



Supplement A, Application for Family Member of T-1 Recipient

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

USCIS
Form I-914
OMB No. 1615-0099
Expires 01/31/2019

For USCIS Use Only

Returned Date Date Resubmitted Date Date Reloc Sent Date Date Reloc Rec'd Date Date	Receipt	Validity Dates From: _____ To: _____	Wait Listed Stamp # _____ Date _____
		Remarks	Action Block

To be completed by an attorney or accredited representative (if any).

☐ Select this box if Form G-28 is attached.

Attorney State Bar Number (if applicable)

Attorney or Accredited Representative USCIS Online Account Number (if any)

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

The principal applicant for T nonimmigrant status or principal recipient of such status completes and files Form I-914, Supplement A. See the Form I-914 Instructions for information about eligibility and how to complete and file this supplement.

Part 1. Family Member For Whom You Are Filing

1. The family member I am filing for is my (select **only one** box):

- ☐ Spouse ☐ Child ☐ Parent
☐ Unmarried Sibling Under 18 Years of Age

2. The family member I am filing for is the adult or minor child of **one of the family members listed in Item Number 1.** 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 **and is the adult or minor (select **only one** box):**

- ☐ Child of my spouse
☐ Child of my child
☐ Child of my parent
☐ Child of my unmarried sibling under 18 years of age

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

Your Full Legal Name

- 1.a. Family Name (Last Name)
1.b. Given Name (First Name)
1.c. Middle Name

U.S. Physical Address

- 2.a. Street Number and Name
2.b. ☐ Apt. ☐ Ste. ☐ Flr.
2.c. City or Town
2.d. State 2.e. ZIP Code

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

Safe U.S. Mailing Address

If you do not want the U.S. Citizenship and Immigration Services (USCIS) to send notices about this application to your home, you may provide an alternate safe mailing address.

3.a. In Care Of Name

3.b. Street Number and Name

3.c. ☐ Apt. ☐ Ste. ☐ Flr.

3.d. City or Town

3.e. State

3.f. ZIP Code

Other Information

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

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

▶ A-

6.a. Are you filing this supplement together with your Form I-914, Application for T Nonimmigrant Status?

☐ Yes ☐ No

6.b. If you selected "No" in Item Number 6.a., what is the status of your Form I-914 (select **only one** box)?

☐ Pending ☐ Approved

Part 3. Information About Your Family Member

His or Her Full Legal Name

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

Other Names Used

Provide all other names he or she has used, including aliases, maiden names, and nicknames. If you need extra space to complete this section, use the space provided in **Part 8.**

Additional Information.

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

Current or Intended U.S. Physical Address

4.a. Street Number and Name

4.b. ☐ Apt. ☐ Ste. ☐ Flr.

4.c. City or Town

4.d. State

4.e. ZIP Code

Other Information About Your Family Member

5. A-Number (if any)

▶ A-

6. USCIS Online Account Number (if any)

▶

7. U.S. Social Security Number (SSN) (if any)

▶

8. Gender ☐ Male ☐ Female

9. Marital Status

☐ Single, Never Married

☐ Married

☐ Divorced

☐ Widowed

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

11.a. City or Town of Birth

11.b. State or Province of Birth

11.c. Country of Birth

12. Country of Citizenship or Nationality

Part 3. Information About Your Family Member
(continued)

Information About His or Her Last Arrival in the United States

13.a. Form I-94 Arrival-Departure Record Number (if any)

▶

13.b. Passport Number of His or Her Most Recently Issued Passport

13.c. Travel Document Number

13.d. Country That Issued His or Her Passport or Travel Document

13.e. Issue Date for Passport or Travel Document (mm/dd/yyyy)

13.f. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

14. Date of His or Her Last Arrival Into the United States, On or About (mm/dd/yyyy)

Place of His or Her Last Arrival Into the United States

15.a. City

15.b. State

16. Your Current Immigration Status or Category

Previous Travel to the United States

Provide the following information about your family member if he or she previously traveled to the United States. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information.**

