



# Application to Extend/Change Nonimmigrant Status

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

USCIS  
Form I-539  
OMB No. 1615-0003  
Expires 04/30/2018

For USCIS Use Only		Fee Stamp	Action Block
Returned			
Resubmitted			
Relocated	Received		
	Sent		
Remarks:	<input type="checkbox"/> <b>Granted</b>	<input type="checkbox"/> <b>Denied</b>	<input type="checkbox"/> <b>Applicant interviewed on</b> _____
	New Class _____	<input type="checkbox"/> Still within period of stay	
	Dates: From ____/____/____	<input type="checkbox"/> S/D to: _____	
	To ____/____/____	<input type="checkbox"/> Place under docket control	

To Be Completed by an Attorney  
or Accredited Representative, if any.

☐ Select this box if G-28 is attached to represent the applicant.  
Attorney State License Number: \_\_\_\_\_

## Part 1. Information About You

- Alien Registration Number (A-Number)  
▶ A- 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- USCIS Online Account Number (if any)  
▶ 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- a. Family Name (Last Name) 

Radhakrishnan
---------------
- b. Given Name (First Name) 

Venkatalakshmi
----------------
- c. Middle Name 

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## Mailing Address

- a. In Care Of Name 

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- b. Street Number and Name 

516 Village Drive
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- c. Apt. ☐ Ste. ☐ Flr. ☐

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- d. City or Town 

Edison
--------
- e. State 

NJ
----
- f. ZIP Code 

08817
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## Physical Address

- a. Street Number and Name 

516 Village Drive
-------------------
- b. Apt. ☐ Ste. ☐ Flr. ☐

--
- c. City or Town 

Edison
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- d. State 

NJ
----
- e. ZIP Code 

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## Other Information

- Country of Birth 

India
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- Country of Citizenship or Nationality 

India
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- Date of Birth (mm/dd/yyyy) ▶ 

0	4	2	7	1	9	8	8
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- U.S. Social Security Number (if any)  
▶ 

3	5	5	9	7	1	9	7	3
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- Date of Last Arrival Into the United States  
(mm/dd/yyyy) ▶ 

0	3	0	4	2	0	1	5
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Provide information about your most recent Form I-94

- a. I-94 Arrival -Departure Record Number  
▶ 

5	4	6	7	5	3	9	9	2	3	0
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- b. Passport Number 

H3768297
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- c. Travel Document Number 

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- d. Country of Issuance for Passport or Travel Document 

India
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- e. Expiration Date for Passport or Travel  
(mm/dd/yyyy) ▶ 

0	5	0	4	2	0	1	9
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- a. Current Nonimmigrant Status 

H-4
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- b. Expiration Date (mm/dd/yyyy) ▶ 

0	5	1	2	2	0	1	7
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- c. ☐ Check this box if you were granted Duration of Status (D/S).

**Part 2. Application Type** (See instructions for fee)

I am applying for: (Select one)

1. ☒ An extension of stay in my current status.
- 2.a. ☐ A change of status. The new status and effective date of change. (mm/dd/yyyy) ▶

- 2.b. The change of status I am requesting is:
- 

3. ☐ Reinstatement to student status.

Number of people included in this application: (Select one)

4. ☒ I am the only applicant.
- 5.a. ☐ Members of my family are filing this application with me.
- 5.b. The total number of people (including me) in the application is: (Complete the supplement for each co-applicant.)

**Part 3. Processing Information**

- 1.a. I/We request that my/our current or requested status be extended until (mm/dd/yyyy) ▶

- 1.b. ☐ Check this box if you were granted, or are seeking, Duration of Status (D/S).

- 2.a. Is this application based on an extension or change of status already granted to your spouse, child, or parent?
- ☐ Yes ☒ No

- 2.b. If "Yes," provide USCIS Receipt
- ▶

- 3.a. Is this application based on a separate petition or application to give your spouse, child, or parent an extension or change of status?

☒ Yes, filed with this I-539. ☐ No

☐ Yes, filed previously and pending with USCIS.

