

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

I-914, Supplement A-Application for Immediate Family Member of T-1 Recipient

START HERE - Please 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 members are referred to as derivative applicants. The Form I-914, Supplement A, is to be completed by the principal applicant.

PART A. Relationship.				For USCIS Use Only	
The derivative applicant is my: (Check one) <input type="checkbox"/> Husband/Wife <input type="checkbox"/> Child <input type="checkbox"/> Parent				Bar Code	
PART B. Information About Principal Applicant.				Date Stamp	
Family Name	Given Name	Middle Name		Remarks	
Date of Birth (mm/dd/yyyy)	A# (If any)				
Principal applicant's application has been previously: (Check One) <input type="checkbox"/> Submitted <input type="checkbox"/> Found Bona Fide <input type="checkbox"/> Submitted <input type="checkbox"/> Granted Conditional Approval <input type="checkbox"/> Approved for T Nonimmigrant Status					
PART C. Information About Derivative Applicant.				Action Block	
Family Name	Given Name	Middle Name		Action Block	
A # (If any)	U. S. Social Security # (If any)				
Other Names Used (If any)? (Include maiden name and aliases)					
Intended Residence in U.S. (Street Number and Name)	Apt. No.	City			
State	ZIP Code	Home Phone	Daytime Phone		
SAFE Mailing Address in the U.S., if other than above.			Apt. No.	City	State
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Date of Birth (mm/dd/yyyy)	
Names of Prior Husband/Wives (if any), Dates Marriages Ended and Current Immigration Status (if any)					
Country of Birth	Country of Citizenship	Passport #	Issue Date (mm/dd/yyyy)	Place of Issuance	
Is the derivative applicant currently in the United States?					
<input type="checkbox"/> Yes (If Yes, complete the following.) He or she last arrived as a (visitor, student, stowaway, without inspection, other, please specify.) His or her status is _____.			<input type="checkbox"/> No (If No, please list the United States consulate by city and country, where the derivative applicant will apply for a visa. (Designation of a consulate outside of the country of your relative's last residence does not guarantee acceptance for processing by that consulate. Acceptance is at the discretion of the designated consulate.)		
Has the derivative applicant previously entered the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, list each previous entry during the past five years. Attach additional sheets, if necessary.)					
Date of Entry		Place of Entry		Status	
Arrival/Departure Record (I-94) Number, date arrived, and date authorized stay expired, or will expire. (As shown on Form I-94 or I-95)					

PART C. Information About Derivative Applicant. (Continued)

Has family member for whom you are applying ever been under immigration proceedings?

Yes No If Yes, answer the following: Where: _____ When (mm/dd/yyyy): _____
 Exclusion Deportation Reissuance Judicial Proceeding

List your family member's spouse and children. (Attach additional sheets of paper, if necessary. If family member is your spouse, list only his or her children.)

Name	Relationship	Date of Birth (mm/dd/yyyy)	Country of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you applying for employment authorization for your family member? Yes No (If Yes, submit a Form I-765, Application for Employment Authorization, for the family member.)

PART D. Processing Information.

Please answer the following questions. (If your answer is "Yes" to any one of these questions, explain on a separate piece of paper. Answering "Yes" does not necessarily mean that your family member will be denied T nonimmigrant status.)

- Has the family member for whom you are applying ever:
 - knowingly committed any crime of moral turpitude or a drug-related offense for which he or she have not been arrested? Yes No
 - been arrested, cited, charged, indicted, fined or imprisoned for breaking or violating any law or ordinance, excluding traffic violations? Yes No
 - been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action? Yes No
 - exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? Yes No
- Has the family member for whom you are applying ever received public assistance in the United States from any source, including the U.S. government or any state, country, city or municipality (other than emergency medical treatment), or is he or she likely to receive public assistance in the future? Yes No
- Has the family member for whom you are applying:
 - within the past ten years been a prostitute or procured anyone for prostitution, or does he or she intend to engage in any such activities in the future? Yes No
 - engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? Yes No
 - knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the United States illegally? Yes No
 - illicitly trafficked in any controlled substance, firearms, or persons, or knowingly assisted, abetted or colluded in illegal trafficking? Yes No
- Has the family member for whom you are applying ever engaged in, conspired to engage in, or does he or she intend to engage in, sabotage, kidnapping, political assassination, hijacking or any other form of terrorist activity? Yes No
- Has the family member for whom you are applying ever solicited membership or funds for, or through any means ever assisted or provided any type of material support to, any person or organization that has engaged or conspired to engage in sabotage, kidnapping, political assassination, hijacking or any other form of terrorist activity? Yes No
- Does the family member for whom you are applying intend to engage in the United States in:
 - espionage? Yes No
 - any activity a purpose of which is opposition to, or the control or overthrow of, the government of the United States, by force, violence or other unlawful means? Yes No
 - any activity to violate or evade any law prohibiting the export from the United States of goods, technology or sensitive information? Yes No
- Has the family member for whom you are applying ever been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party? Yes No
- Did the family member for whom you are applying, during the period from 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 order, incite, assist or otherwise participate in the persecution of any person because of race, religion, national origin or political opinion? Yes No

