myUSCIS copy deck

**I-134 Declaration of Finanical Support** 

**OMB control number 1615-0014** 

Baseline version: 04/13/2022

# I-134:File a Form

File A Form Copy	Alerts	Link
	We are only accepting online filing of Form I-134 by	•
	individuals agreeing to financially support Ukrainians and their immediate family members as part of Uniting for	
	Ukraine.	
	You must be located in the United States to file Form I-134	
	online. Ukrainians seeking parole through Uniting for	
Some immigration benefits that involve a temporary stay in the United States require U.S. Citizenship ar Immigration Services (USCIS) to determine whether the applicant or beneficiary of the request has	d Ukraine may not file Form I-134 on their own behalf.	
sufficient financial resources or financial support to pay for expenses during the temporary stay. The	If you are agreeing to support a parolee outside of Uniting	
individual who signs and submits Form I-134 must establish that he or she has both sufficient financial	for Ukraine or an applicant for any other immigration	
resources and access to those funds to support the beneficiary listed on Form I-134 for the duration of the beneficiary's stay in the United States.	benefit, you must file a paper Form I-134 through the appropriate Lockbox location.	https://www.uscis.gov/i-134

#### I-134:Overview

I-134:Overview	•				
Heading I-134, Declaration of	Sub-Heading	Body Text Link Some immigration benefits that involve a temporary stay in the United States require U.S. Citizenship and immigration Services (USCIS) to determine whether the	Alerts	CTA	Notes Form I-134 instructions,
Financial Support		sonic immigration denerals that invoice a templosisy Say in the united staffs require U.S. Ubstantia and immigration shrivate (IOSL1) of the staffs require U.S. Ubstantia and immigration shrivate (IOSL1) of the request has sufficient financial resources of financial support to pay for expenses during the emproyary say. The invincidual who signs and submits Form 1-18 must establish that he or she has both sufficient financial resources and access to those funds to support the beneficiary issign in the United States.  Outside the provided of the provided staff of the United States.			Porm I-134 instructions, Ipage 1
		Form I-134, Declaration of Financial Support, was previously titled "Form I-134, Affidavit of Support."			
Before You Start Your Declaration		Certain individuals applying for parole based on urgent humanitarian reasons or significant public benefit filed on Form 1-131, Application for Travel Document, must bubmit this form with Form 1-131. Form 1-134 is filed either by the applicant for parole on his or her own behalf, or by another individual on the parole applicant's behalf.	agree	e only accepting online filing of Form I-134 by individuals ing to financially support Ukrainians and their immediate members as part of Uniting for Ukraine.	Form I-134 instructions, page 1
		Certain individuals applying for panels into the United States for urgent humanitarian reasons or significant public benefit who are not filing from 1:31 may also be required to submit this form. In such cases, form 1:31 is completed by an individual other than the beneficiary who is agreeing to financially support the beneficiary for the period of his or her temporary stay in the United States.	Ukraii	nust be located in the United States to file Form I-134 online. nians seeking parole through Uniting for Ukraine may not file I-134 on their own behalf.	
		Note: Whether or not the beneficiary of this Forn 1:24 will have sufficient means of support while in the United States is an important factor in determining whether to eservise discretion to authoritie parole. We require evidence that the beneficiary of this Form 1:34 has financial support for the duration of his or her stay in the United States. Lack of evidence of financial support while in the United States is a strong negative factor that may lead to a detail of parole.	Ukraii	are agreeing to support a parolee outside of Uniting for ne or an applicant for any other immigration benefit, you file a paper Form I-134 through the appropriate Lockbox	
		Form I-134 may also be requested by Department of State in certain instances.	10000	on.	
		Oo not us from I-134 if the beneficiary you are agreeing to financially support must have Form I-864, Affidavit of Support Under Section 213A of the INA, filed on his or her behalf instead.			
	Fee	There is no filing fee to file Form 1-134.			Form I-134 instructions,
		Please refer to the instructions for the form(s) you are filing for additional information or you may call the USCIS Contact Center at 800-375-5283. For TTY (deaf or hard of hearing) 800-767-1833.			page 2
	Documents you may need	You must be located in the United States in order to file Form 1:134 on behalf of Ukrainians and their immediate family members as part of Uniting for Ukraine. Ukrainians and their immediate family members requesting parole as part of Uniting for Ukraine may not file Form 1:134 on their own behalf.			Need to clarify what to say in this section.
		As the person who agrees to financially support the beneficiary, you must show you have sufficient income or financial resources to support the beneficiary.			
		Evidence should consist of copies of any of the documents listed below that apply.			
		Failure to provide evidence of sufficient income or financial resources may result in the denial of the foreign national's application for a visa or his or her removal from the United States.			Form I-134 instructions
		Submit in duplicate evidence of income and resources, appropriate:			
		<ol> <li>Statement from an officer of the bank or other financial institutions with deposits, identifying the following details regarding the account:</li> <li>Date account opened</li> </ol>			
		- Total amount deposited for the past year, and - Present balance.			
		Statement(s) form your employer on business stationery showing:     Date and nature of employment;			
		- Salary paid; and - Whether the position is temporary or permanent			
		Copy of last U.S. federal income tax return filed (tax transcript); or			
		List containing serial numbers and denominations of bonds and name of record owner(s).			
	Biometric services appointment	USCIs may require that you appear for an interview or provide biometrics (fingerprints, photograph, and/or signature) at any time to verify your identity, obtain additional information, and conduct background and security checks, including a check of criminal history records maintained by the Federal Bureau of investigation [FBI], before making a decision on your application or petition. After USCs receives your declaration and ensures it is complete, we will inform you if you need to attend a biometric service appointment. If an appointment is necessary, the notice will provide you the become found only you local or designated USCS application Support Center (ASC) and the date and time of your appointment or, if you are currently overseas, instruct you to contact a U.S. Embassy, U.S. Consulate, or USCIS office outside the United States to set you an appointment.			
		If you are required to provide biometrics, at your appointment you must sign an oath reaffirming that:			
		Thou provided or authorized all information in the declaration;     Thou provided or authorized all information in the declaration;     Thou provided and understood all of the information contained in, and submitted with your declaration; and;     All of this information was complete, true, and correct a the time of filling,			
After You Submit Your Declaration	Track your case online	After you submit your form, you can track its status through your USCIS account. Sign in to your account often to check your case status and read any important messages from USCIS.			
	Respond to requests for information	If we need more information from you, we will send you a Request for Evidence (RFE) or Request for Information (RFI). You can respond to our request and upload your documents through your USCIS account.			
	Receive your decision	The decision on the form 1-134 involves a determination of whether you have established a basis of support for the beneficiary seeking an immigration benefit. USCIS will notify you of the decision in writing.			
Completing Your Form	Filing online	Submitting your declaration online is the same as mailing in a completed paper form. They both gather the same information.			4
Online	Complete the Getting Started section first	You should answer all questions in the Getting Started section first so we can best customize the rest of your online form experience.			
	Provide as many responses as you can	You should provide as many responses as you can. Incomplete fields or sections and missing information can slow down the process after you submit your form.			
	We will automatically save your responses	We will automatically save your information when you select next to go to a new page or navigate to another section of the form. We will save your information for 30			
	How to continue filling out your form	days from today, or from the last time you worked on the form.  After you start your form, you can sign in to your account to continue your form.			!

