



# Supplemental Information for Application to Extend/Change Nonimmigrant Status

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

USCIS  
Form I-539A  
OMB No. 1615-0003  
Expires 03/31/2027

<b>To be completed by an Attorney or Accredited Representative (if any).</b>	<input type="checkbox"/> <b>Select this box if Form G-28 is attached.</b>	<b>Attorney State Bar Number (if applicable)</b> <input type="text"/>	<b>Attorney or Accredited Representative USCIS Online Account Number (if any)</b> <input type="text"/>
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▶ **START HERE - Type or print in black ink.**

## Part 1. Information About the Person Filing Form I-539

1. Your Full Legal Name

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

4. Country of Citizenship or Nationality

5. U.S. Social Security Number (if any)

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6. Alien Registration Number (A-Number) (if any)

▶ A-

7. Provide Information About Your Most Recent Entry Into the United States

Date of Arrival (mm/dd/yyyy)

Form I-94 Arrival/Departure Record Number

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Passport Number

Travel Document  
Number

Country of Passport or  
Travel Document Issuance

Passport or Travel Document Expiration  
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)

10. USCIS Online Account Number (if any)

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### Part 3. Additional Information About You

Answer the following questions. If you answer "Yes" to any of the questions in **Item Numbers 1. - 4.**, use the space provided in **Part 7. Additional Information** to provide an explanation.

1. Are you an applicant for an immigrant visa? ☐ Yes ☐ No
2. Has an immigrant petition **EVER** been filed for you? ☐ Yes ☐ No
3. Have you **EVER** filed a Form I-485, Application to Register Permanent Residence or Adjust Status? ☐ Yes ☐ No
4. Have you **EVER** been arrested or convicted of any criminal offense since last entering the United States? ☐ Yes ☐ No

Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

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

Have you **EVER**:

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 **EVER** 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 **EVER** 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 **EVER** received any weapons training, paramilitary training, or other military-type training? ☐ Yes ☐ No
15. Have you **EVER** 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

If you answered "No" to **Item Number 17.**, fully describe how you are supporting yourself in **Part 7. Additional Information**. Include documentary evidence of the source, amount, and basis for any income.

If you answered "Yes" to **Item Number 17.**, fully describe any and all periods of employment in **Part 7. Additional Information**.

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

If you answered "Yes" to **Item Number 18.**, you must provide the dates you maintained status as a J-1 exchange visitor or J-2 dependent in **Part 7. Additional Information**.

## Part 4. Applicant's Contact Information, Certification, and Signature

### *Applicant's Contact Information*

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)

### *Applicant's Certification and Signature*

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 5**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature



Date of Signature (mm/dd/yyyy)

## Part 5. Interpreter's Contact Information, Certification, and Signature

### *Interpreter's Full Name*

1. Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name

### *Interpreter's Contact Information*

3. Interpreter's Daytime Telephone Number

4. Interpreter's Mobile Telephone Number (if any)

5. Interpreter's Email Address (if any)

I certify, under penalty of perjury, that I am fluent in English and , and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that they understood every instruction, question, and answer on the application.

6. Interpreter's Signature



Date of Signature (mm/dd/yyyy)

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**Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant**

***Preparer's Full Name***

1. Preparer's Family Name (Last Name)

Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name

***Preparer's Contact Information***

3. Preparer's Daytime Telephone Number

4. Preparer's Mobile Telephone Number (if any)

5. Preparer's Email Address (if any)

***Preparer's Certification and Signature***

I certify, under penalty of perjury, that I prepared this application for the applicant at their request and with express consent and that all of the responses and information contained in and submitted with the application are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that they understand the responses and information in or submitted with the application.

6. Preparer's Signature



Date of Signature (mm/dd/yyyy)

## Part 7. Additional Information

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

1. Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

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2. A-Number (if any) ► A-

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3. Page Number Part Number Item Number

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4. Page Number Part Number Item Number

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5. Page Number Part Number Item Number

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6. Page Number Part Number Item Number

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