

Part 1. Information About an Adult Member of the Household. (You must complete Form I-800A, Supplement 1, for each adult member of the household age 18 and older. However, if you are married, you do not need to complete one for your spouse.) (continued)

Has the adult member of the household, whether in or outside the United States:

- 2.a. Been arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations, but including driving or operating a vehicle while intoxicated or while impaired by or under the influence of alcohol or other intoxicant? Yes No
- 2.b. Been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency, or similar action? Yes No
- 2.c. Received a suspended sentence, been placed on probation or parole, or in an alternative sentencing or rehabilitation program, such as diversion, deferred prosecution, deferred or withheld adjudication, or expungement of a criminal charge? Yes No
- 2.d. At any time been the subject of any investigation by any child welfare agency, court, or other official authority in any State or foreign country concerning the abuse or neglect of any child, *other than* an investigation that has been completed and formally closed based on a finding that the allegation of abuse or neglect was unfounded or unsubstantiated? Yes No

Each of the above questions must be answered. See "Duty of Disclosure" on Page 7 of the instructions to Form I-800A concerning your ongoing duty to disclose information in answer to these questions. If the answer is "Yes" to any of the questions, provide a certified copy of the documentation showing the final disposition of each incident which resulted in arrest, indictment, conviction, and/or any other judicial or administrative action and a written statement giving details, including any mitigating circumstances, about each arrest, signed by the adult member of the household under penalty of perjury under U.S. law. The written statement must show the date of each incident; place incident occurred (city/town, State/province, country); name of police department or other law enforcement administration or other entity involved; date of incarceration and name of facility, if applicable. Provide a description of any type of counseling, rehabilitation, or other information that you and the adult member of the household would like considered in light of this history on a separate sheet of paper.

I declare that I completed **Form I-800A, Supplement 1, Part 1** and it is based on all information of which I have knowledge. I have not knowingly withheld any material information that would affect the outcome of this application.

Your Signature (Applicant)

Date (mm/dd/yyyy)

➔

Applicant Family Name (Last Name)

Applicant Given Name (First Name)

Applicant Middle Name (if applicable)

Other Names Used (including maiden name if appropriate)

Date of Birth (mm/dd/yyyy)

Place of Birth (City/Town, State/Province, Country)

U.S. Social Security Number (if any)

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

USCIS Online Account Number (if any)

▶ A- ▶

Notice to the Adult Member of the Household: By signing this Form I-800A/I-800, Supplement 1, you agree that USCIS may disclose to the applicant or the applicant's adoption service providers, if applicable, information that U.S. Citizenship and Immigration Services (USCIS) may obtain about you that is relevant to the adjudication of the applicant's Form I-800A or applicant's Form I-800, even if the Privacy Act, 5 USC 552a, might otherwise prevent disclosure of the information without your consent.

NOTE: If you, an adult member of the household, knowingly and willfully falsify or conceal a material fact or submit a false document in support of this Supplement 1, USCIS will deny the Form I-800A/I-800 filed for this case and may deny any other USCIS benefits requested by the prospective adoptive parents.

Part 2. Signature of You, the Prospective Adoptive Parent (Applicant) and Signature and Certification of the Adult Member of the Household. (Read the information on penalties on Page 10 of the instructions before completing this section.)

Adult Member of the Household's Statement

1. Adult Member of the Household's Statement Regarding the Interpreter (Select the box for either **Item A.** or **B.**)
 - A. I can read and understand English, and I have read and understand every question and instruction on this supplement and my answer to every question.
 - B. The interpreter named in **Part 4.** has read to me every question and instruction on this supplement and my answer to every question in , a language in which I am fluent, and I understood everything.
2. Adult Member of the Household's Statement Regarding the Preparer (if applicable)

At my request, the preparer named in **Part 5.**, , prepared this supplement for me based only upon information I provided or authorized.

Adult Member of the Household's Certification

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 the suitability and eligibility of the applicant or petitioner as an adoptive parent.