#### I-134:Overview

Heading	Sub-Heading	Body Text	Link	Alerts	CTA	Notes
	DHS Privacy Notice	AUTHORITES: The information requested on this declaration, and the associated evidence, is collected under the immigration and Nationality Act sections 212(d)[5], 214 and 248.				Form I-134 instructions pg 7- 8
		PURPOSE: The primary purpose for providing the requested information on this declaration of financial support is to determine whether the beneficiary of this declaration has adequate financial means to support themselves and that, if this individual is admitted or paroled into the United States, this individual has sufficient financial resources available to them for the duration of their temporary stay in the United States. DHS uses the information you provide to grant or deny the immigration benefit the beneficiary of Form 1:134 is seeking.				Form I-134 instructions pg 7-8
		DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information, including your Social Security number (if applicable), any requested evidence, may delay a final decision or result in denial of the beneficiary's benefit request.	nd			Form I-134 instructions pg 7- 8
		ROUTINE USES: DHS may share the information you provide on this declaration and any additional requested evidence with other Federal, state, local, and foreign government agencies and authorized organizations. DHS follows approved routine use; described in the associated published system of records notices (DHS) USES/DECE-002 Allen File, the date, and National File Tracking System, DHS/DSCS-002 Reneits, information System, and DHS/DSCS-002 Reneits, and DHS/DSCS-002 Reneits information System, and DHS/DSCS-002 Reneits information Decument Management Program (DDMP). DHS/DSCS-002 USES decribed intermigration System, DRS/DSCS-002 Reneits and DHS/DSCS-002 Reneits				Form i-134 instructions pg 7- 8
	Paperwork Reduction Act	An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid Office of Management and Budget (OMB) control number. The public reporting burden for this collection of information is estimated at 1.83 hours per reporting burden for the collection of information is estimated at 1.83 hours per report including the time for reviewing instructions, gathering the required documentation and information, compelling the declaration, preparing statements, attaching necessary documentation, and submitting the declaration. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to:  U.S. Citizenship and Immigration Services Office of Policy and Strategy, Regulatory, Coordination Division 5000 Capital Gatteway Drive, Mail Stor #2140 Camp Springs, MD 20588-0009 Do not mail your completed Form I-134 to this address.  OMB No. 1815-0014 Express 1007/07/2022				Form I-134 instructions pg 7- lg
		Expires: 10/AA/2022				
	Security reminder	If you do not work on your declaration for more than 30 days, we will delete your data in order to prevent storing personal information indefinitely.			Start	

### I-134: GETTING STARTED

Nav	Secondary Nav	Tertiary Nav	Paper Form Question	Question	Sub-Question	Field Type	Instructional Text	Help Text	Notes
Started	Basis for filing		1.1.	On whose behalf are you	Another individual who is the beneficiary	Radio			[FOR MVP],this will be to only option available
	Preparer and			filing this form?	. Vor/No	Radio			only option available
	interpreter information			Is someone assisting you with completing this declaration?	res/No	Radio			
	illiorillation			(IF YES) Is a preparer assisting	Yes/No	Radio	A preparer is anyone who		
				you with completing this	, 163,110	No.	completes or helps you complete		
				declaration?			all or part of your declaration		
							using information and answers		
							that you provide.		
				(IF YES) Is an interpreter	Yes/No	Radio	An interpreter is anyone who		
				assisting you with completing			translates or helps you translate		
				this declaration?			all or part of your declaration		
							using information and answers		
							that you provide.		
	(IF YES TO		7.1	What is your preparer's full	Given name (first name)	Text			
	PREPARER		/.1	name?	Given nume (machanie)	ICAL			
	QUESTION)			name:					
	Preparer								
	information								
					Family name (last name)	Text			
			7.2	What is your preparer's business or organization name?		Text			
				name:	My preparer is not part of a business or organization.	Checkbox			
			7.3	What is your preparer's mailing address?	Country	Dropdown			
					Address line 1	Text	Street number and name		
					Address line 2	Text	Apartment, suite, unit, or floor		
					City or town	Text	ļ , ,		
					State/Province	Dropdown/Text			
					ZIP code/Postal code	Text			
			7.4	What is your preparer's	Daytime phone number	Text			
			7.5	contact information?	Mobile telephone number	Text			
					My preparer does not have a mobile telephone number	Checkbox			
			7.6		Email address	Text			
					My preparer does not have an email address.	Checkbox			
	(IF YES TO		6.1	What is your interpreter's ful		Text			
	INTERPRETER) Interpreter information			name?					
	mormation				Family name (last name)	Text			
			6.2	What is your interpreter's	runny name (last name)	Text			
				business or organization name?					
					My interpreter is not part of a business o	r Checkbox			
					organization.				
			6.3	What is your interpreter's mailing address?	Country	Dropdown			
					Address line 1	Text	Street number and name		
					Address line 2	Text	Apartment, suite, unit, or floor		
					City or town	Total			
					City or town	Text			

## I-134: GETTING STARTED

Primary Nav	Secondary Nav	Tertiary Nav	Paper Form Question	Question	Sub-Question	Field Type	Instructional Text	Help Text	Notes
					ZIP code/Postal code	Text			
			6.4	What is your interpreter's contact information?	Daytime telephone number	Text			
			6.5		Mobile telephone number	Text			
					My interpreter does not have a mobile	Checkbox			
					telephone number				
			6.6		Email address	Text			
					My interpreter does not have an email	Checkbox			
					address.				
				What language is your		Text			
				interpreter using to interpret					
				this declaration for you?					

