

# Affidavit of Financial Support and Intent to Petition for Legal Custody of Public Law 97-359 Amerasian



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

USCIS  
Form I-361

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

## Part 1. Information About You (Sponsor)

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name
2. Date of Birth (mm/dd/yyyy)
- 3.a. City of Birth
- 3.b. Country of Birth
4. Alien Registration Number (A-Number) (if any)  
▶ A-
5. U.S. Social Security Number (if any)  
▶
6. USCIS ELIS Account Number (if any)  
▶

## Physical Address

- 7.a. Street Number and Name
- 7.b.  Apt.  Ste.  Flr.
- 7.c. City or Town
- 7.d. State  7.e. ZIP Code
- 7.f. Province
- 7.g. Postal Code
- 7.h. Country
8. Are your physical address and mailing address the same?  
 Yes  No

If you answered "No" to **Item Number 8.**, provide your mailing address in **Item Numbers 9.a. - 9.i.**

## Mailing Address

- 9.a. In Care of Name
- 9.b. Street Number and Name
- 9.c.  Apt.  Ste.  Flr.
- 9.d. City or Town
- 9.e. State  9.f. ZIP Code
- 9.g. Province
- 9.h. Postal Code
- 9.i. Country

## Information About Citizenship

10. Are you a U.S. citizen?  Yes  No
11. How did you acquire your U.S. citizenship?  
 Birth  Parents  Naturalization  Other
- 12.a. If you acquired your U.S. citizenship through your parents, have you obtained a Certificate of Citizenship in your own name?  Yes  No

If you answered "Yes," provide the following information about your Certificate of Citizenship:

- 12.b. Name Under Which the Certificate of Citizenship Was Issued  
Family Name (Last Name)   
Given Name (First Name)   
Middle Name
- 12.c. Certificate of Citizenship Number
- 12.d. Date of Issuance (mm/dd/yyyy)
- 12.e. Place of Issuance

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

If you acquired your U.S. citizenship through naturalization, provide the following information about your Certificate of Naturalization:

**13.a.** Name Under Which the Certificate of Naturalization Was Issued

Family Name (Last Name)

Given Name (First Name)

Middle Name

**13.b.** Certificate of Naturalization Number

**13.c.** Date of Naturalization (mm/dd/yyyy)

**13.d.** Place of Naturalization

**14.** If you acquired your U.S. citizenship through any other method please provide an explanation. If you need additional space to complete this section, use the space provided in **Part 8. Additional Information**.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**15.** Provide the date you started residing in the United States (mm/dd/yyyy).

**Part 2. Information About Beneficiary**

This affidavit is executed on behalf of the following person:

**1.a.** Family Name (Last Name)

**1.b.** Given Name (First Name)

**1.c.** Middle Name

**2.** Date of Birth (mm/dd/yyyy)

**3.** Gender  Male  Female

**4.** Country of Birth

**5.** A-Number (if any) **▶ A-**

**6.** Marital Status  
 Single (never married)  Married  Divorced  
 Widowed  Legally Separated

**7.** Relationship to Sponsor

**Physical Address**

**8.a.** Street Number and Name

**8.b.**  Apt.  Ste.  Flr.

**8.c.** City or Town

**8.d.** State  **8.e.** ZIP Code

**8.f.** Province

**8.g.** Postal Code

**8.h.** Country

**Part 3. Other Information**

**Employment Information**

**1.** Name of Employer

**2.** Type of Business

**Employer 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

**Income Information**

4.a. My annual income: \$

4.b. Are you self-employed?  Yes  No

If you answered "Yes," attach a copy of your last income tax return or report of commercial rating concern, which you certify as true and correct to the best of your knowledge.

5. Amount deposited in United States banks: \$

6. Value of my other personal property: \$

7. Market value of my stocks and bonds: \$

**NOTE:** Attach a list of stocks and bonds which you certify as true and correct to the best of your knowledge.

8.a. Sum of my life insurance policies: \$

8.b. Cash surrender value of my life insurance policies: \$

**Real Estate Information**

9.a. Value of my owned real estate: \$

**NOTE:** If you own real estate, provide the physical addresses in **Item Numbers 10.a. - 10.h.** If you need extra space to complete this section, use the space provided in **Part 8. Additional Information.**

9.b. Amount of mortgages or other debts against my real estate: \$

**Address 1**

10.a. Street Number and Name

10.b.  Apt.  Ste.  Flr.

