



# Supplement 3, Request for Action on Approved Form I-600A/I-600

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

USCIS  
Form I-600A/I-600  
Supplement 3  
OMB No. 1615-0028  
Expires xx/xx/20xx

<b>For USCIS Use Only</b>	<input type="checkbox"/> <b>Extension Granted to:</b> _____ (Date)	<input type="checkbox"/> <b>New Non-Hague country:</b> _____ (Name of Country)	<b>Action Block</b>
	<input type="checkbox"/> <b>Other Change:</b> _____ (Type of Change)	<input type="checkbox"/> <b>Duplicate Approval Notice:</b> _____ (Date)	

<b>To be Completed by an Attorney or Accredited Representative (if any)</b>	<input type="checkbox"/> <b>Select this box if Form G-28 or G-28I is attached.</b>	<b>Attorney State Bar Number (if applicable)</b> _____	<b>Attorney or Accredited Representative USCIS Online Account Number (if any)</b> _____
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▶ **START HERE** - Type or print in black ink.

**If you have changed your marital status since filing your Form I-600A or Form I-600, STOP. Do NOT file this supplement.** Please see the Instructions for Form I-600A, Application for Advance Processing of an Orphan Petition, and Form I-600, Petition to Classify Orphan as an Immediate Relative, for additional information.

## Part 1. Information About You (Applicant/Petitioner who has a valid approved Form I-600A/I-600)

1. Family Name (Last Name) _____	Given Name (First Name) _____	Middle Name (if applicable) _____
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2. Other Names Used (if any)  
Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information.**

Family Name (Last Name) _____ _____	Given Name (First Name) _____ _____	Middle Name (if applicable) _____ _____
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3. Date of Birth (mm/dd/yyyy)  
\_\_\_\_\_

4. City/Town/Village of Birth _____	State or Province of Birth _____	Country of Birth _____
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## Your Contact Information [\(USPS ZIP Code Lookup\)](#)

5. U.S. Mailing Address (if any)

In Care Of Name (if any)  
\_\_\_\_\_

Street Number and Name _____	Apt. <input type="checkbox"/>	Ste. <input type="checkbox"/>	Flr. <input type="checkbox"/>	Number _____
City or Town _____	State _____	ZIP Code _____		

**Part 1. Information About You (continued)**

6. Is your current U.S. mailing address the same address as your U.S. residence?  Yes  No

If you answered "No" to **Item Number 6.**, provide the address of your U.S. residence in **Item Number 7.** or the address for your residence abroad in **Item Number 8.**, as appropriate.

7. Address of U.S. Residence (if any)

Street Number and Name	Apt.	Ste.	Flr.	Number
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
City or Town	State		ZIP Code	
<input type="text"/>	<input type="text"/>		<input type="text"/>	

8. Address of Residence Abroad (if any)

Street Number and Name	Apt.	Ste.	Flr.	Number
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
City or Town	State			
<input type="text"/>	<input type="text"/>			
Province	Postal Code	Country		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

9. Which address would you like USCIS to use for mailing notices and decisions to you?

U.S. Mailing Address  Address of Residence Abroad

10. Daytime Telephone Number

11. Mobile Telephone Number (if any)

12. Email Address (if any)

**Information About Current Marriage (if applicable)**

If you have a new spouse who was not listed on your prior Form I-600A or Form I-600, this is considered a change in marital status. You cannot use this supplement to report a change in marital status.

13. Is your spouse's name the same as listed on your previously filed Form I-600A or Form I-600?  Yes  No

If you answered "No," please explain.

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14. Is your spouse's address and contact information the same as listed on your previously filed Form I-600A or Form I-600?

Yes  No

If you answered "No," please explain.

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**Part 2. Action Requested on Your Previously Approved Form I-600A or Form I-600**

Provide the following information about your approved Form I-600A or Form I-600.

1. USCIS Receipt Number (if any)  Date of Approval (mm/dd/yyyy)  Date Approval Expires (mm/dd/yyyy)

Location of the Office Where You Filed Your Form I-600A and/or Form I-600

USCIS Online Account Number (if any)

