TABLE OF CHANGES – FORM I-918

Supplement A, Petition for Qualifying Family member of U-1 Recipient OMB Number: 1615-0104 04/22/2014

Reason for Revision: Reformatted to be in 2 column format, and added I-94 initiative data collection boxes.

Current Section and Page Number	Current Text	Proposed Text
Format	Full page format	2 column format; added numbers to data collections in the 2 column format
Page 1, For USCIS Use Only Block	Currently is vertical down the right side of page 1.	Moved to be horizontal across the top of the form and some date fields were removed as they are no longer valid
	Conditional Approval	Wait Listed
	Attorney State License Number	Attorney State Bar Number
Page 1, Part 1. Family member(s) relationship to you (the principal).	(The recipientHis or her family member(s) is referred to as a "derivative." Form I-918, Supplement A is to be completed by the principal).	Page 1, (The recipient His or her family members are referred to as "derivatives." The principal should complete Supplement A.)
	Part 1. Family member(s) relationship to you (the principal).	Part 1. Family Member's Relationship To You (The Principal)
	- Spouse - Parent - Child - Unmarried sibling under 18 years of age	 1. The family member that I am filing for is my - Spouse - Parent - Child - Unmarried sibling under 18 years of age
Page 1, Part 2. Information		Page 1,
about you	Part 2. Information about you	Part 2. Information About You (The Principal)
	Family Name	1.a. Family Name (<i>Last Name</i>)
	Given Name	1.b. Given Name (<i>First Name</i>)

	I	
	Middle Name	1.c. Middle Name
	Date of Birth (mm/dd/yyyy)	Other Information 2. Date of Birth (mm/dd/yyyy)
	A-Number (if any)	3. Alien Registration Number (A-Number) (if any)
	Status of your Form I-918, Petition for U Nonimmigrant Status. Pending/Approved	4. Status of your Form I-918 Pending Approved
Page 1, Part 3. Information		Page 1,
about your family member		
(the derivative).	Part 3. Information about your family member (the derivative).	Part 3. Information About Your Qualifying Family Member (The Derivative)
	Family Name	1.a. Family Name (Last Name)
	Given Name	1.b. Given Name (First Name)
	Middle Name	1.c. Middle Name
	Other Names Use (Include maiden name/nickname)	Other Names Used (Include maiden name, nicknames, etc.)
		If you need extra space to provide additional names, use Part 9. Additional Information ; type or print your (The Principal's) name and Alien Registration Number (A-Number) (<i>if any</i>) at the top of each sheet; indicate the Page Number , Part Number , and Item Number to which your answer refers; and date and sign each sheet.
		2.a. Family Name (<i>Last Name</i>)
		2.b. Given Name (First Name)
		2.c. Middle Name
		3. Date of Birth (<i>mm/dd/yyyy</i>)
		4. Country of Birth
		5. Country of Citizenship or Nationality

Residence or Intended Residence in the U.S. –	Residence or Intended Residence in the U.S
Street Number and Name Apt.#	6.a. Street Number and Name
City	6.b. Apt. Ste. Flr.
State/Province	6.c. City or Town
Zip/Postal Code	6.d. State
	6.e. ZIP Code
Safe Mailing Address (if other than above)- Street Number and Name	Safe Mailing Address (if other than previous) 7.a. In Care Of Name
Apt.#	7.b. Street Number and Name
City	7.c. Apt. Ste. Flr.
State/Province	7.d. City or Town
Zip/Postal Code	7.e. State
	7.f ZIP Code
	7.g. Province
	7.h. Postal Code
	7.i. Country
A# (if any)	Other Information8. Alien Registration Number (A-Number) (if any)
U.S. Social Security # (if any)	9. U.S. Social Security Number (if any)
I-94# (if any)	10. I-94 Number
Home Phone # (with area code)	11. Passport Number
Safe Daytime Phone # (with area code)	12. Travel Document Number
	13. Country of Issuance for Passport or Travel