10.c. City or Town

10.d. State  10.e. ZIP Code

10.f. Province

10.g. Postal Code

10.h. Country

**Address 2**

11.a. Street Number and Name

11.b.  Apt.  Ste.  Flr.

11.c. City or Town

11.d. State  11.e. ZIP Code

11.f. Province

11.g. Postal Code

11.h. Country

**Dependents Information**

The following persons are dependent upon me for support. If you need additional space for your explanation, use the space provided in **Part 8. Additional Information.**

12.a. Family Name (Last Name)

12.b. Given Name (First Name)

12.c. Middle Name

12.d. Date of Birth (mm/dd/yyyy)

12.e. A-Number (if any) A- ►

12.f. This person is:  Wholly Dependent  Partially Dependent

12.g. Relationship

13.a. Family Name (Last Name)

13.b. Given Name (First Name)

13.c. Middle Name

13.d. Date of Birth (mm/dd/yyyy)

13.e. A-Number (if any) A- ►

13.f. This person is:  Wholly Dependent  Partially Dependent

13.g. Relationship

**Part 3. Other Information (continued)**

14.a. Family Name (Last Name)

14.b. Given Name (First Name)

14.c. Middle Name

14.d. Date of Birth (mm/dd/yyyy)

14.e. A-Number (if any)  
A- ▶

14.f. This person is:  
 Wholly Dependent  Partially Dependent

14.g. Relationship

15.a. Family Name (Last Name)

15.b. Given Name (First Name)

15.c. Middle Name

15.d. Date of Birth (mm/dd/yyyy)

15.e. A-Number (if any)  
A- ▶

15.f. This person is:  
 Wholly Dependent  Partially Dependent

15.g. Relationship

16. Have you ever submitted or are you submitting affidavits of support for any other beneficiaries?  Yes  No

If you answered "Yes" to **Item Number 16.**, provide the responses to **Item Numbers 17.a. - 17.f.** for each previous beneficiary. If you need to provide information for more than one beneficiary, use the space provided in **Part 8. Additional Information.**

17.a. A-Number (if any)  
A- ▶

17.b. Family Name (Last Name)

17.c. Given Name (First Name)

17.d. Middle Name

17.e. Date of Filing (mm/dd/yyyy)

17.f. Relationship

18. Have you ever submitted or are you submitting visa petitions to USCIS for any other beneficiaries?  
 Yes  No

If you answered "Yes" to **Item Number 18.**, provide the responses to **Item Numbers 19.a. - 19.f.** for each previous beneficiary. If you need to provide information for more than one beneficiary, use the space provided in **Part 8. Additional Information.**

19.a. A-Number (if any)  
A- ▶

19.b. Family Name (Last Name)

19.c. Given Name (First Name)

19.d. Middle Name

19.e. Date of Filing (mm/dd/yyyy)

19.f. Relationship

**Part 4. Sponsor's Statement, Contact Information, Certification, and Signature**

**NOTE:** Read the information on penalties in the **Penalties** section of the Form I-361 Instructions before completing this part.

**Sponsor'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 have read and understand every question and instruction on this affidavit, as well as my answer to every question.

1.b.  The interpreter named in **Part 5.** has also read to me every question and instruction on this affidavit, as well as my answer to every question, in

a language in which I am fluent. I understand every question and instruction on this affidavit as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above.

**Part 4. Sponsor's Statement, Contact Information, Certification, and Signature (continued)**

2.  I have requested the services of and consented to   
who  is  is not an attorney or accredited representative, preparing this affidavit for me.

**Sponsor's Contact Information**

- 3. Sponsor's Daytime Telephone Number
- 4. Sponsor's Mobile Telephone Number (if any)
- 5. Sponsor's Email Address (if any)

**Sponsor'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 eligibility for the immigration benefit that I seek.

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

I certify:

That this affidavit is made by me to assure the U.S. Government that the person named in **Part 2. Information About Beneficiary** will not become a public charge in the United States.

