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

START HERE - Type or print. Use black ink. See Instructions for information about eligibility and how to complete and file this application. The recipient of the T nonimmigrant classification is referred to as the principal applicant. His or her family member(s) is referred to as a derivative applicant. **Form I-914, Supplement A, is to be completed by the principal applicant.**

PART A. Family Member Relationship to You (the principal)

The family member that I am filing for is my: (Check one)

☐ Husband/Wife ☐ Child ☐ Parent ☐ Unmarried Sibling Under 18 Years of Age

PART B. Family Member Relationship to Your Derivative

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

PART C. General Information About You (the principal)

Family Name (Last Name) | **Given Name** (First Name) | **Middle Name** (if any)

Date of Birth (mm/dd/yyyy) | **A-Number** (if any)

Status of your Form I-914, Application for T Nonimmigrant Status: (Check one)

☐ Filing this Form I-914, Supplement A, concurrently

☐ Pending

☐ Approved

PART D. Information About Your Family Member (the derivative)

Family Name (Last Name) | **Given Name** (First Name) | **Middle Name** (if any)

Other Names Used (include maiden name/nickname)

Residence or Intended Residence in the U.S. - Street Number and Name | Apt. Number

City | State | ZIP Code

For USCIS Use Only

Returned	Receipt
Date	
Date	
Resubmitted	
Date	
Date	
Reloc Sent	
Date	
Date	
Reloc Rec'd	
Date	
Date	

Validity Dates

From:

To:

Remarks

Conditional Approval

Stamp # | Date

Action Block

To Be Completed by ***Attorney or Representative,*** if any

☐ Fill in box if G-28 is attached to represent the applicant.

ATTY State License #

PART D. Information About Your Family Member (the derivative) (continued)

Safe Mailing Address (if other than above) - Street Number and Name

Apt. Number

C/O (in care of):

City

State/Province

ZIP/Postal Code

Home Telephone Number (with area code)

Safe Daytime Telephone Number (with area code)

E-mail Address (optional)

A-Number (if any)

U.S. Social Security Number (if any)

Gender

☐ Male ☐ Female

Marital Status: ☐ Single/Never Married ☐ Married ☐ Divorced ☐ Widowed

Date of Birth (mm/dd/yyyy)

Country of Birth

Country of Citizenship

Passport Number

Place of Issuance

Date of Issue (mm/dd/yyyy)

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 (mm/dd/yyyy)

I-94 Number (Arrival-Departure Document)

Current Immigration Status

Give the following information about your family member if he or she has previously traveled to the United States.

Place of Entry	**Date of Entry** (mm/dd/yyyy)	**Date Authorized Stay Expired** (mm/dd/yyyy)	**Immigration Status**

PART D. Information About Your Family Member (the derivative) (continued)

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.

Name of Former Spouse(s)	Date Marriage Ended (mm/dd/yyyy)	Where and How Marriage Ended

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

Office Address (City) **U.S. State or Foreign Country**

Foreign Address Where You Want Notification Sent

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

If "Yes," what type of proceedings? (Check all that apply)

☐ 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)

Is your family member requesting an Employment Authorization Document? ☐ Yes ☐ No
(If "Yes," submit Form I-765, Application for Employment Authorization Document with Form I-914, Supplement A, or separately.)

NOTE: 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 E. Processing Information

Answer the following questions about your family member. For the purposes of this application, if applicable, you must answer "Yes" to the following questions even if the records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney, told you that your family member no longer has a record. (If your answer is "Yes" to any one of these questions, explain on a separate sheet of paper. Answering "Yes" does not necessarily mean that your family member will be denied T nonimmigrant status.)

1. Has the family member for whom you are filing **EVER**:

a. Committed a crime or offense for which he or she has not been arrested? ☐ Yes ☐ No

b. Been arrested, cited, or detained by any law enforcement officer (including DHS, former INS, and military officers) for any reason? ☐ Yes ☐ No

c. Been charged with committing any crime or offense? ☐ Yes ☐ No

d. Been convicted of a crime or offense (even if violation was subsequently expunged or pardoned)? ☐ Yes ☐ No

e. Been placed in an alternative sentencing or a rehabilitative program (for example: diversion, deferred prosecution, withheld adjudication, deferred adjudication)? ☐ Yes ☐ No

PART E. Processing Information (continued)

f. Received a suspended sentence, been placed on probation, or been paroled? ☐ Yes ☐ No

g. Been in jail or prison? ☐ Yes ☐ No

h. Been the beneficiary of a pardon, amnesty, rehabilitation, or other act of clemency or similar action? ☐ Yes ☐ No

i. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? ☐ Yes ☐ No

If the answer is "Yes" to any of the above questions, complete the following table. If you need more space, use a separate sheet of paper.