		Document
		14. Date of Issuance for Passport or Travel Document (mm/dd/yyyy)
		15. Expiration Date for Passport or Travel Document (mm/dd/yyyy)
	Marital Status Single/Married/Divorced/ Widowed	16. Marital Status Married Widowed Single Divorced
	Gender	17. Gender Male Female
Page 2, Part 4. Additional		Page 2,
information about your family member	Part 4. Additional information about your family member	Part 4. Additional Information About Your Qualifying Family Member
	1. Give the following information about your family member if he or she is currently in the United States.	Provide the following information about your family member if he or she is currently in the United States.
	Place of Last Entry	1.a. Place of Last Entry into the United States
	Date of Last Entry	1.b. Date of Last Entry into the United States (mm/dd/yyyy)
	Current Immigration Status	1.c. Current Immigration Status
	Passport #	
	Place of Issuance	
	Date of Issue (mm/dd/yyyy)	
	2. Give the following information about your family member if he or she has previously traveled to the United States.	Provide the following information about your family member if he or she has previously traveled to the United States.
	Place of Entry Date of Entry (mm/dd/yyyy)	2.a. Place of Entry into the United States
	Date of Entry (mm/ad/yyyy) Date Authorized Stay Expired (mm/dd/yyyy) Immigration Status	2.b. Date of Entry into the United States (<i>mm/dd/yyyy</i>)
	Inningration Status	2.c. Date Authorized Stay Expired (<i>mm/dd/yyyy</i>)

	2.d. Immigration Status
	3.a. Place of Entry into the United State
	3.b. Date of Entry into the United States (<i>mm/dd/yyyy</i>)
	3.c. Date Authorized Stay Expired (<i>mm/dd/yyyy</i>)
	3.d. Immigration Status
If your relative 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. Name of Former Spouse(s)	If your relative was previously married, list the names of your relative's prior spouses and the dates his or her marriage(s) were terminated. You must attach documents such as divorce decrees or death certificates. 4.a. Family Name (Last Name) 4.b. Given Name (First Name) 4.c. Middle Name
Date Marriage Ended Where and How Marriage Ended	4.d. Date Marriage Ended (mm/dd/yyyy)4.e. Where did the marriage end?4.f. How did the marriage end?
	5.a. Family Name (Last Name)5.b. Given Name (First Name)
	5.c. Middle Name
	5.d. Date Marriage Ended (mm/dd/yyyy)
	5.e. Where did the marriage end?
	5.f. How did the marriage end?
4. If your relative is outside the United States give the U.S. consulate or inspection facility you want notified	If your relative is outside the United States, provide the U.S. Consulate or inspection facility you want notified if

if this petition is approved.	this petition is approved.
Type of Office (Check one):	6.a. Type of Office (Select only one box):
Consulate	U.S. Consulate
Pre-flight inspection	Pre-Flight Inspection
Port of Entry	Port of Entry
Office Address (City)	6.b. City or Town
U.S. State or Foreign Country	6.c. State
	6.d. Country
Foreign Address Where You Want Notification Sent	Safe foreign address where you want notification sent (if other than U.S. Consulate, Pre-Flight Inspection, or Port-of-Entry).
	7.a. Street Number and Name
	7.b. Apt. Ste. Flr.
	7.c. City or Town
	7.d. Province
	7.e. Postal Code
	7.f. Country
	Other Information
5. Has your family member ever been in immigration proceedings?	8.a. Has your family member ever been in immigration proceedings?YesNo
If "Yes," what type of proceedings? (Check all that apply.)	If "Yes," select the type of proceedings and provide the date of action. (Select all applicable boxes)
Removal Date (mm/dd/yyyy)	8.b. Removal Proceedings Removal Date (mm/dd/yyyy)
Exclusion Date (mm/dd/yyyy)	8.c. Exclusion Proceedings Exclusion Date (mm/dd/yyyy)

