

How to Complete the Form I-539



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

Part 1. Information About You

Enter the dependent's information here, not the H-1B employee. The oldest dependent's information should be listed on page 1. Any younger dependents should be listed on pages 7-9. Put A # if your dependent has one. If no, leave blank. The same with question #2.

Part 1. Information About You

1. Alien Registration Number (A-Number)
▶ A-
2. USCIS Online Account Number (if any)
▶
- 3.a. Family Name (Last Name)
- 3.b. Given Name (First Name)
- 3.c. Middle Name

Mailing Address

Put the dependent's name in 4.a., and provide the mailing address on questions 4.b. to 4.f. The mailing address is where the H-4 approval notice will be mailed to after the case is approved. The mailing address could be different than the physical address.

Mailing Address

- 4.a. In Care Of Name
- 4.b. Street Number and Name
- 4.c. Apt. ☐ Ste. ☐ Flr. ☐
- 4.d. City or Town
- 4.e. State
- 4.f. ZIP Code
(USPS ZIP Code Lookup)

Physical Address

- 5.a. Street Number and Name
- 5.b. Apt. ☐ Ste. ☐ Flr. ☐
- 5.c. City or Town
- 5.d. State
- 5.e. ZIP Code

Other Information

This section should also be completed with the oldest dependent's information.

Enter your current immigration status in item 12.a.

Enter the end date of your H-1B/E-3/or TN status in item 12.b. This is the same as the "Admit Until" date on your I-94. You can download your I-94 from www.cbp.gov/i94.

If you are in F or J status, skip item 12.b. and check off 12.c. instead to indicate you were granted a D/S. If your I-94 has a date on the "Admit Until" line, you should bring this to the attention of an OIS adviser and get it changed to D/S before filing the change of status application.

Other Information

6. Country of Birth
7. Country of Citizenship or Nationality
8. Date of Birth (mm/dd/yyyy) ▶
9. U.S. Social Security Number (if any)
▶
10. Date of Last Arrival Into the United States
(mm/dd/yyyy) ▶

Provide information about your most recent Form I-94

- 11.a. I-94 Arrival-Departure Record Number
▶
- 11.b. Passport Number
- 11.c. Travel Document Number
- 11.d. Country of Issuance for Passport or Travel Document
- 11.e. Expiration Date for Passport or Travel Document
(mm/dd/yyyy) ▶
- 12.a. Current Nonimmigrant Status
- 12.b. Expiration Date (mm/dd/yyyy) ▶
- 12.c. ☐ Check this box if you were granted Duration of Status (D/S).

Part 2. Application Type

This section should be completed carefully.

If the dependent is changing status, check off item #2 (see next page) and put the H-1B start date in the effective date box. Also specify the visa type you're requesting. For example H-4 should be entered for a dependent/s of an H-1B employee. E-3D should be entered for E-3 dependents.

If this is a visa extension request, check off item #1. Check off item #4 if there is only one dependent filing the form I-539.

Check off 5.a. if there are multiple dependents on the form I-539, and indicate the total number under 5.b.

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.)

a

Part 3. Processing Information

Enter the H-1B end date in item 1.a., if this is an extension request.

Check off "Yes" in 2.a. only if you are changing status after the principal's H-1B or E-3 is approved. If so, provide the I-797A Receipt Number under 2.b.

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 Number.
►
- 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

Provide passport and foreign address information.

Carefully review the generic questions 3-20 and answer them accurately.

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.

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

Check off 1.a., sign below on item 3.a. with either a blue pen or a black ink pen, and put date of signature on 3.b. Again, this signature should be of dependent #1 listed on page 1.

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) ▶

Part 5 – Continued (Page 4)

Put the dependent's contact information on items 4-6

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

Applicant's Contact Information

4. Applicant's Daytime Telephone Number

5. Applicant's Mobile Telephone Number

6. Applicant's E-mail Address

[Page 6](#) - Unless you used an interpreter or a preparer to complete the form, skip part 6 & part 7 (the rest of page 4 & page 5) and continue to part 4 on page 6 and provide additional information for answers to Item Numbers 18., 19., and 20.

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.

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.

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.

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 - Page 7](#)

List any other dependents you want to file the Form I-539 here. You can add up to 5 people on pages 7-9.

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

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) ►