Entry 1

17. Place of Entry

18. Date of Entry (mm/dd/yyyy)

19. Date Authorized Stay Expired (mm/dd/yyyy)

20. Immigration Status

Entry 2

21. Place of Entry

22. Date of Entry (mm/dd/yyyy)

23. Date Authorized Stay Expired (mm/dd/yyyy)

24. Immigration Status

Entry 3

25. Place of Entry

26. Date of Entry (mm/dd/yyyy)

27. Date Authorized Stay Expired (mm/dd/yyyy)

28. Immigration Status

Prior Marriage Information

If your family member was previously married, provide the information requested below and attach documents such as divorce decrees or death certificates. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information.**

Prior Spouse 1

Name of Prior Spouse

29.a. Family Name (Last Name)

29.b. Given Name (First Name)

29.c. Middle Name

30. Date Marriage Legally Ended (mm/dd/yyyy)

31. Country Where Marriage Ended

32. How Marriage Ended

☐ Annulled ☐ Divorced ☐ Spouse Deceased

☐ Other (Explain)

Part 3. Information About Your Family Member
(continued)

Prior Spouse 2

Name of Prior Spouse

33.a. Family Name (Last Name)

33.b. Given Name (First Name)

33.c. Middle Name

34. Date Marriage Legally Ended (mm/dd/yyyy)

35. Country Where Marriage Ended

36. How Marriage Ended

☐ Annulled ☐ Divorced ☐ Spouse Deceased

☐ Other (Explain)

Additional Information About Family Member

37. Is your family member outside the United States?

☐ Yes (Proceed to **Item Numbers 38. - 40.g.**)

☐ No (Skip to **Item Number 41.a.**)

38. Where do you want notification regarding this supplement sent (select **only one** box)?

☐ U.S. Consulate or U.S. Embassy

☐ Pre-Flight Inspection Facility

☐ U.S. Port-of-Entry

Office or Facility Location

39.a. City or Town

39.b. State or Province

39.c. Country

Foreign Address Where You Want Notification Regarding This Supplement Sent

40.a. In Care Of Name (if any)

40.b. Street Number and Name

40.c. ☐ Apt. ☐ Ste. ☐ Flr.

40.d. City or Town

40.e. Province

40.f. Postal Code

40.g. Country

41.a. Has your family member ever been in immigration proceedings? ☐ Yes ☐ No

NOTE: If you answered "No" to **Item Number 41.a.**, skip to **Item Number 42.**

41.b. What type of proceedings has your family member been in and what is the date of the proceedings (select all applicable boxes)?

☐ Removal, Date (mm/dd/yyyy)

☐ Exclusion, Date (mm/dd/yyyy)

☐ Deportation, Date (mm/dd/yyyy)

☐ Rescission, Date (mm/dd/yyyy)

☐ Judicial, Date (mm/dd/yyyy)

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

NOTE: If you answered "Yes," submit Form I-765, Application for Employment Authorization Document, with Supplement A or separately. If your 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. Do **NOT** file Form I-765 for a family member living outside the United States.

Part 4. Processing Information

Answer the following questions about your family member.

You must answer "Yes" to any question that applies to him or her, even if his or her records were sealed or otherwise cleared or anyone, including a judge, law enforcement officer, or attorney, said he or she no longer has a record. You must also answer "Yes" to the following questions whether the action or offense occurred in the United States or anywhere else in the world.

NOTE: Answering "Yes" does not necessarily mean that your family member will be denied T nonimmigrant status.

Has the family member **EVER**:

1.a. Committed a crime of any kind (even if you were not arrested, cited, charged with, or tried for that crime)?

☐ Yes ☐ No

1.b. 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)?

☐ Yes ☐ No

1.c. Pled guilty to or been convicted of a crime or offense (even if violation was subsequently expunged or sealed by a court, or if you were granted a pardon, amnesty, rehabilitation decree, or other act of clemency)?

☐ Yes ☐ No

NOTE: If your family member was the beneficiary of a pardon, amnesty, rehabilitation decree, or other act of clemency, provide documentation of that post-conviction action.

1.d. Been a defendant or the accused in a criminal proceeding (including pre-trial diversion, deferred prosecution, deferred adjudication, or any withheld adjudication)?

☐ Yes ☐ No

1.e. Been ordered punished by a judge or had conditions imposed on you that restrained your 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

1.f. Exercised immunity (diplomatic or otherwise) to avoid being prosecuted for a criminal offense in the United States?