Deportation Date (mm/dd/yyyy)	8.d. Deportation Proceedings Deportation Date (mm/dd/yyyy)
Recission Date (mm/dd/yyyy)	8.e. Recission Proceedings Rescission Date (mm/dd/yyyy)
Judicial Date (mm/dd/yyyy)	8.f. Judicial Proceedings Judicial Date (mm/dd/yyyy)
6. Is your family member requesting an Employment Authorization Document? (If "Yes,") Yes/No	9. Is your family member requesting an Employment Authorization Document? (<i>If "Yes,"</i>) Yes No
NOTE: If your Do not file an I-765 for a family member living outside the United States.	NOTE: If your Do not file Form I-765 for a family member living outside the United States.
7. List your family member's spouse and children. (Attach additional sheet(s) of paper if necessary.) Full Name	Provide the following information for your family member's spouse and children. (If you need additional space, use Part 9. Additional Information.)
run Name	10.a. Family Name (<i>Last Name</i>)
	10.b. Given Name (First Name)
	10.c. Middle Name
Date of Birth (mm/dd/yyyy)	10.d. Date of Birth (<i>mm/dd/yyyy</i>)
Country of Birth	10.e. Country of Birth
Relationship	10.f. Relationship
	11.a. Family Name (<i>Last Name</i>)
	11.b. Given Name (First Name)
	11.c. Middle Name
	11.d. Date of Birth (mm/dd/yyyy)
	11.e. Country of Birth
	11.f. Relationship

		12.a. Family Name (<i>Last Name</i>) 12.b. Given Name (<i>First Name</i>) 12.c. Middle Name 12.d. Date of Birth (<i>mm/dd/yyyy</i>) 12.e. Country of Birth 12.f. Relationship
Page 3, Part 4., Additional Information About Your Family Member(continued)	Please answer the following questions about your family member. For the purposes of this petition, you must answer "Yes" to the following questions, if applicable, even if your 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. (Answering "Yes" does not necessarily mean that your family member will be denied U nonimmigrant status.)	Page 4, Part 4. Additional Information About Your Qualifying Family Member (continued) Answer the following questions about your family member. For the purposes of this petition, you must answer "Yes" to the following questions, if applicable, even if your family member's records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney, told you that your family member no longer has a record. NOTE: If you answer "Yes" to ANY question in Part 4., provide the requested information in Part 9. Additional Information; type or print your (The Principal's) name and A-Number (if any) at the top of each sheet; indicate the Page Number, Part Number, and Item Numbers to which your answer refers; and sign and date each sheet. (Answering "Yes" does not necessarily mean that USCIS will deny your Petition for U Nonimmigrant Status.)
	8. Has the family member for whom you are filing EVER : a. Committed a crime or offense for which he or she	Has the family member for whom you are filing this petition EVER: 13.a. Committed a crime or offense for which he or she
	have not been arrested? Yes/No b. Been arrested, cited or detained by any law enforcement officer (including DHS (former INS) and military officers) for any reason? Yes/No	has not been arrested? Yes/No 13.b. Been arrested, cited or detained by any law enforcement officer (<i>including DHS, former INS, and military officers</i>) for any reason? Yes/No

- c. Been...
- 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...
- g. Been...
- h. Been...
- i. Exercised...

If the...

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, State, Country)

- 13.c. Been charged with committing any crime or offense?
- 13.d. Been convicted of a crime or offense (*even if the violation was subsequently expunged or pardoned*)? Yes/No
- 13.e. Been placed in an alternative sentencing or a rehabilitative program (*for example: diversion, deferred prosecution, withheld adjudication, deferred adjudication*)? Yes/No
- **13.f.** Received a suspended sentence, been placed on probation, or been paroled?
- 13.g. Been held in jail or prison?
- **13.**h. Been the beneficiary of a pardon, amnesty, rehabilitation, or other act of clemency or similar action?
- **13.**i. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States?

[Delete.]

Information About Arrest, Citation, Detention, or Charge

- 14.a. Why was the family member for whom you are filing arrested, cited, detained, or charged?
- **14.b.** Date of arrest, citation, detention, or charge. (*mm/dd/yyyy*)

Where was the family member for whom you are filing arrested, cited, detained, or charged?