## I-134: About the Individual Agreeing to Financially Support the Beneficiary

Secondary Nav	Tertiary Nav	Paper Form Question	Question	Sub-Question	Field Type	Alert	Instructional Text	Help Text	Notes
Name of the individual agreeing to financially support the beneficiary	,	3.1.		Given name (first name)	Text		Your current legal name is the name on your birth certificate, unless it changed after birth by a legal action such as marriage or court order. Do not provide any		
		3.1. 3.1. 3.2	Have you used any other names since birth?	Middle name Family name (last name) Yes/No	Text Text		aliases, maiden name, and		
			[If yes to 3.2]	Given name (first name)					
				Middle name Family name (last name)					
Contact information for the individual agreeing to financially support the beneficiary		5.3	How may we contact you?	Daytime telephone number	Text (10 digits)				
		5.4		Mobile telephone number (if any) This is the same as my daytime telephone number.	Text (10 digits) Checkbox				
		5.5		Email address	Text				
		3.3		In care of name (if any)	Text				
			address?						
		3.3		Country	Dropdown	You must be located in the United States in order to file at this time.			
		3 3		Address line 1			Street number and name		
		3.3		City or town					
		3.3		State					
				ZIP code					
		3.4	same as the physical	Yes/No	Radio				
		3.5	[If NO] What is your physical		Text				
			address?	in care of name (if any) Country	Dropdown	You must be located in the United States in order to file at this time.			
				Address line 1 Address line 2 City or town State	Text Text Text Dropdown				
N in the State of	iame of the individual gareeing ofinancially upport the eneficiary  ontact information for the individual agreeing of inancially upport the	iame of the individual agreeing of inancially upport the eneficiary  contact information for the individual agreeing o financially upport the eneficiary	tame of the didividual greeing of inancially upport the eneficiary  3.1. 3.1. 3.2  Solution of the didividual agreeing of inancially upport the eneficiary  5.3  5.3  5.5  3.3  3.3  3.3  3.3  3.	lame of the dividual agreeing of financially upport the eneficiary  3.1. 3.1. 3.2 Have you used any other names since birth?  [If yes to 3.2]  In your current mailing address?  3.3. 3.3. 3.3. 3.3. 3.3. 3.3. 3.3.	Address line 1  Address line 2  Address line 1  Address line 2  Address line 1  Address line 2  Address line 1  Address line 1  Address line 1  Address line 2  Address line 2  Address line 1  Address line 1  Address line 2  Address line 1  Address line 1  Address line 2  Address line 3  Address line 3  Address line 4  Address line 4  Address line 4  Address line 5  Address line 5  Address line 6  Address line 8  Address line 9  Address line 9	Same of the divided all agreeing of intanciality upport the emericiary    3.1.	tame of the dividual agreeing in financially upport the enterficiary    3.1.	water of the dividual species of the control of the	Most by your carest legal what is well with a search legal who was a manage or carest legal who was a was

## I-134: About the Individual Agreeing to Financially Support the Beneficiary

	the individual Agreeing to								
rimary Nav	Secondary Nav Tertiary Nav	Paper Form Question	Question	Sub-Question	Field Type	Alert	Instructional Text	Help Text	Notes
	When and where the individual agreeing to financially support the beneficiary was born	3.6	What is your date of birth?	(mm/dd/yyyy)	Date				
		3.7	What is your city or town of birth?		Text				
		3.7	What is your state or province of birth?		Text				
		3.7	What is your country of birth?		Dropdown				
	Immigration information for the individual agreeing to financially support the beneficiary	3.11	What is your current immigration status?	U.S. Citizen	Radio				
	,	3.11		U.S. National	Radio				
		3.11		Lawful Permanent Resident	Radio				
		3.11		Nonimmigrant	Radio				
		3.11		Other	Radio				
		[If Other] [If Nonimmigrant]	What is your Form I-94 Arrival-Departure Record Number?	Please provide an explanation.	Textbox				
		3.8	What is your A-number?	A -	Text (9 digits)				
		3.8	what is your A-number?	A -	rext (9 digits)				
									A-Number is required if Lawful
			I do not have or know my A- Number.		Checkbox				Permanent Resident is selected.
		3.9	What is your USCIS Online Account Number?		Text (12 digits)		You will only have an OAN if you previously filed a form that has a receipt number that begins with	ì	
							IOE. If you filed the form online, you can find your OAN in your account profile. If you mailed us the form, you can find your OAN at the top of the Account Access Notice we sent you.	ı	
							If you do not have receipt number that begins with IOE, you do not have an OAN.		
							(The OAN is not the same as an A Number.)	4-	
			I do not have or know my USCIS Online Account		Checkbox				
		3.10	Number. What is your relationship to the beneficiary?		Textbox				
	Employment information for the individual agreeing to financially support the	3.12	What is your employment status?	Employed (full-time, part-time, seasonal, self-employed) Unemployed or not employed Retired Other	Dropdown				
	beneficiary								
		[If Other]	Please provide an		Textbox				
		[If EMPLOYED to 3.12]	explanation. What is your type of	I am currently employed as a/an	Radio				
		3.12A [If EMPLOYED to 3.12]	employment?	I am currently self-employed as a/an	Radio				
		3.13B [IF 3.13A]	Employed as		Text				
		[IF 3.13A]	Name of employer		Text				
		[IF 3.13B]	Self-employed as		Text				
		3.14	What is your current	Country	Dropdown				
			employer's address?						