▶

2. Indicate which of the following item(s) you are requesting. Select all boxes that apply.

- A.  A **FIRST** extension of your Form I-600A. If any changes have occurred, you must indicate such change(s) in **Item Number 3. No Supplement 3 fee is required**, but you must submit an updated home study. USCIS will notify you if you must appear to provide renewed biometrics.
- B.  A **SECOND** or **SUBSEQUENT** extension of your Form I-600A. If any changes have occurred since your last extension was granted, indicate such change(s) in **Item Number 3**. You must submit the Supplement 3 fee and an updated home study.
- C.  A new approval notice based on significant changes since your suitability determination was approved, and you are not requesting an extension of your suitability determination. You must provide additional details about these changes by completing **Item Number 3**. The Supplement 3 fee is required, and you must submit an updated home study.
- D.  A **FIRST TIME** change in your intended adoption country to a new non-Hague Adoption Convention country that was not previously included in your home study recommendation and suitability determination. You are not requesting an extension of your suitability determination. **No Supplement 3 fee is required**, but you must provide the name of the new non-Hague Adoption Convention country in **Item Number 3**, and submit an updated home study recommending adoption in the new non-Hague Adoption Convention country.

If you are requesting both an extension of your approval period and a change of non-Hague Adoption Convention country, you must also select either **Item Number 2.A. or 2.B.** and indicate the change in **Item Number 3**.

- E.  A **SECOND** or **SUBSEQUENT** change in your intended adoption country to a new non-Hague Adoption Convention country that was not previously included in your most recent home study recommendation and your most recent suitability determination. A Supplement 3 fee is required and you must include an updated home study recommending adoption in the new non-Hague Adoption Convention country.

If you are requesting both an extension of your approval period and a second or subsequent change of non-Hague Adoption Convention country, you must also select either **Item A. or B. in Item Number 2.** and indicate the change in **Item Number 3**.

- F.  A duplicate approval notice. Select this option if you are **not** requesting an extension and there have been no significant changes since your suitability determination. A Supplement 3 fee is required.

**Part 2. Action Requested on Your Previously Approved Form I-600A or Form I-600 (continued)**

3. Provide information on any significant changes that have occurred since your suitability determination was approved or extended. Your home study preparer must fully explain and evaluate all significant changes in your required home study update. Select all boxes that apply.

- There have been no significant changes.**
- Change in intended country of adoption to a different non-Hague Adoption Convention country.**

Name of new non-Hague Adoption Convention country

- Change of residence, including a change in the child's proposed residence.**
- Significant decrease in financial resources, such as loss of employment, garnishment of wages, etc.**
- Change in history of arrest or criminal history for any household member regardless of age.**
- Change in history of child abuse or neglect, as an offender, for any household member regardless of age.**
- Change in history of substance abuse, as an offender, for any household member regardless of age.**
- Change in history of family violence, as an offender, for any household member regardless of age.**
- Change in history of sexual abuse, as an offender, for any household member regardless of age.**
- Change in the number and/or identity of children in your household.** If you need extra space to complete this section, use the space provided in **Part 7. Additional Information.**

Name (First/Middle/Last)	Date of Birth (mm/dd/yyyy)	Country of Birth	A-Number (if any)	Relationship to You (if any)

- Change in the number and/or identity of adult members of your household.** If you select this box, you must also submit a Form I-600A/ I-600, Supplement 1, Listing of Adult Member of the Household for each new adult member of your household.
- Change in the number of children or the characteristics (such as age, gender, and/or special needs) of the child or children you intend to adopt.**
- A development of a serious health condition for any household member, including but not limited to: heart attacks, cancer, strokes, conditions requiring extensive therapy, dementia, severe injuries, etc.**
- Other significant change in your household.** (If you select this box, please explain the significant change(s) below. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information.**)

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**Part 3. Applicant's/Petitioner's Statement, Certification, Duty of Disclosure, and Signature**

**NOTE:** Read the **Penalties** section of the Form I-600A and Form I-600 Instructions before completing this section.

***Applicant's/Petitioner's Statement***

- 1. Applicant's/Petitioner's Statement Regarding the Interpreter (select the box for either **Item A.** or **B.**)
  - A.  I can read and understand English, and I have read and understand every question and instruction on this supplement and my answer to every question.
  - B.  The interpreter named in **Part 5.** read to me every question and instruction on this supplement and my answer to every question in , a language in which I am fluent, and I understood everything.

- 2. Applicant's/Petitioner's Statement Regarding the Preparer (if applicable)

At my request, the preparer named in **Part 6.**, , prepared this supplement for me based only upon information I provided or authorized.

***Applicant's/Petitioner's 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 suitability and eligibility to adopt and whether the child I am petitioning for is an orphan and eligible to be classified as my immediate relative.

I furthermore authorize the 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 and enforcement of U.S. immigration law.

I certify, under penalty of perjury under the laws of the United States, that I provided or authorized all of the information in my supplement, I understand all of the information contained in and submitted with my supplement, and that all of this information is complete, true, and correct.