Why was the family member for whom you are filing arrested, cited, detained, or charged?	**Date of arrest, citation, detention, charge** (mm/dd/yyyy)	**Where was the family member for whom you are filing arrested, cited, detained, or charged?** (City, State, Country)	**Outcome or disposition (e.g., no charges filed, charges dismissed, jail, probation, etc.)**

2. Has the family member for whom you are filing:

a. Engaged in prostitution or procurement of prostitution or does he or she intend to engage in prostitution or procurement of prostitution? ☐ Yes ☐ No

b. EVER engaged in any unlawful commercialized vice, including but not limited to illegal gambling? ☐ Yes ☐ No

c. EVER knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally? ☐ Yes ☐ No

d. EVER illicitly trafficked in any controlled substance, or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance? ☐ Yes ☐ No

3. Has the family member for whom you are filing EVER committed, planned or prepared, participated in, threatened to, attempted to, or conspired to commit, gathered information for, or solicited funds for any of the following:

a. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? ☐ Yes ☐ No

b. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained? ☐ Yes ☐ No

c. Assassination? ☐ Yes ☐ No

d. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individual or to cause substantial damage to property? ☐ Yes ☐ No

e. The use of any biological agent; chemical agent; or nuclear weapon or device; explosive; or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? ☐ Yes ☐ No

PART E. Processing Information (continued)

4. Has the family member for whom you are filing EVER been a member of, solicited money or members for, provided support for, attended military training (as defined in section 2339D(c)(1) of title 18, United States Code) by or on behalf of, or been associated with an organization that is:

a. Designated as a terrorist organization under section 219 of the Immigration and Nationality Act? ☐ Yes ☐ No

b. Any other group of two or more individuals, whether organized or not, which has engaged in or has a subgroup which has engaged in:

1. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? ☐ Yes ☐ No

2. Seizing or detaining, and threatening to kill, injure, or continue to detain another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained? ☐ Yes ☐ No

3. Assassination? ☐ Yes ☐ No

4. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individual or to cause substantial damage to property? ☐ Yes ☐ No

5. Soliciting money or members or otherwise providing material support to a terrorist organization? ☐ Yes ☐ No

6. The use of any biological agent; chemical agent; or nuclear weapon or device; explosive; or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? ☐ Yes ☐ No

5. Does the family member for whom you are filing intend to engage in the United States in:

a. Espionage? ☐ Yes ☐ No

b. Any unlawful activity, or any activity the purpose of which is in opposition, to control or overthrow of the Government of the United States? ☐ Yes ☐ No

c. Solely, principally, or incidentally in any activity related to espionage or sabotage or to violate any law involving the export of goods, technology, or sensitive information? ☐ Yes ☐ No

6. Has the family member for whom you are filing EVER been or does he or she continue to be a member of the Communist or other totalitarian party, except when membership was involuntary? ☐ Yes ☐ No

7. Has the family member for whom you are filing, during the period of March 23, 1933, to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever ordered, incited, assisted, or otherwise participated in the persecution of any person because of race, religion, nationality, membership in a particular social group, or political opinion? ☐ Yes ☐ No

8. Has the family member for whom you are filing EVER been present or nearby when any person was:

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

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

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

9. a. Are removal, exclusion, rescission, or deportation proceedings pending against the family member for whom your are filing? ☐ Yes ☐ No

b. Have removal, exclusion, rescission, or deportation proceedings EVER been initiated against the family member for whom your are filing? ☐ Yes ☐ No

c. Has the family member for whom your are filing EVER been removed, excluded, or deported from the United States? ☐ Yes ☐ No

d. Has the family member for whom your are filing EVER been ordered to be removed, excluded, or deported from the United States? ☐ Yes ☐ No

e. Has the family member for whom your are filing EVER been denied a visa or denied admission to the United States? (If a visa was denied, explain why on a separate sheet of paper.) ☐ Yes ☐ No