## I-134: About the Individual Agreeing to Financially Support the Beneficiary

Primary Nav	Secondary Nav	Tertiary Nav	Paper Form Question	Question	Sub-Question	Field Type	Alert	Instructional Text	Help Text	Notes
					Address line 1			Street number and name		
					Address line 2			Apartment, suite, unit, or floor		
					City or town					
					State/Province (FOR FOREIGN ADDRESS)	)				
					ZIP code/Postal code (FOR FOREIGN					
					ADDRESS)					

I-134: Financial Information About the Person Agreeing to Financially Support the Beneficia	rv
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			Financially Suppo						
Primary Nav	Secondary Nav	Paper Form Question		Sub-Question	Field Type	Alerts	Instructional Text	Help Text	Notes
About the Individual Agreeing to Financially Support the Beneficiary							Provide all of the information requested in the table below advourself, all of your dependents, and any other individuals you financially support. Do not include any individuals listed in the "Beneficiary's Financial Information' section.		
							Information about assets that are not based on employment should be added in the "Assets of the individual agreeing to financially support the beneficiary" section below.		
			Add entry		CTA				
		3.15 [LARGE TABLE]	What is the individual's full	Given name (first name)					
			name?						
				Middle name					
				Family name (last name)	2-1-				
			What is the individual's date of birth?	(ппп/аа/уууу)	Date				
			What is the individual's relationship to the individual agreeing to financially support the beneficiary?		Dropdown				
			How much income will this individual contribute to the beneficiary annually? Save Entry	\$	Text (numerical)		If the income contribution is none, type in "0".		
			Cancel		CTA				
		3.15	What is the total number of dependents?		Text				
		3.15	What is the total income?	\$	Text (numerical)				
	Additional income	3.16	Does any of the income listed	Ves/No	Radio				
	information for the individual agreeing to financially support the beneficiary	5.20	come from an illegal activity or source (such as proceeds from illegal gambling or illegal drug sales)?						
	Deficically	[If YES to 3.16] 3.17	comes from an illegal activity?	\$	Text (numerical)				
		3.18	Does any of the income listed above come from means- tested public benefits as defined in 8 CFR 213a.1?	Yes/No					
		3.19	What amount of income is from means-tested public benefits?	\$					
		3.24		Yes/No	Radio				
		[If YES to 3.24]		Explain the contribution. For example, if you intend to furnish room and board, state for how long. If you intend to provide money, state the amount in U.S. dollars and whether it is to be given in a lump sum, weekly, or monthly, and for how long.	Text box				

I-134: Financial Information About the Person Agreeing to Financially Support the Beneficiary
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Secondary Nav	Tertiary Nav	Paper Form Question	Question	Sub-Question	Field Type	Alerts	Instructional Text	Help Text	Notes
Assets of the individual agreeing to financially support the beneficiary							Provide information about any assets you will use to support the beneficiary for the anticipated period of his or her stay. List only assets that can be converted into cash within 12 months and that will be used to support the beneficiary while the beneficiary yill set be the states. Provide the value of all assets listed in U.S. dollars, regardless of whether they are held in the United States or outside of the United States. Do not include assets from any individuals in the "Beneficiary's Financial Information" section.  You may also include your household members' assets		
							below. Attach evidence in the "Evidence" section under "Proof of Assets" and "Bonds" showing that you, or your dependents, have these assets.		
		3.20 [LARGE TABLE]	Add entry What is the asset holder's full name?		CTA				
			What is the type of asset?	Middle name Family name (last name) Checking - Bank Account Savings - Bank Account Annuitles Stocks, Bonds, Certificates of Deposit Retirement or Educational Account Real Estate Holdings Personal Property (net value)	Dropdown				
			What is the cash value in U.S. dollars? Save Entry Cancel		Text (numerical) CTA CTA				
			What is the total amount (U.S. dollars)?	\$	Text (numerical)	_			
		3.21	Have you previously submitted a Form I-134 on behalf of a person other than the beneficiary listed on this Form I-134?	Yes/No	Radio				
		[If YES to 3.21, conditional "Financial responsibility for other beneficiaries" section displays]							
Financial responsibility for other beneficiaries							Provide the information about the people for whom you have previously submitted a Form I-134, other than the beneficiary listed on this Form I-134.		[If YES to 3.21]
			Add entry		CTA				
		[If no entries are entered and 3.21 is true]				You must include at least one person for whom you have previously submitted a Form I-134, other than the beneficiary listed on this Form I-134.			
		3.22, 3.23 [LARGE TABLE]	What is the person's name?	Given name (first name)	Text				
				Middle name	Text				
			What is the person's A-	Family name (last name) A -	Text Text				
			What is the person's A- number? I do not have or know the person's A-Number.	A*	Text				
			Date submitted	(mm/dd/yyyy)	Date				

## I-134: About the Beneficiary

out the Beneficia	ary								
Secondary Nav	Tertiary Nav	Paper Form Question	Question	Sub-Question	Field Type	Alerts	Instructional Text	Help Text	Notes
iciary Beneficiary name		2.1.	What is the beneficiary's current legal name?	Given name (first name)	Text		The beneficiary's current legal name is the name on their birth certificate, unless it changed after birth by a legal action such as marriage or court order. Do not provide any nicknames here.		
		2.1.		Middle name	Text		not provide any micknames nere.		
		2.1.		Family name (last name)	Text				
		2.2	Has the beneficiary used any other names since birth?				Other names used may include aliases, maiden name, and nicknames.		
			[If yes to 2.2]	Given name (first name)			Provide the other names the beneficiary has used.		
				Middle name Family name (last name)					
Beneficiary conta information	nct	2.13	How may we contact the beneficiary?	Daytime telephone number	Text (10 digits)				
		2.14		Mobile telephone number (if any) This is the same as my daytime telephone number.	Text (10 digits) Checkbox				
		2.15		Email address	Text				
		2.10	What is the beneficiary's current mailing address?	In care of name (if any)	Text				
		2.10		Country	Dropdown				
		2.10		Address line 1			Street number and name		
		2.10		Address line 2			Apartment, suite, unit, or floor		
		2.10 2.10		City or town State/Province (FOR FOREIGN ADDRESS)					
		2.10		ZIP code/Postal code (FOR FOREIGN ADDRESS)					
		2.11	Is the beneficiary's mailing address the same as the physical address?	Yes/No	Radio				
		2.12	(If no) What is the beneficiary's physical address?	In care of name (if any)	Text				
		2.12		Country Address line 1	Dropdown		Ctroot number and name		
		2.12		Address line 1 Address line 2			Street number and name Apartment, suite, unit, or floor		
		2.12		City or town					
		2.12		State/Province (FOR FOREIGN ADDRESS)					
		2.12		ZIP code/Postal code (FOR FOREIGN ADDRESS)					
When and where beneficiary was	•	2.3	What is the beneficiary's date of birth?	(mm/dd/yyyy)	Date				Required field
born		2.6	What is the beneficiary's city		Text				
		2.6	or town of birth? What is the beneficiary's		Text				
		2.6	state or province of birth? What is the beneficiary's		Dropdown				
			country of birth?						
Other informatio	n	2.4	What is the beneficiary's	Male	Radio				
about the beneficiary	==		gender?						
•				Female	Radio				