- 3.b. If pending with USCIS, provide USCIS Receipt Number
- ▶

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

- 3.c. First and last name of petitioner or applicant
- 

Office where petition or application filed:

- 3.d. City or Town

- 3.e. State

- 3.f. Date Filed (mm/dd/yyyy) ▶

**Part 4. Additional Information**

If you are the Principal Applicant, provide your current Passport information:

- 1.a. Country of Issuance for Passport

- 1.b. Expiration Date for Passport

(mm/dd/yyyy) ▶ **Foreign Home Address**

- 2.a. Street Number and Name

- 2.b. Apt. ☒ Ste. ☐ Flr. ☐

- 2.c. City or Town

- 2.d. Province

- 2.e. Postal Code

- 2.f. Country

Answer the following questions. If you answer "Yes" to any question, describe the circumstances in detail and explain on a separate sheet of paper.

3. Are you, or any other person included on the application, an applicant for an immigrant visa? ☐ Yes ☒ No
4. Has an immigrant petition EVER been filed for you or for any other person included in this application? ☐ Yes ☒ No
5. Has 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? ☐ Yes ☒ No
6. Have you, or any other person included in this application, EVER been arrested or convicted of any criminal offense since last entering the United States? ☐ Yes ☒ No

Have you, or any other person included on the application, EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

7. Acts involving torture or genocide? ☐ Yes ☒ No
8. Killing any person? ☐ Yes ☒ No
9. Intentionally and severely injuring any person? ☐ Yes ☒ No
10. Engaging in any kind of sexual contact or relations with any person who was being forced or threatened? ☐ Yes ☒ No
11. Limiting or denying any person's ability to exercise religious beliefs? ☐ Yes ☒ No

#### Part 4. Additional Information (continued)

12. Have you, or any other person included on the application, EVER served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization? ☐ Yes ☒ No
13. Have you, or any other person included in this application, EVER served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? ☐ Yes ☒ No
14. Have you, or any other person included in this application, EVER been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? ☐ Yes ☒ No
15. Have you, or any other person included in this application, EVER assisted or participated in selling, providing, or transporting weapons to any person who to your knowledge, used them against another person? ☐ Yes ☒ No
16. Have you, or any other person included in this application, EVER received any type of military, paramilitary, or weapons training? ☐ Yes ☒ No
17. Have you, or any other person included in this application, done anything that violated the terms of the nonimmigrant status you now hold? ☐ Yes ☒ No
18. Are you, or any other person included in this application, now in removal proceedings? ☐ Yes ☒ No

If "Yes," provide the following information concerning the removal proceedings in **Part 4. Additional Information for Answers to Item Numbers 18., 19., and 20.** Include the name of the person in removal proceedings and information on jurisdiction, date proceedings began, and status of proceedings.

19. Have you, or any other person included in this application, been employed in the United States since last admitted or granted an extension or change of status? ☒ Yes ☐ No

If "No," fully describe how you are supporting yourself in **Part 4. Additional Information for Answers to Item Numbers 18., 19., and 20.** Include documentary evidence of the source, amount, and basis for any income.

If "Yes," fully describe the employment in **Part 4. Additional Information for Answers to Item Numbers 18., 19., and 20.** Include the name of the person employed, name and address of the employer, weekly income, and whether the employment was specifically authorized by USCIS.

20. Are you, or any other person included in this application, 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 "Yes," you must provide the dates you maintained status as a J-1 exchange visitor or J-2 dependent in **Part 4. Additional Information for Answers to Item Numbers 18., 19. and 20.**

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

**NOTE:** Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. ☒ I can read and understand English, and have read and understand each and every question and instruction on this form, as well as my answer to every question.
- 1.b. ☐ The interpreter named in **Part 6.** has also read to me every question and instruction on this form, as well as my answer to every question, in , a language in which I am fluent. I understand every question and instruction on this form as translated to me by my interpreter, and have provided true and correct responses in the language indicated above.
2. ☐ I have requested the services of and consented to , who is ☐ is not ☐ an attorney or accredited representative, preparing this form for me.

#### Applicant's Certification

I certify, under penalty of perjury, that the information in my form and any document submitted with my form is true and correct. Copies of any documents I have submitted are exact photocopies of unaltered original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the benefit that I seek.