- 14.c. City or Town
- 14.d. State
- 14.e. Country
- 14.f. Outcome or disposition. (e.g., no charges filed,

Outcome or disposition. (e.g., no charges filed, charges dismissed, jail, probation, etc.)	charges dismissed, jail, probation)
	15.a. Why was the family member for whom you are filing arrested, cited, detained, or charged?
	15.b. Date of arrest, citation, detention, or charge. (mm/dd/yyyy)
	Where was the family member for whom you are filing arrested, cited, detained, or charged?
	15.c. City or Town
	15.d. State
	15.e. Country
	15.f. Outcome or disposition. (e.g., no charges filed, charges dismissed, jail, probation)
	16.a. Why was the family member for whom you are filing arrested, cited, detained, or charged?
	16.b. Date of arrest, citation, detention, or charge. (mm/dd/yyyy)
	Where was the family member for whom you are filing arrested, cited, detained, or charged?
	16.c. City or Town
	16.d. State
	16.e. Country
	16.f. Outcome or disposition. (e.g., no charges filed, charges dismissed, jail, probation, etc.)
	NOTE: If you answer "Yes" to ANY question in Item Numbers 17. – 41.c., provide the requested information in Part 9. Additional Information; type or print your (The Principal's) name and A-Number (<i>if any</i>) at the top of each sheet; indicate the Page Number, Part

		Number, and Item Numbers to which your answer refers; and sign and date each sheet. (Answering "Yes"
		does not necessarily mean that USCIS will deny your Petition for U Nonimmigrant Status.)
		DELETE (VAWA 2013 reauthorization provides U nonimmigrants are exempt from public charge)
	9. Has theany State, county, city or other municipality (other than emergency medical treatment), or is he ? Yes/No	
Pages 4-7, Part 4., Additional Information About Your		Page 5,
Family Member(continued)	10. Has the family member for whom you are filing:	Has the family member for whom you are filing EVER:
	a. Ever engaged Yes/No	17.a. Engaged in, or does he or she intend to engage in, prostitution or procurement of prostitution? Yes/No
	b. Ever engaged Yes/No	17.b. Engaged Yes/No
	c. Ever knowingly, encouraged, induced, assisted, abetted or aided Yes/No	17.c. Knowingly encouraged, induced, assisted, abetted, or aided Yes/No
	d. Ever illicitly trafficked in any controlled substance, or knowingly, assisted, abetted or colluded Yes/No	17.d. Illicitly trafficked in any controlled substance, or knowingly, assisted, abetted, or colluded Yes/No
	11. Has the family for whom you are filing ever	Has the family for whom you are filing EVER
	a. Highjacking (including an aircraft, vessel, or vehicle? Yes/No	18.a. Highjacking (including an aircraft, vessel, or vehicle)? Yes/No
	b. Seizing or (including a governmental organization) to Yes/No	18.b. Seizing or (including a governmental organization) to Yes/No
	c. Assassination? Yes/No	18.c. Assassination? Yes/No
	d. The use Yes/No	18.d. The use Yes/No
	e. The use Yes/No	18.e. The use Yes/No
	12. Has the family for whom you are filing ever	Has the family for whom you are filing EVER
	a. Designated a terrorist organization under section	19.a. A terrorist organization under section 219 of the

219 of the Immigration and Nationality Act? Yes/No

- b. Any other group... Yes/No
 - 1. Highjacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? Yes/No
 - 2. Seizing

or... (including a governmental organization) to... Yes/No

- 3. Assassination? Yes/No
- 4. The use... Yes/No
- 5. The use... Yes/No
- 6. Soliciting... Yes/No

13. Does the...

- a. Espionage? Yes/No
- b. Any... Yes/No
- c. Solely... Yes/No
- 14. Has the family member for whom you are filing ever been or does her or she... Yes/No

INA? Yes/No

19.b. Highjacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? Yes/No

19.c. Seizing or... (including a governmental organization) to... Yes/No

19.d. Assassination? Yes/No

19.e. The use... Yes/No

19.f. The use... Yes/No

19.g. Soliciting... Yes/No

[new—HRV]

- 19. h. Has the family member for whom you are filing for EVER been a member of, assisted in, or participated in any group, unit, or organization of any kind in which they or other persons used any type of weapon against any person or threatened to do so?
- 19.i. Has the family member for whom you are filing for EVER assisted or participated in selling 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?