## I-134: About the Beneficiary

Primary Nav	Secondary Nav	Tertiary Nav	Paper Form Question	Question	Sub-Question	Field Type	Alerts	Instructional Text	Help Text	Notes
			2.9	What is the beneficiary's	Single, Never Married	Radio				
				martial status?						
			2.9		Married	Radio				
			2.9		Divorced	Radio				
			2.9		Widowed	Radio				
			2.9		Legally Separated	Radio				
			2.9		Marriage Annulled	Radio				
			2.9		Other	Radio				
			2.9	[If OTHER]	Provide an explanation	Text box				
			2.7	What is the beneficiary's		Dropdown				
				country of citizenship or						
				nationality?						
			2.8	What is the number of the		Text				
				beneficiary's most recently						
				issued passport?						
			2.8	What country issued the		Dropdown				
				beneficiary's most recently						
				issued passport?						
			2.8	What is the expiration date		Date				
				of the beneficiary's most						
				recently issued passport?						
			2.5	What is the beneficiary's A-	A -	Text (9 digits)				
				Number?						
				I do not have or know the		Checkbox				
				beneficiary's A-Number.						
			2.16	What is the beneficiary's	From (mm/dd/yyyy)	Date				
				anticipated period of stay in						
				the United States?						
					To (mm/dd/yyyy)	Date				
					No End Date	Checkbox				

#### I-134: Beneficiary's Financial Information

Nav		Paper Form Question	Question	Sub-Question	Field Type	Instructional Text	Help Text	Notes
ary's Financial tion	Beneficiary income information					Provide information about the income of the beneficiary, all of the beneficiary's dependents, and any other individuals the beneficiary financially supports. Do not include any individuals named in the "Financial Information About the Individual Agreeing to Financially Support the Beneficiary" section.		
			Add entry		СТА	Agreeing to rinantiany support the Beneficiary Section.		Opens up large table ond clicked
						Provide all of the information requested in the table below about the beneficiary, all of the beneficiary's dependents, and any other individuals the beneficiary financially supports (do not include information about the individual agreeing to financially support the beneficiary) information about assets that are not based on employment should not be included here but may be added under "Beneficiary Assets" below.	_	
		2.17 [LARGE TABLE]	What is the individual's full name?	Given name (first name) Middle name				
				Family name (last name)				
			What is individual's date of birth? What is the individual's relationship to the beneficiary?	(mm/dd/yyyy)	Date Dropdown			
			How much income will this individual contribute to the beneficiary annually?	\$	Text (numerical)	If the income contribution is none, type in "0".		
		2.17	Save Entry Cancel		CTA CTA	_		
			What is the beneficiary's total number of dependents?		Text			
		2.17	How much income will the beneficiary's dependents contribute to the beneficiary annually?	\$	Text (numerical)			
	Beneficiary additional income information	2.18	Does any of the beneficiary's total income (including income from dependents and other individuals who	Yes/No	Radio			
			contribute to the beneficiary's income, excluding any individuals named in the "Financial Information About the Person Agreeing to Financially Support the					
			Beneficiary" section) come from an illegal activity or source (such as proceeds from illegal gambling or illegal drug sales)?					
		[If YES to 2.18] 2.19	What amount of the beneficiary's total income comes from an illegal activity or source?		Text (numerical)			
		2.20	Does any of the beneficiary's total income come from means-tested public benefits as defined in 8 CFR 213a.1?	Yes/No				
		[If YES to 2.20] 2.21	What amount of the beneficiary's total income comes & from means-tested public benefits?	\$				

,	Secondary Nav	Paper Form Question	Question	Sub-Question	Field Type	Instructional Text	Help Text	Notes
	Beneficiary assets					Provide the current cash value of any assets available to the beneficiary for the expected period of his or her stay. List only		
						assets that can be converted to cash within 12 months and that will be used to support the beneficiary while the beneficiary is in		
						the United States. Provide the value of all assets listed in U.S. dollars, regardless of whether the assets are held in the United		
						States or outside of the United States. Do not include (excluding assets from any individuals named in the "Financial Information About the Individual Agreeing to Financially Support the Beneficiary" section).		
						About the individual Agreeing to Financially Support the Beneficiary Section-3.		
						You may include the net value of the beneficiary's home as an asset. The net value of the home is the appraised value		
						of the home, minus the sum of all loans secured by a mortgage, trust deed, or other lien on the home. If you list the net		
						value of the beneficiary's home, then you must include documentation demonstrating that the beneficiary owns the home, a		
						recent appraisal by a licensed appraiser, and evidence of the amount of all loans secured by a mortgage, trust deed, or other lien on the home.		
						on the nome.		
						You may not include the net value of the beneficiary's automobile unless the beneficiary has more than one automobile, and at		
						least one automobile is not included as an asset. Submit evidence of the value of the assets listed. Evidence must include the		
						name of the asset holder, a description of the asset, proof of ownership, and the basis for the owner's claim of its net cash value.		
						Attach evidence in the "Evidence" section under "Proof of beneficiary's assets" and "Bonds" showing that the beneficiary has		
						these assets.		
			Add entry		CTA			
		2.16 [LARGE TABLE]	What is the asset holder's full name?	Given name (first name)	****	_		
				Middle name				
				Family name (last name)				
			What is the type of asset?	Checking - Bank Account	Dropdown			
				Savings - Bank Account				
				Annuities				
				Stocks, Bonds, Certificates of Deposit				
				Retirement or Educational Account				
				Real Estate Holdings				
				Personal Property (not value)	w			
			What is the cash value of the asset in U.S dollars?	\$	Text (numerical)			
			Save Entry		CTA			
			Cancel		CTA			
		-		\$		_		
			What is the total amount (U.S. dollars)	7	Text (numerical)			

