

Application to Extend/Change Nonimmigrant Status

START HERE - Please Type or Print.

FOR INS USE ONLY

Part 1. Information about you.

Family Name		Given Name		Middle Initial	
Address - In care of -					
Street Number and Name				Apt. #	
City		State	Zip Code		Daytime Phone #
Country of Birth			Country of Citizenship		
Date of Birth (MM/DD/YYYY)		Social Security # (if any)		A # (if any)	
Date of Last Arrival Into the U.S.			I-94 #		
Current Nonimmigrant Status			Expires on (MM/DD/YYYY)		

Part 2. Application type. (See instructions for fee.)

1. I am applying for: (Check one.)

a. An extension of stay in my current status.

b. A change of status. The new status I am requesting is: _____

c. Other: (Describe grounds of eligibility.) _____

2. Number of people included in this application: (Check one.)

a. I am the only applicant.

b. Members of my family are filing this application with me.
The total number of people (including me) in the application is: _____
(Complete the supplement for each co-applicant.)

Part 3. Processing information.

1. I/We request that my/our current or requested status be extended until (MM/DD/YYYY): _____

2. Is this application based on an extension or change of status already granted to your spouse, child or parent?
 No Yes, Receipt # _____

3. Is this application based on a separate petition or application to give your spouse, child or parent an extension or change of status? No Yes, filed with this I-539.
 Yes, filed previously and pending with INS. INS receipt number: _____

4. If you answered "Yes" to Question 3, give the name of the petitioner or applicant:

If the petition or application is pending with INS, also give the following information:
Office filed at _____ Filed on (MM/DD/YYYY) _____

Part 4. Additional information.

1. For applicant #1, provide passport information: Country of Issuance		Valid to: (MM/DD/YYYY)	
2. Foreign Address: Street Number and Name			Apt. #
City or Town		State or Province	
Country		Zip/Postal Code	

Returned	Receipt
Date	
Resubmitted	
Date	
Reloc Sent	
Date	
Reloc Rec'd	
Date	
<input type="checkbox"/> Applicant Interviewed on _____ Date	
<input type="checkbox"/> Extension Granted to (Date): _____ Change of Status/Extension Granted New Class: From (Date): _____ To (Date): _____	
If Denied: <input type="checkbox"/> Still within period of stay <input type="checkbox"/> S/D to: _____ <input type="checkbox"/> Place under docket control	
Remarks: 	
Action Block 	
To be Completed by Attorney or Representative, if any	
<input type="checkbox"/> Fill in box if G-28 is attached to represent the applicant.	
ATTY State License #	

Part 4. Additional information.

3. Answer the following questions. If you answer "Yes" to any question, explain on separate sheet of paper.	Yes	No
a. Are you, or any other person included on the application, an applicant for an immigrant visa?		
b. Has an immigrant petition ever been filed for you or for any other person included in this application?		
c. Has a Form I-485, Application to Register Permanent Residence or Adjust Status, ever been filed by you or by any other person included in this application?		
d. Have you, or any other person included in this application, ever been arrested or convicted of any criminal offense since last entering the U.S.?		
e. Have you, or any other person included in this application, done anything that violated the terms of the nonimmigrant status you now hold?		
f. Are you, or any other person included in this application, now in removal proceedings?		
g. Have you, or any other person included in this application, been employed in the U.S. since last admitted or granted an extension or change of status?		
<ul style="list-style-type: none">• If you answered "Yes" to Question 3f, give the following information concerning the removal proceedings on the attached page entitled "Part 4. Additional information. Page for answers to 3f and 3g." Include the name of the person in removal proceedings and information on jurisdiction, date proceedings began and status of proceedings.• If you answered "No" to Question 3g, fully describe how you are supporting yourself on the attached page entitled "Part 4. Additional information. Page for answers to 3f and 3g." Include the source, amount and basis for any income.• If you answered "Yes" to Question 3g, fully describe the employment on the attached page entitled "Part 4. Additional information. Page for answers to 3f and 3g." Include the name of the person employed, name and address of the employer, weekly income and whether the employment was specifically authorized by INS.		

Part 5. Signature. (Read the information on penalties in the instructions before completing this section. You must file this application while in the United States.)

I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it is all true and correct. I authorize the release of any information from my records which the Immigration and Naturalization Service needs to determine eligibility for the benefit I am seeking.

Signature	Print your Name	Date
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Please note: If you do not completely fill out this form, or fail to submit required documents listed in the instructions, you may not be found eligible for the requested benefit and this application will have to be denied.

Part 6. Signature of person preparing form, if other than above. (Sign below.)

I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.

Signature	Print your Name	Date
Firm Name and Address	Daytime Phone Number (Area Code and Number)	
	Fax Number (Area Code and Number)	

(Please remember to enclose the mailing label with your application.)

Part 4. Additional information. Page for answers to 3f and 3g.

If you answered "Yes" to Question 3f in Part 4 on page 3 of this form, give the following information concerning the removal proceedings. Include the name of the person in removal proceedings and information on jurisdiction, date proceedings began and status of proceedings.

If you answered "No" to Question 3g in Part 4 on page 3 of this form, fully describe how you are supporting yourself. Include the source, amount and basis for any income.

If you answered "Yes" to Question 3g in Part 4 on page 3 of this form, fully describe the employment. Include the name of the person employed, name and address of the employer, weekly income and whether the employment was specifically authorized by INS.

Supplement -1

Attach to Form I-539 when more than one person is included in the petition or application.

(List each person separately. Do not include the person named in the form.)

Family Name	Given Name	Middle Name	Date of Birth (MM/DD/YYYY)
Country of Birth	Country of Citizenship	Social Security # (if any)	A # (if any)
Date of Arrival (MM/DD/YYYY)		I-94 #	
Current Nonimmigrant Status:		Expires On (MM/DD/YYYY)	
Country Where Passport Issued		Expiration Date (MM/DD/YYYY)	

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If you need additional space, attach a separate sheet(s) of paper.

Place your name, A # if any, date of birth, form number and application date at the top of the sheet(s) of paper.