Form I-918 Supplement A, Petition for Qualifying Family Member of U-1 Recipient

START HERE - Please type or print in black ink.	For USCIS Use Only
(The recipient of the U-1 nonimmigrant classification is referred to as the "principal." His or her family member(s) is referred to as a "derivative." Form I-918, Supplement A is	Returned Receipt
to be completed by the principal.)	Date
Part 1. Family member(s) relationship to you (the principal).	Buc
The family member that I am filing for is my:	Date
Spouse Child	Resubmitted
Parent Unmarried sibling under 18 years of age	Date
Part 2. Information about you.	Date
Family Name Given Name Middle Name	Reloc Sent
	Date
Date of Birth (mm/dd/yyyy) A-Number (if any)	Bate
	Date
Status of your Form I-918, Petition for U Nonimmigrant Status.	Reloc Rec'd
Pending Approved	Date
Part 3. Information about your family member (the derivative).	Date
Family Name Given Name Middle Name	U.S. Embassy/Consulate:
Other Names Used (Include maiden name/nickname)	Validity Dates
	From:
Date of Birth (mm/dd/yyyy) Country of Birth Country of Citizenship	To:
	Remarks
Residence or Intended Residence in the U.S Street Number and Name Apt. No.	
City State/Province Zip/Postal Code	
	Conditional Approval
Safe Mailing Address (if other than above) - Street Number and Name Apt. No.	Stamp No.: Date
	Action Block
C/O (in care of):	
City State/Province Zip/Postal Code	
A-No. (if any) U.S. Social Security No. (if any) I-94 No. (if any)	
Home Phone No. (with area code) Safe Daytime Phone No. (with area code)	To Be Completed by Attorney or Representative, if any.
	Fill in box if G-28 is attached to
Marital Status Gender	represent the applicant.
Single Married Male	ATTY State License Number
Divorced Widowed Female	

Pa	art 4. Additional information	n abou	t your fami	ly mem	ber.		
	Cive the following information show	t	amily mambar	if he er a	ha ia aumontly ir	the United States	
ι. '	Give the following information abou Place of Last Entry	•	Date of Last E		ne is currently if	Current Immigra	tion Status
	Trace of East Entry		Date of East E	лиу			tion Status
	Passport Number		Place of Issuar	nce		Date of Issue (m.	m/dd/vvvv)
, ,	Give the following information abou	t vour f	mily member	if he or s	ha has praviousl	v travaled to the Unit	ad States
۷. ۱	Give the following information about					y traveled to the Onio	ed States.
	Place of Entry		of Entry d/yyyy)	l l	uthorized Stay d (mm/dd/yyyy)	Immigration Status	\$
3. I	L If your relative was previously marri	ed, list i	names of prior	spouses a	and dates of term	nination of marriage.	Documents such as
	divorce decrees or death certificates						
	Name of Former Spouse(s)		Date Marriag	_	Where and Ho	ow Marriage Ended	
	Pouse(s)		Ended (mm/d	d/yyyy)	, , , , , , , , , , , , , , , , , , ,		
	If your relative is outside the United	States g	give the U.S. co	nsulate o	r inspection faci	lity you want notified	l if this petition is
i	approved. Type of Office (Check one):	Conqui	oto \Box Γ)ra fliabt	inguaction 🖂	Dont of Entry	
	Office Address (City)] Consul	ate r	-	inspection	•	
						<u> </u>	
	Foreign Address Where You Want	Notifica	tion Sent.				
5 1	Has your family member ever been i	n immic	eration proceed	lings?		☐ Y	es No
	If "Yes," what type of proceedings?	_		-			
		ision Da		Deportatio	n Date	Recission Date	Judicial Date
		dd/yyyy)		mm/dd/yy		(mm/dd/yyyy)	(mm/dd/yyyy)
5.]	Is your family member requesting an	Emplo	yment Authoriz	zation Do	ocument? (If "Y	es," Y	es No
5	submit Form I-765, Application for Employment Authorization Document, separately.)						
	NOTE: If your family member is livuntil he or she is lawfully admitted to						
				v			Suisiae ine Onnea Siales.
/ .]	List your family member's spouse an	d childr	Date of		sheet(s) of paper	if necessary.)	T
	Full Name		(mm/dd/		Country	of Birth	Relationship