#### I-134: Evidence

Secondary Nav	Tertiary Nav	Paper Form Question	Instructional Text	Field Type	File Requirements	dropdown	Logic	Help Text	Notes
Bank officer statement		5)	Provide a statement from an officer of the bank or other financial institutions with deposits, identifying the following details:  - Date account opened  - Total amount deposited for the past year; and  - Present balance.  As the person who agrees to financially support the beneficiary, you must show you have sufficient income or financial resources to support the beneficiary. Failure to provide evidence of sufficient income or financial resources may result in the denial of the foreign national's application for a visa or his or her removal from the United States.	Upload	Clear and readable Accepted file formats: JPG, JPEG, PDF, TIF or TIFF No encrypted or password-protected files If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document Upload no more than five documents at a time Accepted file name characters: English letters, numbers, spaess, periods, hyphens, underscores, and parentheses Maximum size: 6MB per file Maximum size: 6MB per file	Bank officer statement Other documents			
Employer statement		5)	Provide statement(s) from your employer on business stationery showing:  - Date and nature of employment  - Salary paid; and  - Whether the position is temporary or permanent.  As the person who agrees to financially support the beneficiary, you must show you have sufficient income or financial resources to support the beneficiary. Fallure to provide evidence of sufficient income or financial resources may result in the denial of the foreign national's application for a visa or his or her removal from the United States.	Upload	Clear and readable Accepted file formats: JPG, JPEG, PDF, TIF or TIFF No encrypted or password-protected files If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document Upload no more than five documents at a time Accepted file name characters: English letters, numbers, spaese, periods, hyphens, underscores, and parentheses Maximum size: 6MB per file Maximum size: 6MB per file	Employer statement Other documents			
Income tax return		6)	Provide a copy of the last U.S. federal income tax return filed (tax transcript).  As the person who agrees to financially support the beneficiary, you must show you have sufficient income or financial resources to support the beneficiary. Failure to provide evidence of sufficient income or financial resources may result in the denial of the foreign national's application for a visa or his or her removal from the United States.	Upload	Clear and readable Accepted file formats: IPG, IPEG, PDF, TIF or TIFF No encrypted or password-protected files If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document Upload no more than five documents at a time Accepted file name characters: English letters, numbers, paese, periods, hyphens, underscores, and parentheses Maximum size: 6MB per file	Income tax return Other documents			
Bonds		Form I-134 instructions (pg 6)	Provide a list containing serial numbers and denominations of bonds and name of record owner(s).  As the person who agrees to financially support the beneficiary, you must show you have sufficient income or financial resources to support the beneficiary. Failure to provide evidence of sufficient income or financial resources may result in the denial of the foreign national's application for a visa or his or her removal from the United States.	Upload	Clear and readable Accepted file formats: JPG, JPEG, PDF, TIF or TIFF No encrypted or password-protected files If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document Upload no more than five documents at a time Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses Maximum size: 6MB per file	Bonds Other documents			
Proof of immigration status		5 Item #10: Immigration Status)	Provide evidence of your status.  A U.S. citizen or U.S. national may submit a copy of a birth certificate, certificate of naturalization, certificate of citizenship, consular report of birth abroad to U.S. parents, or a copy of the biographic data page on your U.S. passport.  Proof of lawful permanent resident status includes a photocopy of both sides of the Permanent Resident Card or Alien Registration Receipt Card (Form 1-551), or a photocopy of an unexpired temporary Form 1-551 stamp in either a foreign passport or DHS From 1-94 Arrival Departure Record.  Proof of lawful nonlimningrant status may include a copy of an unexpired visa in a foreign passport.	Upload	Clear and readable Accepted file formats: JPG, JPEG, PDF, TIF or TIFF No encrypted or password-protected files If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document Upload no more than five documents at a time Accepted file name characters: English letters, numbers, spaese, periods, hyphens, underscores, and parentheses Maximum size: 6MB per file Maximum size: 6MB per file	Immigration status Other documents			
Proof of assets of individual agreeing to financity support the beneficiary		5 Item #19: Assets	Provide information about any assets you will use to support the beneficiary for the anticipated period of his or her stay. List only assets that can be converted into cash within 12 months and that will be used to support the beneficiary while the beneficiary is in the United States. Provide the value of all assets listed in U.S. dollars, regardless of whether that ye are held in the United States or outside of the United States. Do not include assets from any individuals in the "Beneficiary's Financial Information" section.  You may include the net value of a home as an asset. The net value of the home is the appraised value of the home, minus the sum of all loans secured by a mortgage, trust deed, or other lien on the home. If you include the net value of your home, then you must include documentation demonstrating that you own the home, a recent appraisal by a licensed appraiser, and evidence of the amount of all loans secured by a mortgage, trust deed, or other lien on the home.  You may not include the net value of an automobile unless you show that you have more than one automobile, and at least one automobile is not included as an asset.  Submit evidence of the value of your or your household members' assets. Evidence must include the name of the asset holder, a description of the asset, proof of ownership, and the basis for the owner's claim of its net cash value.  As the person who agrees to financially support the beneficiary, you must show you have sufficient income or financial resources to	Upload	Mosmum size: 6MB per file  Accepted file formats: JPG, JPEG, PDF, TIF or TIFF  No encrypted or password-protected files  If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document  Upload no more than five documents at a time  Accepted file name characters: English letters, numbers, spaese, periods, hyphens, underscores, and parentheses  Maximum size: 6MB per file	Assets Other documents			