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

I certify, under penalty of perjury, that I provided or authorized all of the information in this supplement, I understand all of the information contained in, and submitted with, this supplement, and that all of this information is complete, true, and correct.

Adult Member of the Household's Duty of Disclosure

I understand the ongoing duty to disclose information concerning any change of circumstance, as described in the Form I-800A and/or Form I-800 Instructions, and I agree to notify the applicant, petitioner, home study preparer, and USCIS of any new information that I am required to disclose.

Adult Member of the Household's Signature

3. Adult Member of the Household's Signature Date of Signature (mm/dd/yyyy)


Part 3. Applicant's Statement, Certification, and Signature

NOTE: If you or any adult member of the household knowingly and willfully falsify or conceal a material fact or submit a false document with your Form I-800A/I-800, Supplement 1, USCIS will deny your Form I-800A or Form I-800 and may deny any USCIS benefit you request.

Applicant's Statement

1. Applicant's Statement Regarding the Interpreter (Select the box for either **Item A.** or **B.**)
 - A. I can read and understand English, and I have read and understand every question and instruction on this supplement and my answer to every question.
 - B. The interpreter named in **Part 4.** has read to me every question and instruction on this supplement and my answer to every question in , a language in which I am fluent, and I understood everything.
2. Applicant's Statement Regarding the Preparer (if applicable)

At my request, the preparer named in **Part 5.**, , prepared this supplement for me based only upon information I provided or authorized.

Applicant's Certification

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 the suitability and eligibility of the applicant or petitioner as an adoptive parent.

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

I certify, under penalty of perjury, that I provided or authorized all of the information in this supplement, I understand all of the information contained in, and submitted with, this supplement, and that all of this information is complete, true, and correct.

Applicant's Signature

3. Applicant's Signature Date of Signature (mm/dd/yyyy)
➔

Part 4. Interpreter's Contact Information, Certification, and Signature

If the adult member of the household and/or applicant used an interpreter to read and complete this supplement, provide the following information about the interpreter.

Interpreter's Full Name

- 1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)
- 2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

- 3. Street Number and Name Apt. Ste. Flr. Number
- City or Town State ZIP Code
- Province Postal Code Country

Interpreter's Contact Information

- 4. Interpreter's Daytime Telephone Number
- 5. Interpreter's Mobile Telephone Number (if any)
- 6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and which is the same language specified in **Parts 2. and 3., Item B. in Item Number 1.,** and I have read to this adult member of the household and/or applicant in the identified language every question and instruction on this supplement and his or her answer to every question. The adult member of the household and applicant informed me that he or she understands every instruction, question, and answer on the supplement, including the **Adult Member of the Household's Certification** and the **Applicant's Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

- 7. Interpreter's Signature Date of Signature (mm/dd/yyyy)

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Supplement, If Other Than the Applicant or Adult Member of the Household

If you, the applicant or adult member of the household used a preparer to complete this supplement, provide the following information about the preparer.

Preparer's Full Name

- 1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name)
- 2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

- 3. Street Number and Name Apt. Ste. Flr. Number
City or Town State ZIP Code
Province Postal Code Country

Preparer's Contact Information

- 4. Preparer's Daytime Telephone Number
- 5. Preparer's Mobile Telephone Number (if any)
- 6. Preparer's Email Address (if any)

Preparer's Statement

- 7. **A.** I am not an attorney or accredited representative but have prepared this supplement on behalf of the adult member of the household and/or applicant and with the adult member of the household's and/or applicant's consent.
- B.** I am an attorney or accredited representative and my representation of the adult member of the household and/or applicant in this case extends/does not extend beyond the preparation of this supplement

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this supplement at the request of the applicant and/or adult member of the household. The applicant and adult member of the household then reviewed this completed supplement and informed me that he or she understands all of the information contained in, and submitted with, this supplement, including the **Adult Member of the Household's Certification** and the **Applicant's Certification**, and that all of this information is complete, true, and correct. I completed this supplement based only on information that the applicant and/or adult member of the household provided to me or authorized me to obtain or use.

Preparer's Signature

- 8. Preparer's Signature Date of Signature (mm/dd/yyyy)