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

20.a. Espionage? Yes/No

20.b. Any... Yes/No

20.c. Solely... Yes/No

21. Has the family member for whom you are filing **EVER** been or does he or she... Yes/No

15. Has the family member for whom you are filing, during Yes/No	22. Has the family member for whom you are filing EVER, during the period of March 23, 1933 Yes/No
16. Has the family member whom you are filing EVER	Has the family member whom you are filing EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:
a. Torture Yes/No	23.a. Acts involving torture or genocide? Yes/No
b. Killing Yes/No	23.b. Killing any person? Yes/No
c. Displacing Yes/No	[moved to be 24.g.]
	23.c. Intentionally and severely injuring any person? Yes/No
d. Engaging Yes/No	23.d. Engaging in any kind of sexual contact or relations with any person who was being forced or threatened? Yes/No
e. Limiting Yes/No	23.e. Limiting or denying any person's ability to exercise religious beliefs? Yes/No
f. The Yes/No	23.f. The persecution of any person because of race Yes/No
If the answer	[Delete.]
	23.g. Displacing or moving any person from their residence by force, threat of force, compulsion, or duress?
17. Has the family member for whom you are filing EVER advocated? (If you answer "Yes," please describe the circumstances on a separate sheet(s) of paper.) Yes/No	24. Has the family member for whom you are filing EVER advocated that another person commit any of the acts described in the preceding question? Yes/No
18. Has the family member for whom you are filing EVER been	Has the family member for whom you are filing EVER been

- a. Intentionally... Yes/No
- b. Displaced or moved from his or her residence by force, compulsion or duress? Yes/No
- c. In any...

If the answer...

- 19. Has the family member for whom you are filing (or has any member of his or her family) EVER...
- a. Any military... Yes/No
- b. Any prison camp, detention camp, labor camp or any other situation that involved guarding prisoners? ... Yes/No
- c. Any group... Yes/No

If the answer...

20. Has the family member for whom you are filing EVER...? (If the answer...) Yes/No

- 25.a. Intentionally... Yes/No
- 25.b. Displaced or moved from his or her residence by force, compulsion, or duress? Yes/No
- 25.c. In any compelled or forced to engage in any kind of sexual contact or retaliation?

[Delete.]

Has the family member for whom you are filing (or has any member of his or her family) **EVER:**

- 26.a. Served in, been a member of, assisted in, or participated in any military... guerilla group, militia, or insurgent organization? Yes/No
- 26.b. Served in any prison...prison camp, detention facility, labor camp or any other situation that involved detaining prisoners? Yes/No
- 26.c. Been a member of, assisted in, or participated in any group... against persons or threatened to do so? Yes/No
- 27. Has the family member for whom you are filing EVER received any type of military, paramilitary, or weapons training? Yes/No
- 28.a. Has the family member for whom you are filing **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
- 28.b. Has the family member for whom you are filing **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
- 29. Is the family member for whom you are filing **NOW** in or have removal, exclusion, rescission, or deportation

- 21.a. Are removal, exclusion, rescission or deportation proceedings pending against him or her? Yes/No
- b. Have removal, exclusion, rescission or deportation proceedings EVER been initiated against him or her? 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... Yes/No
- f. Has... Yes/No
- 22. Is the member for whom you are filing under a final order or civil penalty for violating section 274C (producing... Immigration and Nationality Act)? Yes/No
- 23. Has the family member for whom you are filing ever... Yes/No
- 24. Has the family member for whom you are filing ever... Yes/
- 25. Has the family member for whom you are filing ever been a J nonimmigrant exchange visitor who was subject to the two-year foreign... Yes/No

proceedings pending against him or her? Yes/No

- 30. Has the family member for whom you are filing **EVER** had removal, exclusion, rescission, or deportation proceedings initiated against him or her? Yes/No
- 31. Has the family member for whom you are filing **EVER** been removed, excluded, or deported from the United States? Yes/No
- 32. Has the family member for whom you are filing **EVER** been ordered to be removed, excluded, or deported from the United States? Yes/No
- 33. Has the family member for whom you are filing EVER been denied a visa or denied admission to the United States? Yes/No
- 34. Has the family member for whom you are filing EVER been granted voluntary departure...? Yes/No
- 35. Is the member for whom you are filing 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
- 36. Has the family member for whom you are filing **EVER** by fraud or willful misrepresentation... Yes/No
- 37. 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

