

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		<p>Part B. Family Member Relationship to Your Derivative [new heading]</p> <p>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.</p> <p><input type="checkbox"/> Derivative's Adult or <input type="checkbox"/> Minor Child</p>
Page 1, Part B. General Information About You (the principal)	<p>Part B. General Information About You (the principal)</p> <p>Status of your Form I-914, Application for T Nonimmigrant Status: <i>(Check One)</i></p> <p>A # (if any)</p>	<p>Part C. General Information About You (the principal)</p> <p>Status of your Form I-914, Application for T Nonimmigrant Status: (Check One)</p> <p>A-Number (if any)</p>
Page 1, Part C. Information About Your Family Member (the derivative)	<p>Part C. Information About Your Family Member (the derivative)</p> <p>Other Names Used (include maiden name/nickname)</p> <p>Date of Birth (mm/dd/yyyy)</p> <p>Country of Birth/Country of Citizenship</p> <p>Residence or Intended Residence in the U.S. – Street Number and Name Apt. #/City/State/Zip Code</p> <p>Safe Mailing Address (if other than above) – Street Number and Name\Apt. #\City\State/Province\Zip/Postal Code</p>	<p>Part D. Information About Your Family Member (the derivative)</p> <p>[Data element order Rearranged to Match Form I-914.]</p> <p>Other Names Used (include maiden name/nickname)</p> <p>Residence or Intended Residence in the U.S. – Street Number and Name Apt. Number/City/State/ZIP Code</p> <p>Safe Mailing Address (if other than above) – Street Number and Name\Apt. Number\City\State/Province\ZIP/Postal Code</p> <p>Home Telephone Number (with area code)</p> <p>Safe Daytime Telephone Number (with area</p>

	<input type="checkbox"/> No 6. Is your family member requesting an Employment Authorization Document? (<i>If “Yes,” submit Form I-765, Application for Employment Authorization Document, separately.</i>) Note: If your family....	Is your family member requesting an Employment Authorization Document? (<i>If “Yes,” submit Form I-765, Application for Employment Authorization Document with Form I-914, Supplement A, or separately.</i>) 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