

DEPENDENT INFORMATION

To be completed only if dependents will be accompanying you to the U.S. Your dependents will also need to apply for visas. Please complete this form and return it with a photocopy of the biographic page of each dependent. Additional funds that you are required to show in order to support dependents in the United States: U.S. \$1,500 per month for spouse and U.S. \$1,000 per month per child.

 YOUR NAME:
 LAST (FAMILY)
 FIRST
 MIDDLE

I plan to bring the following dependents with me to the United States. I understand that I will need to have additional financial resources to cover their living costs, and have included that in my financial documentation. I also understand that I must purchase accidental and sickness insurance that meets or exceeds the minimum benefit requirements for J Exchange Visitors for all my dependents [22 CFR 61.14].

Your Signature:	Date:	
DEPENDENT'S NAME: LAST (FAMILY)	FIRST	MIDDLE
GENDER: MALE FEMALE	OTHER/UNKNOWN	
DATE OF BIRTH: Month Day Year	PLACE OF BIRTH: CITY	COUNTRY
COUNTRY OF CITIZENSHIP:	COUNTRY OF LEGAL RE	SIDENCE:
DEPENDENT'S EMAIL ADDRESS (required if the d	ependent is 14 years or older):	
RELATIONSHIP TO YOU: SPOUSE	CHILD	
DEPENDENT'S NAME: LAST (FAMILY)	FIRST	MIDDLE
GENDER: MALE FEMALE	OTHER/UNKNOWN	
DATE OF BIRTH: Month Day Year	PLACE OF BIRTH: CITY	COUNTRY
	COUNTRY OF LEGAL RE	SIDENCE:
DEPENDENT'S EMAIL ADDRESS (required if the d	ependent is 14 years or older):	
RELATIONSHIP TO YOU: SPOUSE	CHILD	
DEPENDENT'S NAME: LAST (FAMILY)	FIRST	MIDDLE
GENDER: MALE FEMALE	OTHER/UNKNOWN	
DATE OF BIRTH: Month Day Year	PLACE OF BIRTH: CITY	COUNTRY
COUNTRY OF CITIZENSHIP:	COUNTRY OF LEGAL RESIDENCE:	
DEPENDENT'S EMAIL ADDRESS (required if the d	ependent is 14 years or older):	
RELATIONSHIP TO YOU: SPOUSE	CHILD	