

I-539, Application to Extend/ Change Nonimmigrant Status

START HERE - Please type or print in black ink.

For USCIS Use Only

Part 1. Information about you.

| | | | | |
|---------------------------------------|-------|----------------------------------|-----------------|--------------|
| Family Name | | Given Name | | Middle Name |
| 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) | | U. S. 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) | | |

| | |
|---|---------|
| Returned | Receipt |
| Date | |
| Resubmitted | |
| Date | |
| Reloc Sent | |
| Date | |
| Reloc Rec'd | |
| Date | |
| <input type="checkbox"/> Applicant Interviewed on _____ Date | |

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.)

Extension Granted to (Date): _____

Change of Status/Extension Granted
New Class: From (Date): _____
To (Date): _____

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. USCIS 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 USCIS. Receipt #: _____

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

If Denied:

Still within period of stay

S/D to: _____

Place under docket control

Remarks:

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 # _____

If the petition or application is pending with USCIS, also give the following data:

| | |
|-----------------------|-----------------------------|
| Office filed at _____ | Filed on (mm/dd/yyyy) _____ |
|-----------------------|-----------------------------|

Part 4. Additional information.

1. For applicant #1, provide passport information: Valid to: (mm/dd/yyyy)

Country of Issuance _____

2. Foreign Address: Street Number and Name Apt. #

City or Town State or Province

Country Zip/Postal Code



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? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Has an immigrant petition ever been filed for you or for any other person included in this application? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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.? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Have you, or any other person included in this application, done anything that violated the terms of the nonimmigrant status you now hold? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Are you, or any other person included in this application, now in removal proceedings? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |

- 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 USCIS.

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 that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.

| | | |
|--------------------------|-----------------|------|
| Signature | Print your Name | Date |
| Daytime Telephone Number | E-Mail Address | |

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 may 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 Telephone Number <i>(Area Code and Number)</i> | E-Mail Address |
| | Fax Number <i>(Area Code and Number)</i> | |

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 USCIS.

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 I-539.)

| | | | | |
|-------------------------------|------------------------|---------------------------------|------------------------------|--------------|
| Family Name | Given Name | Middle Name | Date of Birth (mm/dd/yyyy) | |
| Country of Birth | Country of Citizenship | U.S. 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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| Country Where Passport Issued | | | Expiration Date (mm/dd/yyyy) | |

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.