

START HERE - Please type or print in black ink.

Part 1. Information about you				
Family Name		Given Name		Middle Name
Address In care				
Street Number and Name				Apt.
City	State	Zip Code	Daytime Phone #	
Country of Birth		Country of Citizen		
Date of Birth (mm/dd/yyyy)		U. S. Social Security		A # (if any)
Date of Last Entry 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: a. <input type="checkbox"/> An extension of stay in my current status b. <input type="checkbox"/> A change of status. The new status I want is _____ c. <input type="checkbox"/> Reinstatement to student status	
2. Number of people included in this application: a. <input type="checkbox"/> I am the only applicant b. <input type="checkbox"/> Members of my family are filing this application. The total number of people (including me) is _____. (Complete the supplement for each co-applicant.)	

Part 3. Processing information	
1. I/We request that my/our current or requested status be changed to _____ (mm/dd/yyyy)	
2. Is this application based on an extension or change of status for me, my spouse, child, or parent? <input type="checkbox"/> No <input type="checkbox"/> Yes. USCIS Receipt # _____	
3. Is this application based on a separate petition or application for me, my spouse, child, or parent an extension or change of status with this petition or application? <input type="checkbox"/> Yes, filed previously and pending with this petition or application. USCIS Receipt # _____	
4. If you answered "Yes" to Question 3, give the name of the petitioner: _____	

If the petition or application is pending with USCIS, at the time of filing this application, provide the following information:

Office filed _____	Filed (mm/dd/yyyy) _____
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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 _____

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

3. Answer the following questions. If you answer "Yes" to any question, please detail and explain on a separate sheet(s) of paper.

Yes

a. Are you, or any other person included on the application, an applicant for	<input type="checkbox"/>	<input type="checkbox"/>
b. Has an immigrant petition ever been filed for you or for any other person?	<input type="checkbox"/>	<input type="checkbox"/>
c. Has a Form I-485, Application to Register Permanent Residence or Adjust Status, been filed by any other person included in this application?	<input type="checkbox"/>	<input type="checkbox"/>
d. 1Have you or any other person, included in this application, ever been arrested for a criminal offense since last entering the United States?	<input type="checkbox"/>	<input type="checkbox"/>
d. 2Have you EVER ordered, incited, called for, committed, assisted, helped with, or encouraged any of the following:		
(a) Acts involving torture		
(b) Killing any person		
(c) Intentionally and severely injuring any person		
(d) Engaging in any kind of sexual contact or relations with any person or threatening to do so		
(e) Limiting or denying any person's ability to exercise his or her civil liberties	<input type="checkbox"/>	<input type="checkbox"/>
d. 3Have you EVER:		
(a) Served in, been a member of, assisted in, or participated in any armed force, militia, unit, police unit, self-defense unit, vigilante unit, rebel group, or insurgent organization?		
(b) Served in any prison, jail, prison camp, detention facility, or other institution that involved detaining persons?	<input type="checkbox"/>	<input type="checkbox"/>
d. 4Have you EVER been a member of, assisted in, or participated in any armed force, militia, unit, police unit, self-defense unit, vigilante unit, rebel group, or insurgent organization?	<input type="checkbox"/>	<input type="checkbox"/>
d. 5Have you EVER assisted or participated in selling or providing weapons, explosives, or other dangerous items to any person, or in transporting weapons, explosives, or other dangerous items to any person?	<input type="checkbox"/>	<input type="checkbox"/>
d. 6Have you EVER received any type of military, paramilitary, or other training from any person?	<input type="checkbox"/>	<input type="checkbox"/>
e. Have you, or any other person included in this application, done anything to obtain, maintain, or improve your 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 by any person who has not been 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 and information on jurisdiction, date proceedings began, and status of proceedings. Page for answers to 3f and 3g." Include the source, amount, and date of the information. Page for answers to 3f and 3g." Include the name of the person employed, weekly income, and whether the employment was specifically authorized by USCIS.
- If you answered "No" to Question 3g, fully describe how you are supporting yourself and your family. Page for answers to 3f and 3g." Include the source, amount, and date of the information. Page for answers to 3f and 3g." Include the name of the person employed, weekly income, and whether the employment was specifically authorized by USCIS.
- If you answered "Yes" to Question 3g, fully describe the employment. Page for answers to 3f and 3g." Include the name of the person employed, weekly income, and whether the employment was specifically authorized by USCIS.