☐ Yes ☐ No

If you answered "Yes" to any question in **Item Numbers**

1.a. - 1.f., provide the information requested in **Item Numbers 2. - 9.** about the arrest, citation, detention, or charge. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

2. Why was your family member arrested, cited, detained, or charged?

3. Date of Arrest, Citation, Detention, or Charge (mm/dd/yyyy)

Location of Arrest, Citation, Detention, or Charge

4.a. City or Town

4.b. State

4.c. Country

5. Outcome or Disposition (for example, no charges filed, charges dismissed, jail, probation, etc.)

6. Why was your family member arrested, cited, detained, or charged?

7. Date of Arrest, Citation, Detention, Charge (mm/dd/yyyy)

Location of Arrest, Citation, Detention, or Charge

8.a. City or Town

8.b. State

8.c. Country

9. Outcome or Disposition (for example, no charges filed, charges dismissed, jail, probation, etc.)

10. Has your family member **EVER** engaged in or are you coming to the United States to engage in prostitution?

☐ Yes ☐ No

11. Has your family member **EVER** directly or indirectly procured (or attempted to procure) or imported prostitutes or persons for the purpose of prostitution?

☐ Yes ☐ No

12. Has your family member **EVER** received any proceeds or money from prostitution?

☐ Yes ☐ No

13. Does your family member intend to engage in illegal gambling or any other form of commercialized vice, such as prostitution, bootlegging, or the sale of child pornography, while in the United States?

☐ Yes ☐ No

Part 4. Processing Information (continued)

14. Has your family member **EVER** knowingly encouraged, induced, assisted, abetted, or aided any foreign national to enter or try to enter the United States illegally (alien smuggling)? ☐ Yes ☐ No

15. Has your family member **EVER** illicitly (illegally) trafficked or benefited from the trafficking of any controlled substance, such as chemicals, illegal drugs, or narcotics? ☐ Yes ☐ No

16. Has your family member **EVER** knowingly aided, abetted, assisted, conspired, or colluded in the illicit trafficking of any illegal narcotic or other controlled substances? ☐ Yes ☐ No

17.a. Has your family member **EVER** committed, threatened to commit, attempted to commit, conspired to commit, incited, endorsed, advocated, planned, or prepared any of the following: hijacking, sabotage, kidnapping, political assassination, or use of a weapon or explosive to harm another individual or cause substantial damage to property? ☐ Yes ☐ No

17.b. Has your family member **EVER** participated in, or been a member of, a group or organization that did any of the activities described in **Item Number 17.a.**? ☐ Yes ☐ No

17.c. Has your family member **EVER** recruited members or asked for money or things of value for a group or organization that did any of the activities described in **Item Number 17.a.**? ☐ Yes ☐ No

17.d. Has your family member **EVER** provided money, a thing of value, services or labor, or any other assistance or support for any of the activities described in **Item Number 17.a.**? ☐ Yes ☐ No

17.e. Has your family member **EVER** provided money, a thing of value, services or labor, or any other assistance or support for an individual, group, or organization who did any of the activities described in **Item Number 17.a.**? ☐ Yes ☐ No

18. Does your family member intend to engage in any of the activities listed in any part of **Item Numbers 17.a. - 17.e.**? ☐ Yes ☐ No

19. Does your family member intend to engage in any activity that violates or evades any law relating to espionage (spying) or sabotage in the United States? ☐ Yes ☐ No

20. Does your family member intend to 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

21. Does your family member intend to engage in any activity in the United States that violates or evades any law prohibiting the export of goods, technology, or sensitive information? ☐ Yes ☐ No

22. Has your family member **EVER** been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party (in the United States or abroad)? ☐ Yes ☐ No

23. During the period of March 23, 1933, to May 8, 1945, did your family member ever order, incite, assist, or otherwise participate in the persecution of any person because of race, religion, nationality, membership in a particular social group, or political opinion, in association with either the Nazi government of Germany or any organization or government associated or allied with the Nazi Government of Germany? ☐ Yes ☐ No

Has your family member **EVER** been present or nearby when any person was:

24.a. Intentionally killed, tortured, beaten, or injured? ☐ Yes ☐ No

24.b. Displaced or moved from his or her residence by force, compulsion, or duress? ☐ Yes ☐ No

24.c. In any way compelled or forced to engage in any kind of sexual contact or relations? ☐ Yes ☐ No

25. Is your family member presently or has he or she **EVER** been in removal, exclusion, rescission, or deportation proceedings? ☐ Yes ☐ No

26. Has your family member **EVER** been removed, excluded, or deported from the United States? ☐ Yes ☐ No

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

For **Item Numbers 28. and 29.**, if you answered "Yes," explain the events and circumstances in the space provided in **Part 8. Additional Information.**

28. Has your family member **EVER** been denied a visa to the United States? ☐ Yes ☐ No

29. Has your family member **EVER** been denied admission to the United States? ☐ Yes ☐ No

Part 4. Processing Information (continued)

30. Has your family member **EVER** been granted voluntary departure by an immigration officer or an immigration judge but failed to depart within the allotted time?