#### I-134: Evidence

rimary Nav	Secondary Nav	Tertiary Nav	Paper Form Question	Instructional Text	Field Type	File Requirements	Document types dropdown	Logic	Help Text	Notes
	Proof of		Form I-134 instructions (pg	Provide information about any assets available to the beneficiary for the anticipated period of his or her stay. List only assets that can	Upload	Clear and readable	Beneficiary asset	•	·	
	beneficiary's assets		4 Item #22: Beneficiary's	be converted into cash within 12 months and that will be used to support he beneficiary while the beneficiary is in the United States.		<ul> <li>Accepted file formats: JPG, JPEG, PDF, TIF or TIFF</li> </ul>				
			Assets	Provide the value of all assets listed in the U.S. dollars, regardless of whether the assets are held in the United States or outside the		<ul> <li>No encrypted or password-protected files</li> </ul>	Other documents			
				United States. Do not include assets from any individuals in the "Financial Information About the Person Agreeing to Financially		<ul> <li>If your documents are in a foreign language, upload a</li> </ul>				
				Support the Beneficiary" section.		full English translation and the translator's certification				
						with each original document				
				You may include the net value of the beneficiary's home as an asset. The net value of the home is the appraised value of the home,		<ul> <li>Upload no more than five documents at a time</li> </ul>				
				minus the sum of all loans secured by a mortgage, trust deed, or other lien on the home. If you list the net value of the beneficiary's		<ul> <li>Accepted file name characters: English letters,</li> </ul>				
				home, then you must include documentation demonstration that the beneficiary owns the home, a recent appraisal by a licensed		numbers, spaces, periods, hyphens, underscores, and				
				appraiser, and evidence of the amount of all loans secured by a mortgage, trust deed, or other lien on the home.		parentheses				
						Maximum size: 6MB per file				
				You may not include the net value of the beneficiary's automobile unless the beneficiary has more than one automobile, and at least						
				one automobile is not include as an asset. Submit evidence of the value of the assets listed. Evidence must include the name of the						
				asset holder, a description of the asset, proof of ownership, and the basis of the owner's claim of its net cash a value.						
				You may submit evidence of the value of the beneficiary's household members' assets. Evidence must include the name of the asset						
				holder, a description of the asset, proof of ownership, and the basis for the owner's claim of its net cash value.						
				As the person who agrees to financially support the beneficiary, you must show you have sufficient income or financial resources to						
				support the beneficiary. Failure to provide evidence of sufficient income or financial resources may result in the denial of the foreign national's application for a visa or his or her removal from the United States.						

## I-134: Additional Information

Primary Nav	Secondary Nav	Tertiary Nav	Paper Form Question	Question	Sub-Question	Field Type	Instructional Text	Help Text	Notes
Additional Information	Additional		Part 8	You may provide additional	Additional information	No	If you need to provide any		
	information			information for your			additional information for any of		
				declaration.			your answers to the questions in		
							this form, enter it into the space		
							below. You should include the		
							questions that you are		
							referencing.		
							If you do not need to provide any	•	
							additional information, you may		
							leave this section blank.		
			-	Add a response		CTA			
				Section	[List of sections in the online filing flow	Dropdown			
					displays for selection]				
				Page	[Pages corresponding to the Section	Dropdown			
					selected will display]				
				Question	[Questions listed on the selected Page	Dropdown			
					will display]				
				Additional information		Text field			
				Save response		CTA			
				Cancel		CTA			