DELETE (Does not apply to the program)

	26. Has the family member for whom you are filing ever detained, retained, or withheld the custody of a child, having a lawful claim to United States citizenship, outside the United States from a United States citizen granted custody? Yes/No	38. 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
	27. Does Yes/No	39. Does the family member for whom you are filing plan to practice polygamy in the United States? Yes/No
	28. Have you entered the United States as a stowaway? Yes/No	40. Did the family member for whom you are filing EVER enter the United States as a stowaway? Yes/No
	29.a. Do you have a communicable Yes/No	41.a. Does the family member for whom you are filing NOW have a communicable disease of public health significance? Yes/No
	b. Do you have or have you had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated Yes/No	41.b. Does the family member for whom you are filing NOW have or EVER had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated Yes/No
	c. Are you now or have you been Yes/No	41.c. Is the family member for whom you are filing NOW or EVER been a drug abuser or addict? Yes/No
Page 8,		Page 7,
Part 5. Attestation, release and signature	Part. 5. Attestation, Release, and Signature (Read information on penalties in the instructions before completing this Part.)	Part 5. Petitioner's Statement, Certification, USCIS ASC Acknowledgement, Signature, and Contact Information
		NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.
		1.a. I can read and understand English, and have read and understand each and every question and instruction on this petition, as well as my answer to each question. I have read the Acknowledgement of Required Appointment at USCIS ASC.
		1.b. The interpreter named in Part 7. has read to me each and every question and instruction on this application/petition/request, as well as my answer to each question, in [Fillable Field], a language in which I am fluent. I understand each and every question and

instruction on this petition as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above. The interpreter named in **Part 7.** also has read the **Acknowledgement of Required Appointment at USCIS ASC** to me, in the language in which I am fluent, and I understand this USCIS ASC Acknowledgement as read to me by my interpreter.

2. I have requested the services of and consented to [Fillable Field], who is__ is not __ an attorney or accredited representative, preparing this petition for me. My attorney or accredited representative, as named in Part 8., and any other person who assisted me in preparing my petition has reviewed the Acknowledgement of Required Appointment at USCIS ASC with me and I understand the USCIS ASC Acknowledgement.

Acknowledgement of Required Appointment at USCIS ASC

I, [Auto-populate Field with Petitioner's Full Name], understand that the purpose of a USCIS Application Support Center (ASC) appointment is for me to provide fingerprints, photographs, and/or signature and to verify that all of the information in my petition is complete, true, and correct and was provided by me. I understand that I will sign my name to the following declaration which USCIS will display to me at the time I provide my fingerprints, photographs, and/or signature during my USCIS ASC appointment:

By signing here, I declare under penalty of perjury that I have reviewed and understand my petition, as identified by the receipt number displayed on the screen above, and all supporting documents, applications, petitions, or requests filed with my petition that I (or my attorney or accredited representative) filed with USCIS, and that all of the information in these materials is complete, true, and correct.

I also understand that when I sign my name, provide my fingerprints, and am photographed at the USCIS ASC, I

will verify that I willingly submit this petition; I have reviewed the contents of this petition; all of the information in my petition are complete, true, and correct; and if I was assisted in completing this petition, the person assisting me also reviewed this **Acknowledgement of Required Appointment at USCIS ASC** with me.

Petitioner's Certification [subheader]

I certify, under penalty of perjury under the laws of the United States of America, that the information in my petition and any document submitted with my petition are complete, true, and correct. Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this petition, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration of U.S. immigration laws.