☐ Yes ☐ No

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

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

31.b. Killing any person? ☐ Yes ☐ No

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

31.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

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

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

33. Has your 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

34. Has your family member **EVER** been a member of, assisted, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so?
☐ Yes ☐ No

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

36. Has your family member **EVER** received any type of military, paramilitary, or weapons training?
☐ Yes ☐ No

37. Is your family member under a final order of civil penalty for violating the Immigration and Nationality Act (INA) section 274C for use of fraudulent documents?
☐ Yes ☐ No

38. Has your family member **EVER** submitted fraudulent or counterfeit documentation to any U.S. Government official to obtain or attempt to obtain any immigration benefit, including a visa of entry into the United States?
☐ Yes ☐ No

39. Has your 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 kind of immigration benefit?
☐ Yes ☐ No

40. Has your family member **EVER** left or remained outside the United States to avoid or evade training or service in the U.S. armed forces in a time of war or a period declared by the President to be a national emergency?
☐ Yes ☐ No

41. Has your family member **EVER** assisted in detaining, retaining, or withholding custody of a U.S. citizen child outside the United States from a U.S. citizen who has been granted custody of the child? ☐ Yes ☐ No

42. Does your family member plan to practice polygamy in the United States? ☐ Yes ☐ No

43. Has your family member **EVER** been a stowaway on a vessel or aircraft arriving in the United States? ☐ Yes ☐ No

44.a. Does your family member have a communicable disease of public health significance? ☐ Yes ☐ No

44.b. Does your family member have or has he or she had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated with the disorder which has posed or may pose a threat to the property, safety, or welfare of yourself or others?
☐ Yes ☐ No

44.c. Is your family member now or has he or she been a drug abuser or drug addict? ☐ Yes ☐ No

45. Has your 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

46. Has your 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

Part 5. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-914 Instructions before completing this section.

Applicant's Statement

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 I have read and understand every question and instruction on this application and my answer to every question.
- 1.b.** ☐ The interpreter named in **Part 6.** read to me every question and instruction on this application and my answer to every question in , a language in which I am fluent, and I understood everything.
- 2.** ☐ At my request, the preparer named in **Part 7.**, , prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

- 3.** Applicant's Daytime Telephone Number
- 4.** Applicant's Safe Daytime Telephone Number (if any)
- 5.** Applicant's Mobile Telephone Number (if any)
- 6.** Applicant's Email Address (if any)

Applicant's Declaration and Certification

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 any and all of 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 application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

Applicant's Signature

7.a. Applicant's Signature



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

Signature of Family Member

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

8.a. Signature of Family Member



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

NOTE TO ALL APPLICANTS: If you do not completely fill out this supplement or fail to submit required documents listed in the Instructions, USCIS may deny your supplement.

Part 6. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

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 Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and

which is the same language specified in **Part 5, Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer

Interpreter's Signature

7.a. Interpreter's Signature

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

Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

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 Mobile Telephone Number (if any)

6. Preparer's Email Address (if any)

Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant
(continued)

Preparer's Statement

- 7.a.** ☐ I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
- 7.b.** ☐ I am an attorney or accredited representative and my representation of the applicant in this case
☐ extends ☐ does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative, you may **need** to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's **Signature**

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

Part 8. Additional Information

If you need extra space to provide any additional information within this application, 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 application 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.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

3.a. Page Number

3.b. Part Number

3.c. Item Number

3.d.

5.a. Page Number

5.b. Part Number

5.c. Item Number

5.d.

6.a. Page Number

6.b. Part Number

6.c. Item Number

6.d.

4.a. Page Number

4.b. Part Number

4.c. Item Number

4.d.

7.a. Page Number

7.b. Part Number

7.c. Item Number

7.d.