Yes

h. Are you currently or have you ever been a J-1 exchange visitor or a J-2 d ☐ ☐

If yes, you must provide the dates you maintained status as a J-1 exchange visitor or this information (or other relevant information) can result in your application being your J-1 or J-2 status, such as a copy of Form DS-2019, Certificate of Eligibility for your passport that includes the J visa stamp.

Part 5. Applicant's Statement and Signature Information on penalties in the instruction

Applicant's Statement (Check)

☐ I can read and understand English, and understand each and every question instruction on this form, as well as each question.

☐ Each and every question and instruction form, as well as my answer to each question, has been read to me by the person named

_____ I am fluent. I understand each and every instruction on this form, as well as my answer to each question.

Applicant's Signature

I certify, under penalty of perjury under the laws of the United States of America, that the information provided with it is all true and correct. I authorize the release of any information from my records to the U.S. Customs and Border Protection 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 instruction, the requested benefit and this application may be denied.

Part 6. Interpreter's Statement

Language used _____

I certify that I am fluent in English and the above-mentioned language. I further certify that I have read each and every instruction on this form, as well as the answer to each question, to this applicant in the presence of the applicant, who has understood each and every instruction and question on the form, as well as the answer to each question.

Signature	Print Your Name	Date
Firm Name (If Applicable)	Daytime Telephone Number (Area Code and Number)	
Address	Fax Number (Area Code and Number)	E-Mail Address

Part 7. Signature of Person Preparing Form, if Other than Above

Signature	Print Your Name	Date
Firm Name (If Applicable)	Daytime Telephone Number (Area Code and Number)	
Address	Fax Number, Area Code and Number	E-Mail Address

I declare that I prepared this application at the request of the above person and it is to the best of my knowledge.

Part 4. (Continued) Additional Information. Answers to 3f and 3g.

If you answered "Yes" to Question 3f4 on Page 3 of this form, give the following information regarding removal proceedings. Include the name of the person in removal proceedings and information on jurisdiction and status of proceedings.

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If you answered "No" to Question 3g4 on Page 3 of this form, fully describe how you are supported, source, amount and basis for any income.

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If you answered "Yes" to Question 3g4 on Page 3 of this form, fully describe the employment of person employed, name and address of the employer, weekly income, and whether the employee is a USCIS.

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Supplement -1

Attach to Form I-539 when more than one person is included in the petition.
(List each person separately. Do not include the person named in the petition.)

Document hosted at JDSUPRA
<http://www.jdsupra.com/post/documentViewer.aspx?fid=dc98456f-e29d-4437-9492-e056dba3de52>

Family Name	Given Name	Middle Name	Date of Birth (mm/dc
Country of Bi	Country of Citizer	U.S. Social Security #	A # (if any)
Date of Arrival (mm/dd/y		I-94 #	
Current Nonimmigrant Sta		Expires on (mm/dd/y	
Country Where Passport		Expiration Date (mm/dc	

Family Name	Given Name	Middle Name	Date of Birth (mm/dd,
Country of B	Country of Citizer	U.S. Social Security #	A # (if a
Date of Arrival (mm/d		I-94 #	
Current Nonimmigrant :		Expires on (mm/dd/y	
Country Where Passport		Expiration Date (mm/dd	

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Country of Bi	Country of Citizer	U.S. Social Security #	A # (if a
Date of Arrival (mm/dd		I-94 #	
Current Nonimmigrant :		Expires on (mm/dd/yyy	
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Country of Birt	Country of Citizer	U.S. Social Security #	A # (if a
Date of Arrival (mm/d		I-94 #	
Current Nonimmigrant :		Expires on (mm/dd/y	
Country Where Passport Issued		Expiration Date (mm/dd	

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