***Applicant's/Petitioner's Duty of Disclosure***

I understand the ongoing duty to disclose information concerning my suitability and eligibility to adopt, as described in the Form I-600A and/or Form I-600 instructions, and I agree to notify my home study preparer and USCIS of any new information that I am required to disclose.

***Applicant's/Petitioner's Signature***

- 3. Applicant's/Petitioner's Signature Date of Signature (mm/dd/yyyy)
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**Part 4. Your Spouse's Statement, Certification, Duty of Disclosure, and Signature**

**NOTE:** Read the **Penalties** section of the Form I-600A and Form I-600 Instructions before completing this section.

***Your Spouse's Statement***

- 1. Your Spouse's Statement Regarding the Interpreter (select the box for either **Item A.** or **B.**)
  - A.  I can read and understand English, and have read and understand every question and instruction on this supplement and my answer to every question.
  - B.  The interpreter named in **Part 5.** 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.

**Part 4. Your Spouse's Statement, Certification, Duty of Disclosure, and Signature (continued)**

2. Your Spouse's Statement Regarding the Preparer (if applicable)

At my request, the preparer named in **Part 6.**, , prepared this supplement for me based only upon information I provided or authorized.

**Your Spouse's 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 suitability and eligibility to adopt and whether the child my spouse is petitioning for is an orphan and eligible to be classified as our immediate relative.

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 and enforcement of U.S. immigration law.

I certify under penalty of perjury under the laws of the United States, that I provided or authorized all of the information in this supplement, I understand all of the information contained in and submitted with this supplement, and that all of this information is complete, true, and correct.

**Your Spouse's Duty of Disclosure**

I understand the ongoing duty to disclose information concerning my suitability and eligibility to adopt, as described in the Form I-600 and/or I-600A Instructions, and I agree to notify the home study preparer and USCIS of any new information that I am required to disclose.

**Your Spouse's Signature**

3. Your Spouse's Signature

Date of Signature (mm/dd/yyyy)

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**Part 5. Interpreter's Contact Information, Certification, and Signature**

If you and/or your spouse (if married) used an interpreter to read and complete this supplement, provide the following information about the interpreter.

**Interpreter's Full Name**

1. Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

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

**Interpreter's Mailing Address**

3. Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

**Part 5. Interpreter's Contact Information, Certification, and Signature** (continued)

**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 under the laws of the United States, that:

I am fluent in English and , which is the same language specified in

**Part 3.** and/or **4., Item B.** in **Item Number 1.**, and I have read to this applicant/petitioner and/or the applicant's/petitioner's spouse in the identified language every question and instruction on this supplement, and his or her answer to every question. The applicant/petitioner and/or the applicant's/petitioner's spouse informed me that he or she understands every instruction, question, and answer on this supplement, including the **Applicant's/Petitioner's Certification** and the **Your Spouse's Certification**, and has verified the accuracy of every answer.

**Interpreter's Signature**

7. Interpreter's Signature

Date of Signature (mm/dd/yyyy)

**Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant/Petitioner and/or Spouse**

If you and/or your spouse (if married) used a preparer to complete this supplement, provide the following information about the preparer.

**Preparer's Full Name**

1. Preparer's Family Name (Last Name)

Preparer's Given Name (First Name)

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

**Preparer's Mailing Address**

3. Street Number and Name

Apt. Ste. Flr. Number

  

City or Town

State

ZIP Code

Province

Postal Code

Country

**Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant/Petitioner and/or Spouse (continued)**

***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)

***Preparer's Statement***

7. A.  I am not an attorney or accredited representative, but have prepared this supplement on behalf of the applicant/petitioner and/or the applicant's/petitioner's spouse with the applicant's/petitioner's and/or the applicant's/petitioner's spouse's consent.
- B.  I am an attorney or accredited representative and my representation of the applicant/petitioner and/or the applicant's/petitioner's and/or the applicant's/petitioner's spouse in this case  extends  does not extend beyond the preparation of this supplement.

***Preparer's Certification***

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

***Preparer's Signature***

8. Preparer's Signature

Date of Signature (mm/dd/yyyy)



**Part 7. Additional Information**

If you need 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. If you attach a separate sheet of paper, type or print your full 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. A. Page Number  B. Part Number  C. Item Number

D.

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\_\_\_\_\_  
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4. A. Page Number  B. Part Number  C. Item Number

D.

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5. A. Page Number  B. Part Number  C. Item Number

D.

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6. A. Page Number  B. Part Number  C. Item Number

D.

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