PART E. Processing Information (continued)

f. Has the family member for whom your are filing EVER been granted voluntary departure by an immigration officer or an immigration judge and failed to depart within the allotted time? ☐ Yes ☐ No

10. Has the family member for whom you are filing (or has any member of his or her family) EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

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

b. Killing any person? ☐ Yes ☐ No

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

d. Engaging in any kind of sexual contact or relations with any person who was being forced or threatened? ☐ Yes ☐ No

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

11. Has the family member for whom you are filing EVER:

a. 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, or insurgent organization? ☐ Yes ☐ No

b. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? ☐ Yes ☐ No

12. Has the family member for whom you are filing EVER been a member of, assisted in, or participated in any group, unit, or organization of any kind in which he or she or any other persons used any type of weapon against any person or threatened to do so? ☐ Yes ☐ No

13. Has the family member for whom you are filing EVER assisted or participated in selling or providing weapons to any person who to his or her knowledge used them against another person, or in transporting weapons to any person who to his or her knowledge used them against another person? ☐ Yes ☐ No

14. Has the family member for whom you are filing EVER received any type of military, paramilitary, or weapons training? ☐ Yes ☐ No

15. Is the family member for whom you are filing under a final order or civil penalty for violating section 274C (producing and/or using false documentation to unlawfully satisfy a requirement of the Immigration and Nationality Act)? ☐ Yes ☐ No

16. Has the family member for whom you are filing EVER, by fraud or willful misrepresentation of a material fact, sought to procure, or procured, a visa or other documentation, for entry into the United States or any immigration benefit? ☐ Yes ☐ No

17. Has the family member for whom you are filing EVER left the United States to avoid being drafted into the U.S. Armed Forces? ☐ Yes ☐ No

18. Has the family member for whom you are filing EVER been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement and not yet complied with that requirement or obtained a waiver of such? ☐ Yes ☐ No

19. Has the family member for whom you are filing EVER detained, retained, or withheld the custody of a child, having a lawful claim to U.S. citizenship, outside the United States from a U.S. citizen granted custody? ☐ Yes ☐ No

20. Does the family member for whom you are filing plan to practice polygamy in the United States? ☐ Yes ☐ No

21. Did the family member for whom you are filing enter the United States as a stowaway? ☐ Yes ☐ No

22. a. Does the family member for whom you are filing have a communicable disease of public health significance? ☐ Yes ☐ No

b. Does the family member for whom you are filing 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 themselves or others? ☐ Yes ☐ No

c. Is the family member for whom you are filing now or has he or she been a drug abuser or drug addict? ☐ Yes ☐ No

PART F. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

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

Applicant's Statement

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Applicant's Statement Regarding the Interpreter

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.

B. ☐ The interpreter named in **Part G.** 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. Applicant's Statement Regarding the Preparer

☐ At my request, the preparer named in **Part H.**, _____, 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 Mobile Telephone Number (if any)

5. 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 U.S. Citizenship and Immigration Services (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 authorize the release of any information from my record that USCIS needs to determine eligibility for the benefit I am seeking for the family member for whom I am applying, to investigate my claim, and to investigate fraudulent claims. I further authorize USCIS to release information to law enforcement agencies and prosecutors investigating or prosecuting crimes of trafficking or related crimes. I further authorize USCIS to release information to Federal, State, and local public and private agencies providing benefits, to be used solely in making determinations of eligibility for benefits pursuant to 8 USC 1641(c).

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

6. Applicant's Signature (sign in ink) ➡ _____ Date of Signature (mm/dd/yyyy) _____

PART F. Applicant's Statement, Contact Information, Declaration, Certification, and Signature (continued)

Signature of Derivative (your family member if physically present in the United States) (sign in ink) **Date** (mm/dd/yyyy)

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

PART G. Interpreter's Contact Information, Certification, and Signature

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

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 F.**, **Item B.** in **Item Number 1.**, 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. Interpreter's Signature (sign in ink) Date of Signature (mm/dd/yyyy)

PART H. 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. 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

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 application on behalf of the applicant and with the applicant's consent.

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 be obliged 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. Preparer's Signature (sign in ink)

Date of Signature (mm/dd/yyyy)