I furthermore authorize release of information contained in this form, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

- 3.a. Applicant's Signature

- 3.b. Date of Signature (mm/dd/yyyy) ► 02/17/2017

**Part 5. Applicant's Statement, Contact Information, Certification and Signature** *(continued)*

***Applicant's Contact Information***

4. Applicant's Daytime Telephone Number

4437655015

5. Applicant's Mobile Telephone Number

6. Applicant's E-mail Address

lakshmikrishnan27@gmail.com

**Part 6. Contact Information, Statement, Certification, and Signature of the Interpreter**

Provide the following information concerning the interpreter:

- 1.a. Interpreter's Family Name *(Last Name)*

- 1.b. Interpreter's Given Name *(First Name)*

2. Interpreter's Business or Organization Name *(if any)*

***Interpreter's Mailing Address***

- 3.a. Street Number and Name

- 3.b. Apt. ☐ Ste. ☐ Flr. ☐

- 3.c. City or Town

- 3.d. State

- 3.e. ZIP Code

- 3.f. Province

- 3.g. Postal Code

- 3.h. Country

***Interpreter's Contact Information***

4. Interpreter's Daytime Telephone Number

5. Interpreter's E-mail Address

***Interpreter Certification***

I certify that:

I am fluent in English and , which is the same language provided in **Part 5., Item Number 1.b.**;

I have read to this applicant every question and instruction on this form, as well as the answer every question, in the language provided in **Part 5., Item Number 1.b.**; and

The applicant has informed me that he or she understands every instruction and question on the form, as well as the answer to every question, and the applicant verified the accuracy of every answer..

- 6.a. Interpreter's Signature

- 6.b. Date of Signature *(mm/dd/yyyy)* ►

**Part 7. Contact Information, Certification, and Signature of the Person Preparing this Application, If Other Than the Applicant**

Provide the following information concerning the preparer:

- 1.a. Preparer's Family Name *(Last Name)*

- 1.b. Preparer's Given Name *(First Name)*

2. Preparer's Business or Organization Name

***Preparer's Mailing Address***

- 3.a. Street Number and Name

- 3.b. Apt. ☐ Ste. ☐ Flr. ☐

- 3.c. City or Town

- 3.d. State

- 3.e. ZIP Code

- 3.f. Province

- 3.g. Postal Code

- 3.h. Country

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**Part 7. Contact Information, Certification, and  
Signature of the Person Preparing this  
Application, If Other than the Applicant**  
(continued)

***Preparer's Contact Information***

4. Preparer's Daytime Telephone Number

5. Preparer's Fax Number

6. Preparer's E-mail Address

7.a. ☐ I am not an attorney or accredited representative but have prepared this form on behalf of the applicant and with the applicant's consent.

7.b. ☐ I am an attorney or accredited representative and my representation of the applicant in this case (choose one) extends ☐ does not extend ☐ beyond the preparation of this form.

***Preparer's Certification***

By my signature, I certify, swear or affirm, under penalty of perjury, that I prepared this form on behalf of, at the request of, and with the express consent of the applicant. I completed this form based only on responses the applicant provided to me. After completing the form, I reviewed it and all of the applicant's responses with the applicant, who agreed with every answer on the form. If the applicant supplied additional information concerning a question on the form, I recorded it on the form.

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy) ►

**Part 4. (continued) Additional Information for  
Answers to Item Numbers 18., 19., and 20.**

**If you answered "Yes" to Item Number 18. in Part 4.** 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.

1. N/A
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**If you answered "No" to Item Number 19. in Part 4.** of this form, fully describe how you are supporting yourself. Include the source, amount, and basis for any income.

2. N/A
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**If you answered "Yes" to Item Number 19. in Part 4.** 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.

3. I am currently employed by CareFirst BlueCross  
BlueShield, in H-4 EAD status, under  
EAC-15-907-40893.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**If you answered "Yes" to Item Number 20. in Part 4.** of this form, list the name and dates of the person or persons who maintained status as a J-1 exchange visitor or J-2 dependent.

