RCUH Research Corporation of the University of Hawai'i

Human Resources Department

DEPENDENT INFORMATION FORM

Complete this form when:

1. Your family will not initially accompany you to the U.S. but intend to join you at a later date, or
2. Your family is already in the U.S. and must change or extend their nonimmigrant status. *(IMPORTANT NOTE: Only spouses and unmarried children (under 21 years of age) are eligible for H-4, TD, O-3, or E-3D)*

Part I: Biographical & Immigration Information

Dependent 1

1. Name on Passport: Last Name (surname):_____ First Name (given):_____ Middle (if any):_____	2. Gender: ☐ Male ☐ Female 3. Date of Birth (mm/dd/yyyy): 4. Social Security Number (if any):
5. Nationality: City of Birth:_____ Country of Citizenship:_____ Country of Birth:_____ Country of Legal Permanent Residence:_____	
6. Current Nonimmigrant Status:	7. Date of Last Arrival in U.S.:
8. Expiration Date:	9. Relationship to Employee:
10. Form I-94 #:	11. A #:
12. Passport issued by (country):	13. Passport Expiration Date:

Dependent 2

1. Name on Passport: Last Name (surname):_____ First Name (given):_____ Middle (if any):_____	2. Gender: ☐ Male ☐ Female 3. Date of Birth (mm/dd/yyyy): 4. Social Security Number (if any):
5. Nationality: City of Birth:_____ Country of Citizenship:_____ Country of Birth:_____ Country of Legal Permanent Residence:_____	
6. Current Nonimmigrant Status:	7. Date of Last Arrival in U.S.:
8. Expiration Date:	9. Relationship to Employee:
10. Form I-94 #:	11. A #:
12. Passport issued by (country):	13. Passport Expiration Date:

Dependent 3*

1. Name on Passport: Last Name (surname):_____ First Name (given):_____ Middle (if any):_____	2. Gender: ☐ Male ☐ Female 3. Date of Birth (mm/dd/yyyy): 4. Social Security Number (if any):
5. Nationality: City of Birth:_____ Country of Citizenship:_____ Country of Birth:_____ Country of Legal Permanent Residence:_____	
6. Current Nonimmigrant Status:	7. Date of Last Arrival in U.S.:
8. Expiration Date:	9. Relationship to Employee:
10. Form I-94 #:	11. A #:
12. Passport issued by (country):	13. Passport Expiration Date:

**Please complete a second Dependent Information Form for any additional dependents.*

Residential Address in U.S. (if already in U.S.): _____

_____

Home phone number (in U.S.): _____

Address in home country:

Street Number and Name:_____

Apt./Ste./Flr.:_____

City or Town:_____

State:_____

Province:_____

Postal Code:_____

Country:_____

If already in the U.S., list any future travel plans outside of the U.S. _____

Part II: Additional Information (Only applicable if Dependents are already in the U.S.)
This section does not need to be completed if you or your dependent(s) prefer to complete the Form I-539, Application to Extend/Change Nonimmigrant Status, on your own. These questions are taken directly from the Form I-539. If the answers to any of the following questions are yes, describe the circumstance in detail and explain on a separate paper.

Is any person on this application, an applicant for an immigrant visa?	☐ Yes ☐ No
Has in immigrant petition ever been filed for any person included in this application?	☐ Yes ☐ No
Has a Form I-485, Application to Register Permanent Resident or Adjust Status, ever been filed for any person included in this application?	☐ Yes ☐ No
Has any person on this application, ever been arrested or convicted of any criminal offense since last entering the U.S.?	☐ Yes ☐ No
Has any person on this application ever ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following? a) Acts involving torture or genocide? b) Killing of any person? c) Intentionally and severely injuring any person? d) Engaging in any kind of sexual contact or relations with any person who was being forced or threatened? e) Limiting or denying any person's ability to exercise religious beliefs?	☐ Yes ☐ No

Has any person on this application ever: ☐ Yes ☐ No a) 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? b) Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining people?
Has any person on this application been a member of, assisted in, or participated in any group, unit, or organization of any kind in which they or other persons used any type of weapon against any person or threatened to do so? ☐ Yes ☐ No
Has any person on this application ever assisted or participated in selling or providing weapons to any person who to their knowledge used them against another person, or in transporting weapons to any person who to their knowledge used them against another person? ☐ Yes ☐ No
Has any person on this application ever received any type of military, paramilitary, or weapons training? ☐ Yes ☐ No
Has any person on this application ever done anything that violated the terms of the nonimmigrant status they now hold? ☐ Yes ☐ No
Is any person on this application currently in removal proceedings? ☐ Yes ☐ No
Has any person on this application been employed in the U.S. since last admitted or granted an extension or change of status? ☐ Yes ☐ No *If yes*, give the following information on a separate paper: name of person, name of employer, address of employer, weekly income & whether the employment was specifically authorized by USCIS. *If no*, fully describe on a separate paper how the people included in this application are supporting themselves. Include the source and the amount and basis for any income.
Has this person ever been a J-1 exchange visitor or J-2 dependent in the U.S.? ☐ Yes ☐ No If yes, list dates of J-1/J-2 status and provide copies of Forms DS-2019, IAP-66, or J entry visa stamps in passport.

Please submit the following:

1. Copy of Passport and Form I-94: Include most recent Form I-94 arrival/departure record in passport if already in the U.S. If international travel and return is scheduled prior to submission of this petition, a copy of the I-94 record must be submitted to RCUH immediately upon return.
2. Form I-539 Filing Fee: Filing fees are subject to change. Check the USCIS website at http://www.uscis.gov/forms for current rates. All checks must be made payable to the "Department of Homeland Security" or "U.S. Department of Homeland Security". Forward the check(s) to RCUH Human Resources.

Part III: CERTIFICATION

I certify that the information provided on this form is accurate.

_____ _____
Employee Signature Date

_____
Print Name

_____ _____
Dependent Signature Date

_____
Print Name