Secondary Nav	Tertiary Nav P	Paper Form	Question	Sub-Question Fig.	d Type Instructional Text He	io Text CTA Notes
Review your declaration			Check your declaration before you submit		We will review your declaration to check for accuracy and completeness before you submit it.	
					We encourage you to provide as many responses as you can throughout the declaration, to	
					the best of your knowledge. Missing information can slow down the review process after you submit your declaration.	
					You can return to this page to review your declaration as many times as you want before you submit it.	
			Your fee	Your form filling fee is \$0		
			Alerts and warnings		You have one or more alerts and warnings based on the information you provided in your declaration.	
					A red alert means you have incomplete responses or inconsistent data. You cannot submit	
					your declaration with any alerts.	
Your declaration summary			Review the I-134 form information		Here is a summary of all the information you provided in your declaration.	Next
Tour declaration Juninary			nevew the P134 total intolliation		Make sure you have provided responses for everything that applies to you before you	THEAT.
					submit your declaration. You can edit your responses by going to each declaration section	
					using the site navigation.	
					We also prepared a draft case snapshot with your responses, which you can download below.	
(IF PREPARER) Preparer statement	7	1.7	Preparer's statement	I am not an attorney or accredited representative but have prepared this declaration on behalf of the individual agreeing to financially support the beneficiary and with that Ra individual's consent	Your preparer must read the statements below and select the statement that applies to him or her.	
					If your preparer is an attorney or accredited representative whose representation extends	
					beyond preparation of this declaration, he or she may be obliged to submit a completed	
					Notice of Entry of Appearance as Attorney or Accredited Representative (G-28) with your declaration.	
				I am an attorney or accredited representative and my representation of the individual agreeing to financially support the beneficiary in this case does not extend beyond the Rapressaration of this declaration.	lio	
				I am an attorney or accredited representative and my representation of the individual agreeing to financially support the beneficiary in this case extends beyond the Ra	lio	-
			Preparer's certification and signature	crecaration of this declaration.  By my signature, I certify, under penalty of perjury, that I prepared this declaration at the request of the individual agreeing to financially support the beneficiary (which is	Your preparer must read and agree to the certification below.	
				the beneficiary if on behalf of him or herself). The individual agreeing to financially support the beneficiary-then reviewed this completed declaration and informed me that he or she understands all of the information contained in, and submitted with, his or her declaration, including the Certification of the Individual Agreeing to Financially		
				Support the Beneficiary, and that all of this information is complete, true, and correct. I completed this declaration based only on filing information that the individual agreeing to financially support the beneficiary provided to me or authorized me to obtain or use.		
				еровоно в политиния в пределения менятили у ременятили не не выполняться ние со моней и US USE.		
				Table and the second se		
				As the declarant's preparer, you must sign on paper and provide your signature page to the declarant. Follow these steps:		
				Download the Preparer Signature page     Print the Preparer Signature page		
				3. Read and sign the Preparer Signature page 4. Give the signed Preparer Signature page to the declarant		
				to ver the signed Preparer signature page to the declarant:  The declarant will need to scan and upload your completed signature page on the next screen.		
(IF PREPARER) Preparer signature	7	7.8	Preparer's signature upload	u	oad Scan and upload your preparer's completed signature page below.	
(IF INTERPRETER)	6	5.7	Interpreter's certification and signature	I certify, under penalty of perjury, that: I am fluent in English and the language provided in the Getting Started section of this declaration, and I have read to this individual agreeing to financially support the beneficiary in the identified language every question and instruction on this declaration and his or her answer to every question. The	Your interpreter must read and agree to the certification below.	
Interpreter certification				individual agreeing to financially support the beneficiary informed me that he or she understands every instruction, question, and answer on the declaration, including the		
				Certification of the Individual Agreeing to Financially Support the Beneficiary, and has verified the accuracy of every answer.		
				As the declarant's interpreter, you must sign on paper and provide your signature page to the declarant. Follow these steps:		
				Download the Interpreter Signature page		
				2. Print the Interpreter Signature page 3. Read and sign the Interpreter Signature page		
				s. nead and sign the interpreter Signature page     d. Give the signed Interpreter Signature page to the declarant		
				The declarant will need to scan and upload your completed signature page on the next screen.		
(IF INTERPRETER)			Interpreter's signature upload	The state of the s	oad Scan and upload your interpreter's completed signature page below.	
Interpreter signature				Las the Individual agreeing to financially support the beneficiary, certify the following:		
		5.1.A	Individual agreeing to financially support the		ckbox You must read and agree to the statement below.	MVP
Statement of the	5					
Statement of the individual agreeing to financially support the	5		beneficiary's statement			
individual agreeing to		5.2	Individual agreeing to financially support the	At my request, the preparer named in the Getting Started section of this declaration prepared this declaration for me based only upon the information i provided or CD	ckbox You must read and agree to the statement below.	MVP
individual agreeing to	5	5.2	Individual agreeing to financially support the beneficiary's statement regarding the preparer	authorized		
individual agreeing to	5		Individual agreeing to financially support the			MVP MVP
individual agreeing to	5	5.2	Individual agreeing to financially support the beneficiary's statement resarding the oreozener Individual agreeing to financially support the	authorized.  The interpreter named in the Getting Started section of this declaration read to me every question and instruction on this declaration and my answer to every question in C		
individual agreeing to financially support the beneficiary  (if "Statement of the	5 5	5.1.8 Form I-134 *Declaration of	Individual agreeing to financially support the beneficiary's statement recardine the orecover Individual agreeing to financially support the beneficiary's statement regarding the interpreter ledvidual agreeing to financially support the	authorized. The interpreter named in the Getting Started section of this declaration read to me overy question and instruction on this declaration and my answer to every question in the larguage is operated in the Getting Started section, a language in which is an fluent, and i understood everything.  Opper of any documents in how submitted are exect photocopies of analyses, or equal documents, and i understood that USCS or the Opperations of table may require that	ckbox You must read and agree to the statement below.  You must read and agree to the statement below.  You must read and arese to the certification below. You becomissful and willfully failed or	
individual agreeing to financially support the beneficiary  (if "Statement of the individual agreeing to	5 5	5.1.8 Form I-134 *Declaration of	Individual agreeing to financially support the beneficiary's statement recarding the orecaser Individual agreeing to financially support the beneficiary's statement regarding the interpreter	authorized.  The interpreter amend in the Cetting Started section of this declaration read to me every question and instruction on this declaration and my answer to every question in the language is specified in the Getting Started section, a language in which I am fluent, and I understood everything.  Copies of any documents, those authoritied are exact photocopies of unabhend, original documents, and I understood that USCS or the Department of State may require that insulating objects to the Copies of any documents to USCS or the Department of State may require that insulating control to USCS or the Department of State in any require that the USCS or the Department of State may require that the USCS or the Department of State may require that the USCS or the Department of State may require that the USCS or the Department of State may require that	ckbbx You must read and agree to the statement below.  You must read and agree to the cartification below. If you boowingly and willfully fairly or concell a material fact or submit a faire document with your declaration, we can deny your	
individual agreeing to financially support the beneficiary  (if *Statement of the individual agreeing to beneficiary to complete	5 5	5.1.8 Form I-134 *Declaration of	Individual agreeing to financially support the beneficiary's statement recardine the orecover Individual agreeing to financially support the beneficiary's statement regarding the interpreter ledvidual agreeing to financially support the	authorized. The interpreter named in the Cetting Started section of this declaration read to me every question and instruction on this declaration and my answer to every question in Or the language I specified in the Cetting Started section, a language in which I am fluent, and I understood everything.  Capit of any documents, I have submitted are exact photocopies of unablend, original documents, and I understand that USGS or the Department of State may require that I submit original documents in SUGS or the Department of State may require that I submit original documents in SUGS or the Department of State may require that	ckbox You must read and agree to the statement below.  You must read and agree to the statement below.  You must read and arese to the certification below. You becomissful and willfully failed or	
Individual greeting to financially import the beneficiary of the financially import the beneficiary (If "Statement of the individual greeting to financially import the beneficiary" to complete greeting to financially agreeting to financially agreeting to financially agreeting to financially individual properties for the properties of greeting to financially individual properties for the pr	5 5	5.1.8 Form I-134 *Declaration of	Individual agreeing to financially support the beneficiary's statement recardine the orecover Individual agreeing to financially support the beneficiary's statement regarding the interpreter ledvidual agreeing to financially support the	authorized.  The interpreter amend in the Cetting Started section of this declaration read to me every question and instruction on this declaration and my answer to every question in the language is specified in the Getting Started section, a language in which I am fluent, and I understood everything.  Copies of any documents, those authoritied are exact photocopies of unabhend, original documents, and I understood that USCS or the Department of State may require that insulating objects to the Copies of any documents to USCS or the Department of State may require that insulating control to USCS or the Department of State in any require that the USCS or the Department of State may require that the USCS or the Department of State may require that the USCS or the Department of State may require that the USCS or the Department of State may require that	ckbbs. You must read and agree to the statement below.  You must read and agree to the statement below.  You be statement and agree to the confliction below. If you becomingly and writingly failedly or conceal a material fish or a unbest a finise document with your disclaration, we not derively not declaration, we may show you for your whole the commission declaration on any stoyer any or them implicate benefit. You may sho have criminal	
Individual greeing to financially rapport the beneficiary   [If "Statement of the individual greeing to financially rapport the individual greeing to financially rapport the beneficiary" is completely Signature of the individual	5 5	5.1.8 Form I-134 *Declaration of	Individual agreeing to financially support the beneficiary's statement recardine the orecover Individual agreeing to financially support the beneficiary's statement regarding the interpreter ledvidual agreeing to financially support the	authorized.  The interpreter named in the Getting Started section of this declaration read to me overy question and instruction on this declaration and my answer to every question in the language is specified in the Getting Started section, a language in which am fluent, and funderstood everything.  Topics of any documents have submitted are used photocopies of anothered, original documents, and funderstood that USCS or the Experiment of State in Started Sta	ckbbs. You must read and agree to the statement below.  You must read and agree to the statement below.  You be statement and agree to the confliction below. If you becomingly and writingly failedly or conceal a material fish or a unbest a finise document with your disclaration, we not derively not declaration, we may show you for your whole the commission declaration on any stoyer any or them implicate benefit. You may sho have criminal	
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#### I-134: Review and Submit

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