PART D. Processing Information. (Continued)

9. Has the family member for whom you are applying ever engaged in genocide, or otherwise ordered, incited, assisted or otherwise participated in the killing of any person because of race, religion, nationality, ethnic origin or political opinion? Yes No
10. Has the family member for whom you are applying ever been deported from the United States, or removed from the United States at government expense, excluded within the past year, or is he or she now in exclusion or deportation proceedings? Yes No
11. Is the family member for whom you are applying under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act for use of fraudulent documents or has he or she, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the United States or any immigration benefit? Yes No
12. Has the family member for whom you are applying ever left the United States to avoid being drafted into the United States Armed Forces? Yes No
13. Has the family member for whom you are applying 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? Yes No
14. Is the family member for whom you are applying now withholding custody of a U.S. citizen child outside the United States. from a person granted custody of the child? Yes No
15. Does the family member for whom you are applying plan to practice polygamy in the United States? Yes No
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PART E. Attestation and Release.

The Derivative Applicant, the family member for whom you are applying, must sign below if he or she is presently in the United States. If someone helped you prepare this supplementary application, he or she must complete Part F.

I have read, or had read to me, this form, the information provided on it, and the evidence provided with it, and certify, under penalty of perjury under the laws of the United States of America, that the information on this supplementary application and the evidence submitted with it are true and correct.

I authorize the release of any information from the record that the U.S. Citizenship and Immigration Services 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 the U.S. Citizenship and Immigration Services to release information to law enforcement agencies and prosecutors investigating or prosecuting crimes of trafficking or related crimes.

[_____]

Signature of Derivative Applicant (*The family member for whom you are applying.*)

Date (mm/dd/yyyy)

[_____]

Signature of Principal (*Sign your name within the brackets*)

Date (mm/dd/yyyy)

PART F. Preparer and/or Translator Certification.

To be completed and signed if this form is prepared by a person other than the applicant.

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

(Preparer's/Translator's Printed Name)

(Preparer's/Translator's Signature)

Address _____

Phone Number _____

Date (mm/dd/yyyy) _____

Relationship to the Applicant _____

WARNING: Applicants who are in the United States illegally are subject to removal if their claims are not granted. Any information provided in completing this application may be used as a basis for the institution of, or as evidence in, removal proceedings even if the application is later withdrawn.

PART G. Checklist.

- I completely filled out and signed the form.
- I have attached evidence that:
 - a.** I am or have been a victim of a severe form of trafficking;
 - b.** I am physically present in the United States on account of trafficking;
 - c.** I am cooperating with the government in the investigation/prosecution of the traffickers (unless under age 18); and
 - d.** I would suffer extreme hardship involving unusual and severe harm upon removal from the United States.
- I have included three photographs of myself.
- I have attached a check or money order for the required fees.

The required fees include:

- a.** The fee for filing this application;
- b.** The biometric services fee for fingerprinting the applicant, if the applicant is between the ages of 14 and 79 years, inclusive, and
- c.** If the applicant is also currently filing for family members, the applicant is responsible for additional charges, as detailed in the instructions to Form I-914, Supplement A.

If I am applying for one or more family members:

- I have completed a Form I-914, Supplement A for each member for whom I am now applying and, if he or she is in the United States, each family member has signed that Form I-914, Supplement A.
- I have submitted the required evidence, including evidence of:
 - a.** My relationship to the family member for whom I am applying;
 - b.** My age, if I am applying for my parent;
 - c.** My child's age, if I am applying for my child; and
 - d.** The extreme hardship that either I or my family member will suffer, if my family member is not permitted to join me in the United States.

I have included three photographs of each family member for whom I am now applying.

I have included a Form I-765 Application for Employment Authorization, if I am requesting employment authorization for my family member.

I have attached a check or money order for the required fees, or a request for a fee waiver.

The required fees include:

- a.** The fee for filing this supplementary application;
- b.** The biometric services fee for the applicant, if the applicant is between 14 and 79 years, inclusive, and must be fingerprinted, or if the USCIS must also photograph the applicant or take his or her signature; and
- c.** The filing fee for Form I-765, Application for Employment Authorization, if the family member is requesting employment authorization.