4. \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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

### Person One

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name
- 1.d. Date of Birth (mm/dd/yyyy) ▶
- 1.e. Country of Birth
- 1.f. Country of Citizenship or Nationality
- 1.g. U.S. Social Security Number (if any) ▶
- 1.h. Alien Registration Number (A-Number) ▶ A-
- 1.i. Date of Arrival (mm/dd/yyyy) ▶
- 1.j. I-94 Arrival/Departure Record Number ▶
- 1.k. Passport Number
- 1.l. Travel Document Number
- 1.m. Country of Issuance for Passport or Travel Document
- 1.n. Expiration Date for Passport or Travel Document (mm/dd/yyyy) ▶
- 1.o. Current Nonimmigrant Status
- 1.p. Expiration Date (mm/dd/yyyy) ▶

### Person Two

- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name
- 2.d. Date of Birth (mm/dd/yyyy) ▶
- 2.e. Country of Birth
- 2.f. Country of Citizenship or Nationality
- 2.g. U.S. Social Security Number (if any) ▶
- 2.h. Alien Registration Number (A-Number) ▶ A-
- 2.i. Date of Arrival (mm/dd/yyyy) ▶
- 2.j. I-94 Arrival/Departure Record Number ▶
- 2.k. Passport Number
- 2.l. Travel Document Number
- 2.m. Country of Issuance for Passport or Travel Document
- 2.n. Expiration Date for Passport or Travel Document (mm/dd/yyyy) ▶
- 2.o. Current Nonimmigrant Status
- 2.p. Expiration Date (mm/dd/yyyy) ▶

**Supplement A. Attach to Form I-539 when more than one person is included in this application.**  
*(List each person separately. Do not include the person named in Form I-539) (continued)*

### Person Three

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

3.d. Date of Birth (mm/dd/yyyy) ►

3.e. Country of Birth

3.f. Country of Citizenship or Nationality

3.g. U.S. Social Security Number (if any) ►

3.h. Alien Registration Number (A-Number) ► A-

3.i. Date of Arrival (mm/dd/yyyy) ►

3.j. I-94 Arrival/Departure Record Number ►

3.k. Passport Number

3.l. Travel Document Number

3.m. Country of Issuance for Passport or Travel Document

3.n. Expiration Date for Passport or Travel Document (mm/dd/yyyy) ►

3.o. Current Nonimmigrant Status

3.p. Expiration Date (mm/dd/yyyy) ►

### Person Four

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

4.d. Date of Birth (mm/dd/yyyy) ►

4.e. Country of Birth

4.f. Country of Citizenship or Nationality

4.g. U.S. Social Security Number (if any) ►

4.h. Alien Registration Number (A-Number) ► A-

4.i. Date of Arrival (mm/dd/yyyy) ►

4.j. I-94 Arrival/Departure Record Number ►

4.k. Passport Number

4.l. Travel Document Number

4.m. Country of Issuance for Passport or Travel Document

4.n. Expiration Date for Passport or Travel Document (mm/dd/yyyy) ►

4.o. Current Nonimmigrant Status

4.p. Expiration Date (mm/dd/yyyy) ►



**Supplement A. Attach to Form I-539 when more than one person is included in this application.**  
*(List each person separately. Do not include the person named in Form I-539) (continued)*

**Person Five**

5.a. Family Name (Last Name)

5.b. Given Name (First Name)

5.c. Middle Name

5.d. Date of Birth (mm/dd/yyyy) ►

5.e. Country of Birth

5.f. Country of Citizenship or Nationality

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

5.h. Alien Registration Number (A-Number)  
► A-

5.i. Date of Arrival (mm/dd/yyyy) ►

5.j. I-94 Arrival/Departure Record Number  
►

5.k. Passport Number

5.l. Travel Document Number

5.m. Country of Issuance for Passport or Travel Document

5.n. Expiration Date for Passport or Travel Document  
(mm/dd/yyyy) ►

5.o. Current Nonimmigrant Status

5.p. Expiration Date (mm/dd/yyyy) ►

**Person Six**

6.a. Family Name (Last Name)

6.b. Given Name (First Name)

6.c. Middle Name

6.d. Date of Birth (mm/dd/yyyy) ►

6.e. Country of Birth

6.f. Country of Citizenship or Nationality

6.g. U.S. Social Security Number (if any)  
►

6.h. Alien Registration Number (A-Number)  
► A-

6.i. Date of Arrival (mm/dd/yyyy) ►

6.j. I-94 Arrival/Departure Record Number  
►

6.k. Passport Number

6.l. Travel Document Number

6.m. Country of Issuance for Passport or Travel Document

6.n. Expiration Date for Passport or Travel Document  
(mm/dd/yyyy) ►

6.o. Current Nonimmigrant Status

6.p. Expiration Date (mm/dd/yyyy) ►