

### Supplement-1

**Attach to Form I-539 when more than one person is included in the petition or application.** *(List each person separately. Do not include the person you named on the form).*

Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth	Social Security No.		A#
<b>IF IN THE U.S.</b>	Date of Arrival (month/day/year)	I-94#	
	Current Nonimmigrant Status	Expires on (month/day/year)	
Country where passport issued	Expiration Date (month/day/year)		
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth	Social Security No.		A#
<b>IF IN THE U.S.</b>	Date of Arrival (month/day/year)	I-94#	
	Current Nonimmigrant Status	Expires on (month/day/year)	
Country where passport issued	Expiration Date (month/day/year)		
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Country of Birth	Social Security No.		A#
<b>IF IN THE U.S.</b>	Date of Arrival (month/day/year)	I-94#	
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