That I am willing and able to receive, maintain, and support the person named in **Part 2. Information About Beneficiary**, and that I agree to furnish financial support during the entire 5-year period beginning on the date the named person acquires the status of a lawful permanent resident and ending on the date on which the named person becomes 21 years of age, whichever period is longer. The financial support that I furnish is sufficient to maintain my family, including the named person, in the United States, at a level equal to at least 125 percent of the current official poverty line (as established by the Director of the Office of Management and Budget, under Section 673(2) of the Omnibus Budget Reconciliation Act of 1981 and as revised by the Secretary of Health and Human Services under section 652 of that Act) for my family size, including the named person.

That, if the person named in **Part 2. Information About Beneficiary** is under 18 years of age, I agree to petition the court having jurisdiction, within 30 days of the named person's arrival in the United States, to gain legal custody according to the laws of the state where he or she will reside until he or she is 18 years of age.

That, if the person named in **Part 2. Information About Beneficiary** is under 18 years of age, I agree to pay the interim costs incurred by that person from the time he or she is released for immigration by his or her mother or legal guardian until I am awarded legal custody of him or her.

That, if the person named in **Part 2. Information About Beneficiary** is 18 years of age or older, I agree to pay the interim costs involved in his or her travel to the United States.

That I understand that the Secretary of Homeland Security may enforce this guarantee of financial support and intent to petition for legal custody for the person named in **Part 2. Information About Beneficiary** against me in a civil suit in the United States district court of the district in which I reside. However, I or my estate will not be liable under this guarantee if I die or am adjudicated as bankrupt under Title 11, United States Code.

That I understand that USCIS may make the information and documentation provided by me available to the Secretary of Health and Human Services, the Secretary of Agriculture, or the Food and Nutrition Service, for use in determination of public assistance.

That I have read the Form I-361 Instructions and am aware of my responsibilities under the Social Security Act as amended, the Food Stamp Act, and Public Law 97-359.

That under penalty of perjury, that the information in my affidavit and any document submitted with my affidavit were provided by me and are complete, true, and correct.

**Sponsor's Signature**

6.a. Sponsor's Signature

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

**NOTE TO ALL SPONSORS:** If you do not completely fill out this affidavit or fail to submit required documents listed in the Instructions, USCIS may reject your affidavit.

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

Provide the following information concerning 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 Email Address (if any)

**Interpreter's Certification**

I certify that:

I am fluent in English and , which is the same language provided in **Part 4., Item Number 1.b.**;

I have read to this applicant every question and instruction on this affidavit, as well as the answer to every question, in the language provided in **Part 4., Item Number 1.b.**; and

The applicant has informed me that he or she understands every instruction and question on the affidavit, as well as the answer to every question, and the affidavit verified the accuracy of every answer.

**Interpreter's Signature**

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

**Part 6. Contact Information, Statement, Certification, and Signature of the Person Preparing This Affidavit, If Other Than the Sponsor**

Provide the following information concerning 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 Fax Number
- 6. Preparer's Email Address (if any)

**Part 6. Contact Information, Statement, Certification, and Signature of the Person Preparing This Affidavit, If Other Than the Sponsor (continued)**

***Preparer's Statement***

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

**NOTE:** If you are an attorney or accredited representative whose representation extends beyond preparation of this affidavit you must submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this affidavit.

***Preparer's Certification***

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this affidavit on behalf of, at the request of, and with the express consent of the sponsor. I completed this affidavit based only on responses the sponsor provided to me. After completing the affidavit, I reviewed it and all of the sponsor's responses with the sponsor, who agreed with every answer on the affidavit. If the sponsor supplied additional information concerning a question on the affidavit, I recorded it on the affidavit.

***Preparer's Signature***

- 8.a. Preparer's Signature
- 8.b. Date of Signature (mm/dd/yyyy)

**Part 7. Oath of Sponsor**

**NOTE:** Do not sign this portion of the affidavit until you are in front of a USCIS or Consular Officer.

***Sponsor's Certification***

I swear that the contents of this affidavit were approved by me and the statements are complete, true, and correct.

***Sponsor's Signature***

- 1.a. Sponsor's Signature
- 1.b. Date of Signature (mm/dd/yyyy)

***USCIS or Consulate Certification***

This affidavit was subscribed and sworn to in front of me on this day.

- 2.a. Date of Affirmation (mm/dd/yyyy)
- 2.b. Time of Affirmation

***USCIS or Consular Officer's Signature***

- 3.a. USCIS or Consular Officer's Signature
- 3.b. USCIS or Consular Officer's Title
- 3.c. Date of Signature (mm/dd/yyyy)