Petitioner's Signature [sub header]

- 3.a. Petitioner's Signature
- 3.b. Date of Signature

Petitioner's Contact Information [sub header]

- **4.** Petitioner's Daytime Telephone Number
- 5. Petitioner's Mobile Telephone
- **6.** Petitioner's Email Address

WARNING: Petitioners who are in the United States illegally are subject to removal if their claims are not granted. Any information provided while completing this supplementary petition may be used as a basis for the institution of, or as evidence in, removal proceedings even if the petition is withdrawn.

NOTE: Your qualifying family member for whom
you are filing must sign in Part 6 below if he or she is
present in the United States.
Page 9,
Part 6. Qualifying Family Member's Statement,
Certification, USCIS ASC Acknowledgement,
Signature, and Contact Information
NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.
1.a. I can read and understand English, and have read and understand each and every question and instruction on this Supplement, as well as my answer to each question. I have read the Acknowledgement of Required Appointment at USCIS ASC.
1.b. The interpreter named in Part 7. has read to me each and every question and instruction on this Supplement, as well as my answer to each question, in [Fillable Field], a language in which I am fluent. I understand each and every question and instruction on this Supplement as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above. The interpreter named in Part 7. also has read the Acknowledgement of Required Appointment at USCIS ASC to me, in the language in which I am fluent, and I understand this USCIS ASC Acknowledgement as read to me by my interpreter.
2. I have requested the services of and consented to [Fillable Field], who is is not an attorney or accredited representative, preparing this Supplement for me. My attorney or accredited representative, as named in Part 8., and any other person who assisted me in preparing this Supplement has reviewed the Acknowledgement of Required Appointment at USCIS ASC with me and I understand the USCIS ASC Acknowledgement.
Acknowledgement of Required Appointment at USCIS ASC [subheader]

I, [Auto-populate Field with the Qualifying Family Member's Full Name], understand that the purpose of a USCIS Application Support Center (ASC) appointment is for me to provide fingerprints, photographs, and/or signature and to verify that all of the information in this Supplement is complete, true, and correct and was provided by me. I understand that I will sign my name to the following declaration which USCIS will display to me at the time I provide my fingerprints, photographs, and/or signature during my USCIS ASC appointment:

By signing here, I declare under penalty of perjury that I have reviewed and understand this Supplement, as identified by the receipt number displayed on the screen above, and all supporting documents, applications, petitions, or requests filed with the Principle's petition that I (or my attorney or accredited representative) filed with USCIS, and that all of the information in these materials is complete, true, and correct.

I also understand that when I sign my name, provide my fingerprints, and am photographed at the USCIS ASC, I will verify that I willingly submit this Supplement; I have reviewed the contents of this Supplement; all of the information in this Supplement is complete, true, and correct; and if I was assisted in completing this Supplement, the person assisting me also reviewed this Acknowledgement of Required Appointment at USCIS ASC with me.

Qualifying Family Member's Certification [subheader]

I certify, under penalty of perjury under the laws of the United States of America, that the information in this Supplement and any document submitted with my Supplement is complete, true, and correct. Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from my records that USCIS may need to determine my eligibility for the immigration

benefit that I seek.
I furthermore authorize release of information contained in this Supplement, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration of U.S. immigration laws.
Qualifying Family Member's Signature
3.a. Qualifying Family Member's Signature 3.b. Date of Signature
Qualifying Family Member's Contact Information
4. Qualifying Family Member's Daytime Telephone Number
5. Qualifying Family Member's Mobile Telephone
6. Qualifying Family Member's Email Address
Page 10,
Part 7. Interpreter's Certification, Signature, and Contact Information
Interpreter's Full Name
Provide the following information about the interpreter:
1.a. Interpreter's Family Name (Last Name)
1.b. Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name (if any)
Interpreter's Mailing Address 3.a. Street Number and Name 3.b. Apt. Ste. Flr. 3.c. City or Town 3.d. State
3.e. ZIP Code

- **3.f.** Province
- 3.g. Postal Code
- **3.h.** Country

Interpreter's Contact Information

- 4. Interpreter's Daytime Telephone Number
- **5.** Interpreter's Email Address

Interpreter's Certification

I certify that:

I am fluent in English and [Fillable Field], which is the same language provided in **Part 5., Item Number 1.b.**

I have read to this petitioner and qualifying family member each and every question and instruction on this Supplement, as well as the answer to each question, in the language provided in **Part 5.**, **Item Number 1.b.**; and

I have read the **Acknowledgement of Required Appointment at USCIS ASC** to the petitioner and qualifying family member in the same language provided in **Part 5.**, **Item Number 1.b.**;

The petitioner and qualifying family member have informed me that he and/or she understands each and every instruction and question on the Supplement, as well as the answer to each question. The petitioner and qualifying family member also have informed me that he and/or she understands the USCIS ASC Acknowledgement and that by appearing for a USCIS ASC biometric services appointment and providing his and/or her fingerprints, photographs, and/or signature, he and/or she is affirming that the contents of this Supplement and all supporting documentation are complete, true, and correct.

Interpreter's Signature

- **6.a.** Interpreter's Signature
- **6.b.** Date of Signature (*mm/dd/yyyy*)

Page 8, Part 6. Signature of person preparing form, if other than above. (sign below.)	Part 6. Signature of person preparing form, if other than above. (sign below.)	Page 10,
	other than above. (sign below.)	Part 8. Name, Contact Information, Certification, and Signature of the Person Preparing this Petition, If Other than the Petitioner
		Preparer's Full Name
		Provide the following information concerning the preparer:
		1.a. Preparer's Family Name (Last Name)
		1.b. Preparer's Given Name (First Name)
		2. Preparer's Business or Organization
		Preparer's Mailing Address
		3.a. Street Number and Name
		3.b. Apt. Ste. Flr.
		3.c. City or Town
		3.d. State
		3.e. ZIP Code
		3.f. Province
		3.g. Postal Code
		3.h. Country
		Preparer's Contact Information
		4. Preparer's Daytime Telephone Number
		5. Preparer's Fax Number

6. Preparer's Email Address

Preparer's Statement [sub-header]

7.a. I am not an attorney or accredited representative but have prepared this Supplement on behalf of the petitioner and qualifying family member and with the petitioner's and qualifying family member's consent.

7.b. I am an attorney or accredited representative and my representation of the petitioner and qualifying family member in this case (choose one) extends__ does not extend __ beyond the preparation of this Supplement.

Preparer's Certification

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this Supplement on behalf of, at the request of, and with the express consent of the petitioner and qualifying family member. I completed this Supplement based only on responses the petitioner and qualifying family member provided to me. After completing the Supplement, I reviewed it and all of the petitioner's and qualifying family member's responses with the petitioner and qualifying family member, who agreed with each and every answer provided for each question on the Supplement and, when required, supplied additional information to respond to a question on the Supplement. I also have read the Acknowledgement of Required Appointment at **USCIS ASC** to the petitioner and qualifying family member and the petitioner and qualifying family member have informed me that he and/or she understands the USCIS ASC Acknowledgement and that by appearing for a USCIS ASC biometric services appointment and providing his and/or her fingerprints, photographs, and/or signature, he and/or she will affirm that the contents of this Supplement and all supporting documentation are complete, true, and correct.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)

NOTE: We recommend that you print a copy of your completed Supplement for your records. If you are required to appear for a biometric services

appointment at a USCIS ASC, you should bring a copy of your completed petition and supplement with you.
Page 12,
[new]
Part 9. Additional Information
If you need extra space to provide any additional information within this Supplement, use the space below or attach a separate sheet of paper. If you need more space than what is provided, you may make copies of this page to complete and file with this Supplement. Include your name and A-Number (if any) at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.
1.a. Family Name (Last Name) [Auto-populated field]1.b. Given Name (First Name) [Auto-populated field]1.c. Middle Name [Auto-populated field]
2. A-Number (if any) [Auto-populated field]
3.a. Page Number 3.b. Part Number 3.c. Item Number 3.d
4.a. Page Number 4.b. Part Number 4.c. Item Number 4.d
5.a. Signature of Petitioner5.b. Date of Signature (mm/dd/yyyy)