TABLE OF CHANGES – FORM FORM I-914, Supplement A Application for Family Member of T-1 Recipient OMB Number: 1615-0099 Submission Date 10/20/2016

Reason for Revision: Statutory and regulatory changes have necessitated revisions.

Current Section and Page Number	Current Text	Proposed Text
		[Please remove the barcode from the bottom of all pages.]
Page 1, New Header		Part B. Family Member Relationship to Your Derivative [new heading]
		The family member I am filing for is the adult or minor child of my derivative (my grandchild, my spouse's child, my niece or nephew, or my sibling) 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. [] Derivative's Adult or [] Minor Child
Page 1, Part B. General Information About You (the principal)	Part B. General Information About You (the principal)	Part C. General Information About You (the principal)
	Status of your Form I-914, Application for T Nonimmigrant Status: (<i>Check One</i>)	Status of your Form I-914, Application for T Nonimmigrant Status: (Check One)
	A # (if any)	A-Number (if any)
Page 1, Part C. Information About Your Family Member (the derivative)	Part C. Information About Your Family Member (the derivative)	Part D. Information About Your Family Member (the derivative)
		[Data element order Rearranged to Match Form I-914.]
	Other Names Used (include maiden name/nickname)	Other Names Used (include maiden name/nickname)
	Date of Birth (mm/dd/yyyy)	Residence or Intended Residence in the U.S. – Street Number and Name
	Country of Birth/Country of Citizenship	Apt. Number/City/State/ZIP Code
	Residence or Intended Residence in the U.S. – Street Number and Name Apt. #/City/State/Zip Code	Safe Mailing Address (if other than above) – Street Number and Name\Apt. Number\City\State/Province\ZIP/Postal Code
	Safe Mailing Address (if other than above) – Street Number and Name\Apt.	Home Telephone Number (with area code)
	#\City\State/Province\Zip/Postal Code	Safe Daytime Telephone Number (with area

	code)
Home Telephone # (with area code)	E-Mail Address (optional)
Safe Daytime Telephone # (with area code)	A-Number (if any)
I-94 # (Arrival-Departure Document)	U.S. Social Security Number (if any)
A # (if any)	Gender
U.S. Social Security # (if any)	Marital Status
Gender and Marital Status	Date of Birth (mm/dd/yyyy)
	Country of Birth
	Country of Citizenship
	I-94 Number (Arrival-Departure Document)
	Passport Number Place of Issuance Date of Issue (mm/dd/yyyy)
1. Give the following information about your family member if he or she is currently in the United States.	Give the following information about your family member if he or she is currently in the United States.
Place of Last Entry/Date of Last Entry/Current Immigration Status	Place of Last Entry Date of Last Entry
	Current Immigration Status
2. Give the following information	Give the following information about your family member if he or she has previously traveled to the United States.
3. If your family member was	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.
4. If your family member is outside	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.
Type of Office (Check One): [] Consulate [] Pre-Flight Inspection [] Port of Entry	[no change]
Office Address (City) U.S. State or Foreign Country Foreign Address Where You Want Notification Sent	[no change]
5. Has your family member ever been[] Yes	Has your family member ever been in immigration proceedings? [no change]

	[] No	
	6. Is your family member requesting an Employment Authorization Document? (If "Yes," submit Form I-765, Application for Employment Authorization Document, separately.)	Is your family member requesting an Employment Authorization Document? (If "Yes," submit Form I-765, Application for Employment Authorization Document with Form I-914, Supplement A, or separately.)
	Note: If your family	NOTE: If your family
Page 3, Part D. Processing Information	Part D. Processing Information	Part E. Processing Information
Page 7, Part E. Attestation, Release, and Signature	Part E. Attestation, Release, and Signature	Part F. Attestation, Release, and Signature
Page 8, Part F. Preparer and/or Interpreter Certification and Signature	Part F. Preparer and/or Interpreter Certification and Signature	Part G. Preparer and/or Interpreter Certification and Signature