	told you that your famil	re sealed or otherwise cleared or if anyon by member no longer has a record. (Answigrant status.)			
3. Has the family member for wl	hom you are filing EVE	R:			
a. Committed a crime or offe	ense for which he or she	has not been arrested?		Yes	☐ No
b. Been arrested, cited, or de INS) and military officers		cement officer (including DHS (former		Yes	No
c. Been charged with commi	tting any crime or offen	se?		Yes	☐ No
d. Been convicted of a crime pardoned)?	or offense (even if viol	ation was subsequently expunged or		Yes	☐ No
e. Been placed in an alternation deferred prosecution, with	_	pilitative program (for example: diversion red adjudication)?	1,	Yes	☐ No
f. Received a suspended sente	ence, been placed on pro	obation, or been paroled?		Yes	☐ No
g. Been in jail or prison?				Yes	☐ No
h. Been the beneficiary of a parameter similar action?	h. Been the beneficiary of a pardon, amnesty, rehabilitation, or other act of clemency or similar action?				
i. Exercised diplomatic immu	i. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States?				
If the answer is "Yes" to sheet(s) of paper.	any of the above question	ons, complete the following table. If you	need mor	e space, use a	separate
Why was the family member for whom you are filing arrested, cited, detained or charged?	Date of arrest, citation, detention, charge. (mm/dd/yyyy)	Where was the family member for whom you are filing arrested, cited, detained or charged? (City, State, Country)	(e.g., n	come or dispo o charges file sed, jail, probo	d, charges
States from any source, include	ling the U.S. governmer	received public assistance in the United at or any State, county, city or other t), or is he or she likely to receive public		Yes	☐ No

(Continued.)

Part 4. Additional information about your family member.

Par	t 4. Additional information about your family member. (Continued.)		
10. H	as the family member for whom you are filing:		
a.	Engaged in prostitution or procurement of prostitution or does he or she intend to engage in prostitution or procurement of prostitution?	Yes	☐ No
b.	Ever engaged in any unlawful commercialized vice, including, but not limited to illegal gambling?	Yes	☐ No
c.	Ever knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the United States illegally?	Yes	☐ No
d.	Ever illicitly trafficked in any controlled substance, or knowingly assisted, abetted or colluded in the illicit trafficking of any controlled substance?	Yes	☐ No
	as the family member for whom you are filing ever committed, planned or prepared, participated in, tempted to, or conspired to commit, gathered information for, solicited funds for any of the following		
a.	Highjacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle?	Yes	☐ No
b.	Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained?	Yes	No
c.	Assassination?	Yes	☐ No
d.	The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individual or to cause substantial damage to property?	Yes	☐ No
e.	The use of any biological agent, chemical agent, or nuclear weapon or device, or explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?	Yes	□No
su	as the family member for whom you are filing ever been a member of, solicited money or members fupport for, attended military training (as defined in section 2339D(c)(1) of title 18, United States Cod c, or been associated with an organization that is:	· 1	alf
a.	Designated as a terrorist organization under section 219 of the Immigration and Nationality Act?	Yes	☐ No
b.	Any other group of two or more individuals, whether organized or not, which has engaged in or has a subgroup which has engaged in:	Yes	☐ No
	1. Highjacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle?	Yes	☐ No
	2. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained?	Yes	□No
	3. Assassination?	Yes	☐ No

Part 4. Additional information about your family member. (Continued.)		
4. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individual or to cause substantial damage to property?	Yes	☐ No
5. The use of any biological agent, chemical agent, or nuclear weapon or device, or explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?	Yes	☐ No
6. Soliciting money or members or otherwise providing material support to a terrorist organization?	Yes	☐ No
13. Does the family member for whom you are filing intend to engage in the United States in:		
a. Espionage?	Yes	☐ No
b. Any unlawful activity, or any activity the purpose of which is in opposition to, or the control or overthrow of the government of the United States?	Yes	☐ No
c. Solely, principally, or incidentally in any activity related to espionage or sabotage or to violate any law involving the export of goods, technology, or sensitive information?	Yes	☐ No
14. Has the family member for whom you are filing ever been or does her or she continue to be a member of the Communist or other totalitarian party, except when membership was involuntary?	Yes	□No
15. Has the family member for whom you are filing, during the period of March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever ordered, incited, assisted or otherwise participated in the persecution of any person because of race, religion, nationality, membership in a particular social group or political opinion?	Yes	No
16. Has the family member for whom you are filing EVER ordered, committed, assisted, helped with, or oparticipated in any act that involved:	otherwise	
a. Torture or genocide?	Yes	☐ No
b. Killing, beating, or injuring any person?	Yes	☐ No
c. Displacing or moving any persons from their residence by force, threat of force, compulsion, or duress?	Yes	No
d. Engaging in any kind of sexual contact or relations with any person who was being subjected to force, threat of force, compulsion, or duress?	Yes	☐ No
e. Limiting or denying any person's ability to exercise religious beliefs?	Yes	☐ No
f. The persecution of any person because of race, religion, national origin, membership in a particular social group, or political opinion?	Yes	No
If the answer is "Yes," please describe the circumstances on a separate sheet(s) of paper.		

