ Unknown

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Part 3. Applicant's Contact Information, Certification, and Signature

Applicant's Contact Information

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

1. Applicant's Daytime Telephone Number

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

3. Applicant's Email Address (if any)

Applicant'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 4.**, 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.

4. Applicant's Signature ➡

Date of Signature (mm/dd/yyyy)

Part 4. 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

Part 4. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number

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

5. Interpreter's Email Address (if any)

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 applicant's answers to the questions in that language, and the applicant 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)

Part 5. Contact Information, Certification, and Signature of the Person Preparing Parts 1. - 4. of this Supplement, if Other Than the Applicant

Preparer's Full Name

1. Preparer's Family Name (Last Name)

Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name

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)

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared **Parts 1. - 4.** of this supplement for the applicant 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 applicant. The applicant 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)

IMPORTANT: The employer confirming an existing valid job offer or offering the applicant a new, permanent job must complete **Parts 6.**, **7.**, and **8.**

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Part 6. Information About the Employer

1. Type of employer (Select **only one** box): ☐ Business/Organization ☐ Self/Individual

Employer's U.S. Mailing Address

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

City or Town | State | ZIP Code

Employer's U.S. Physical Address

Provide the physical address where the applicant will work if different from the employer's mailing address in **Item Number 3.** or the address provided in Form I-140 on which the applicant's Form I-485 is based.

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

City or Town | State | ZIP Code

Information About the Business Entity Employer

If you, the employer, are a business entity, provide the information requested in **Item Numbers 4. - 12.**

4. Business or Organization Name

5. Employer Identification Number ►

6. Type of Business Entity

7. Type of Business Activity

8. Date Established (mm/dd/yyyy)

9. Current Number of U.S. Employees

10. Gross Annual Income $

11. Net Annual Income $

12. NAICS Code ►

Information About the Individual Employer (if applicable)

13. Your Current Legal Name (do not provide a nickname)

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

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

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

16. Annual Income $

17. Occupation

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Part 7. Information About the Job Offer

You, the employer, must provide the information requested in **Part 7.**

1. Job Title

2. Standard Occupational Classification (SOC) Code ► [ ][ ] - [ ][ ][ ][ ]

3. Nontechnical Description of Job (If you need extra space to complete this section, use the space provided in **Part 10. Additional Information**.)

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4. Is this a full-time position? ☐ Yes ☐ No

5. If you answered "No," provide the number of hours per week the applicant will work in this position.

6. Is this a permanent position? ☐ Yes ☐ No

7. Wages Offered (Specify hour, week, month, or year) **$** per

8. Is the applicant named in **Part 2.** of this supplement currently employed by you? ☐ Yes ☐ No

9. If you answered "Yes," when did the applicant begin employment with you (mm/dd/yyyy)?

Part 8. Contact Information, Certification, and Signature of the Individual Employer or Authorized Signatory of the Business Entity Employer

Individual Employer's or Authorized Signatory's Contact Information

1. Individual Employer's or Authorized Signatory's Family Name (Last Name)

Individual Employer's or Authorized Signatory's Given Name (First Name)

2. Individual Employer's or Authorized Signatory's Title

Part 8. Contact Information, Certification, and Signature of the Individual Employer or Authorized Signatory of the Business Entity Employer (continued)

3. Individual Employer's or Authorized Signatory's Daytime Telephone Number

4. Individual Employer's or Authorized Signatory's Mobile Telephone Number (if any)

5. Individual Employer's or Authorized Signatory's Email Address (if any)

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Individual Employer's or Authorized Signatory's Certification and Signature

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If filing this supplement on behalf of an organization, I certify that I am authorized to do so by the organization:

- I reviewed and provided or authorized all of the responses and information in my supplement;
- I understood all of the responses and information contained in, and submitted with, my supplement; and
- All of the responses and information were complete, true, and correct at the time of filing.

Furthermore, I authorize the release of any information from any and all of my records as authorized signatory and the individual employer's records that USCIS may need to determine the individual employer's eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

6. Signature of Individual Employer or Authorized Signatory

Date of Signature (mm/dd/yyyy)

Part 9. 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 (if any)

5. Interpreter's Email Address (if any)

Part 9. Interpreter's Contact Information, Certification, and Signature (continued)

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 individual employer's or authorized signatory's answers to the questions in that language, and the indivudual employer or authorized signatory informed me that he or she understood every instruction, question, and answer on the supplement.

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Interpreter's Signature

6. Interpreter's Signature [ ] Date of Signature (mm/dd/yyyy) [ ]

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Part 10. Additional Information

If either the applicant, employer, or the preparer needs 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 (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.

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

2. A-Number (if any) ► **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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