

## **Supplemental Information for Application to Extend/Change Nonimmigrant Status**

USCIS Form I-539A

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

OMB No. 1615-0003 Expires 03/31/2027

**Attorney State Bar Number Attorney or Accredited Representative** Select this box if To be completed by an USCIS Online Account Number (if any) Form G-28 is (if applicable) Attorney or Accredited attached. Representative (if any). START HERE - Type or print in black ink. Part 1. Information About the Person Filing Form I-539 Your Full Legal Name 1. Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) Part 2. Information About You Attach to Form I-539 when more than one person is included in the Form I-539 application. Each co-applicant must complete a separate Form I-539A. Do not submit a Form I-539A for the person named in Form I-539. 1. Your Full Legal Name Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) 2. Date of Birth (mm/dd/yyyy) 3. Country of Birth 5. Country of Citizenship or Nationality 4. U.S. Social Security Number (if any) Alien Registration Number (A-Number) (if any) 6. ► A-Provide Information About Your Most Recent Entry Into the United States Form I-94 Arrival/Departure Record Number Date of Arrival (mm/dd/yyyy) Passport Number Travel Document Country of Passport or Passport or Travel Document Expiration Number Travel Document Issuance Date (mm/dd/yyyy) 8. Current Nonimmigrant Status (for example, F-1 student, H-4 dependent, etc.) Expiration Date (mm/dd/yyyy) 9. **Current Passport Information** If your current passport information is different from the information you provided in **Item Number 7.**, provide your current passport information. If your current passport information matches the information you provided in Item Number 7., proceed to Item Number 10. Passport Number Country of Passport Issuance Passport Expiration Date (mm/dd/yyyy) USCIS Online Account Number (if any)

Pai	rt 3. Additional Information About You				
	wer the following questions. If you answer "Yes" to any of the questions in <b>Item Numbers 1 4.</b> , use the spadditional <b>Information</b> to provide an explanation.	ace pro	vided	in P	Part
1.	Are you an applicant for an immigrant visa?		Yes		No
2.	Has an immigrant petition <b>EVER</b> been filed for you?		Yes		No
3.	Have you <b>EVER</b> filed a Form I-485, Application to Register Permanent Residence or Adjust Status?		Yes		No
4.	Have you <b>EVER</b> been arrested or convicted of any criminal offense since last entering the United States?		Yes		No
Hav	e you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of	the fol	lowir	ıg:	
5.	Acts involving torture or genocide?		Yes		No
6.	Killing any person?		Yes		No
7.	Intentionally and severely injuring any person?		Yes		No
8.	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
9.	Limiting or denying any person's ability to exercise religious beliefs?		Yes		No
Hav	e you <b>EVER</b> :				
10.	Served in, been a member of, assisted, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerilla group, militia, insurgent organization, or any other armed group?		Yes		No
11.	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
12.	Have you <b>EVER</b> been a member of, assisted, or participated in any group, unit, or organization of any kind in which you or other persons used or threatened to use any type of weapon against any person or threatened to do so?		Yes		No
13.	Have you <b>EVER</b> sold, provided, or transported weapons, or assisted any person in selling, providing, or transporting weapons that you knew or believed would be used against another person?		Yes		No
14.	Have you <b>EVER</b> received any weapons training, paramilitary training, or other military-type training?		Yes		No
15.	Have you <b>EVER</b> violated the terms of the nonimmigrant status you now hold?		Yes		No
16.	Are you now in removal proceedings?		Yes		No
17.	Have you ever been employed in the United States since last admitted or granted an extension or change of status?		Yes		No
•	ou answered "No" to <b>Item Number 17.</b> , fully describe how you are supporting yourself in <b>Part 7. Additional</b> and documentary evidence of the source, amount, and basis for any income.	Inform	natio	n.	
If yo	ou answered "Yes" to Item Number 17., fully describe any and all periods of employment in Part 7. Addition	nal Inf	orma	tion	i.
18.	Are you currently or have you ever been a J-1 exchange visitor or a J-2 dependent of a J-1 exchange visitor?		Yes		No
•	ou answered "Yes" <b>to Item Number 18.</b> , you must provide the dates you maintained status as a J-1 exchange endent in <b>Part 7</b> . Additional Information	visitor	or J-2	,	

Form I-539A Edition 08/28/24 Page 2 of 5

Pa	Part 4. Applicant's Contact Information, Certification, an	d Signature
$Ap_{i}$	Applicant's Contact Information	
Prov	Provide your daytime telephone number, mobile telephone number (if any)	, and email address (if any).
1.	. Applicant's Daytime Telephone Number 2.	Applicant's Mobile Telephone Number (if any)
3.	Applicant's Email Address (if any)	
$Ap_{j}$	Applicant's Certification and Signature	
my a unde infor that	certify, under penalty of perjury, that I provided or authorized all of the representation, I read and understand or, if interpreted to me in a language understood, all of the responses and information contained in, and submittenformation are complete, true, and correct. Furthermore, I authorize the related USCIS may need to determine my eligibility for an immigration requed ministration and enforcement of U.S. immigration law.	in which I am fluent by the interpreter listed in <b>Part 5.</b> , ed with, my application, and that all of the responses and the elease of any information from any and all of my records
4. <b>→</b>	Applicant's Signature	Date of Signature (mm/dd/yyyy)
Pai	Part 5. Interpreter's Contact Information, Certification, a	and Signature
Int	Interpreter's Full Name	
1.	-	eter's Given Name (First Name)
1.	. Interpreter's Panning Ivanie (Last Ivanie)	etel's Olven Ivallie (1/18) Ivallie)
2.	Interpreter's Business or Organization Name	
Int	Interpreter's Contact Information	
3.	Interpreter's Daytime Telephone Number  4. In	nterpreter's Mobile Telephone Number (if any)
5.	Interpreter's Email Address (if any)	
	certify, under penalty of perjury, that I am fluent in English and	, and I have interpreted
	very question on the application and Instructions and interpreted the applicant informed me that they understood every instruction, question, and	
6.	i. Interpreter's Signature	Date of Signature (mm/dd/yyyy)
$\Rightarrow$	➡	

Form I-539A Edition 08/28/24 Page 3 of 5

	rt 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, if her Than the Applicant
Pr	eparer's Full Name
1.	Preparer's Family Name (Last Name)  Preparer's Given Name (First Name)
2.	Preparer's Business or Organization Name
Pr	eparer's Contact Information
3.	Preparer's Daytime Telephone Number  4. Preparer's Mobile Telephone Number (if any)
5.	Preparer's Email Address (if any)
Pr	eparer's Certification and Signature
all o	rtify, under penalty of perjury, that I prepared this application for the applicant at their request and with express consent and that of the responses and information contained in and submitted with the application are complete, true, and correct and reflects only rmation provided by the applicant. The applicant reviewed the responses and information and informed me that they understand responses and information in or submitted with the application.
6.	Preparer's Signature Date of Signature (mm/dd/yyyy)

Form I-539A Edition 08/28/24 Page 4 of 5

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Part /	Addition	nal Intoi	rmation

If you need extra space to provide any additional information within this form, 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 form 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

Family Name (Last N	Vame)	Given Name (First Name)	Middle Name (if applicable)
A-Number (if any) Page Number	Part Number	Item Number	
Page Number	Part Number	Item Number	
Page Number	Part Number	Item Number	
Page Number	Part Number	Item Number	

Form I-539A Edition 08/28/24