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Part 4. Additional information about your family member. (Continued.)		
17. Has the family member for whom you are filing EVER advocated that another person commit any of the acts described in the preceding question, urged, or encouraged another person, to commit such acts? (If the answer is "Yes," describe the circumstances on a separate sheet(s) of paper.)	Yes	□No
18. Has the family member for whom you are filing EVER been present or nearby when any person was:		
a. Intentionally killed, tortured, beaten, or injured?	Yes	☐ No
b. Displaced or moved from his or her residence by force, compulsion or duress?	Yes	No
c. In any way compelled or forced to engage in any kind of sexual contact or relations?	Yes	☐ No
If the answer is "Yes," please describe the circumstances on a separate sheet(s) of paper.		
19. Has the family member for whom you are filing (or has any member of his or her family) EVER served in or been involved in any way with:	, been a men	nber of,
a. Any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, or insurgent organization?	Yes	☐ No
b. Any prison, jail, prison camp, detention camp, labor camp, or any other situation that involved guarding prisoners?	Yes	☐ No
c. Any group, unit, or organization of any kind in which you or other persons possessed, transported, or used any type of weapon?	Yes	☐ No
If the answer is "Yes," please describe the circumstances on a separate sheet(s) of paper.		
20. Has the family member for whom you are filing EVER received any type of military, paramilitary or weapons training? (If the answer is "Yes," please describe the circumstances on a separate sheet(s) of paper.)	Yes	□ No
21. a. Are removal, exclusion, rescission or deportation proceedings pending against the family member for whom you are filing?	Yes	☐ No
b. Have removal, exclusion, rescission or deportation proceedings EVER been initiated against the family member for whom you are filing?	Yes	☐ No
c. Has the family member for whom you are filing EVER been removed, excluded or deported from the United States?	Yes	☐ No
d. Has the family member for whom you are filing EVER been ordered to be removed, excluded or deported from the United States?	Yes	☐ No

Pa	rt 4. Additional information about your family member. (Continued.)		
(e. Has the family member for whom you are filing EVER been denied a visa or denied admission to the United States? (If a visa was denied, explain why on a separate sheet of paper.)	Yes	□ No
f	Has the family member for whom you are filing EVER been granted voluntary departure by an immigration officer or an immigration judge and failed to depart within the allotted time?	Yes	□ No
5	is the family member for whom you are filing under a final order or civil penalty for violating section 274C (producing and/or using false documentation to unlawfully satisfy a requirement of the Immigration and Nationality Act)?	Yes	□No
1	Has the family member for whom you are filing ever, by fraud or willful misrepresentation of a material fact, sought to procure, or procured, a visa or other documentation, for entry into the United States or any immigration benefit?	Yes	□No
	Has the family member for whom you are filing ever left the United States to avoid being drafted into the U.S. Armed Forces?	Yes	□No
,	Has the family member for whom you are filing ever been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement and not yet complied with that requirement or obtained a waiver of such?	Yes	No
(Has the family member for whom you are filing ever detained, retained, or withheld the custody of a child, having a lawful claim to United States citizenship, outside the United States from a United States citizen granted custody?	Yes	□ No
27.]	Does the family member for whom you are filing plan to practice polygamy in the United States?	Yes	□No
28.]	Have you entered the United States as a stowaway?	Yes	□ No
29. a	Do you have a communicable disease of public health significance?	Yes	No
l	Do you have or have you had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated with the disorder which has posed or may pose a threat to the property, safety, or welfare of yourself or others?	Yes	No
(. Are you now or have you been a drug abuser or drug addict?	Yes	☐ No

Part 5. Attestation, release and sig	nature. (Read information on	penalties in the instructions before completing this
I certify, under penalty of perjury under the l true and correct. I certify also that I have no		rica, that the information provided with this petition is all rould affect the outcome of this petition.
Signature of Principal (you)		Date (mm/dd/yyyy)
→		
Please Note: Your qualifying family member	r for whom you are filing must sig	gn if he or she is present in the United States.
Signature of Qualifying Family Member is	f in the United States	Date (mm/dd/yyyy)
	y petition may be used as a basis	removal if their claims are not granted. Any information for the institution of, or as evidence in, removal
	equest of the above person, and it	is based on all information of which I have knowledge.
Attorney or Representative: In the event o	f a Request for Evidence, may US	SCIS contact you by Fax or E-Mail? Yes No
Preparer's Signature		Date (mm/dd/yyyy)
Preparer's Printed Name	Preparer's Firm Na	me (if applicable)
Preparer's Address		
Daytime Phone Number (with area code)	Fax Number (if any)	E-Mail Address (if any)
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