

**J-2 Dependent Data Sheet**

Please complete and return this form to your IIE Regional Center with a copy of each J-2 Dependent's passport biographical data page. If necessary, attach an additional form noting additional family members' biographical information.

Your Name: \_\_\_\_\_ Country: \_\_\_\_\_  
Given/First                      Middle                      Family/Last

**Biographical Information of Family Members:**

**Family Member #1**

Names should be the same as they appear on the passport:

Family/Last Name: _____ Given/First Name: _____ Middle Name (if applicable): _____ Relationship to J-1 Student: _____ Gender: _____ Passport Expiration Date: _____	Date of Birth (Month/Day/Year): _____ City of Birth: _____ Country of Birth: _____ Country of Legal Permanent Residence: _____ Country of Citizenship: _____
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**Family Member #2**

Names should be the same as they appear on the passport:

Family/Last Name: _____ Given/First Name: _____ Middle Name (if applicable): _____ Relationship to J-1 Student: _____ Gender: _____ Passport Expiration Date: _____	Date of Birth (Month/Day/Year): _____ City of Birth: _____ Country of Birth: _____ Country of Legal Permanent Residence: _____ Country of Citizenship: _____
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**Family Member #3**

Names should be the same as they appear on the passport:

Family/Last Name: _____ Given/First Name: _____ Middle Name (if applicable): _____ Relationship to J-1 Student: _____ Gender: _____ Passport Expiration Date: _____	Date of Birth (Month/Day/Year): _____ City of Birth: _____ Country of Birth: _____ Country of Legal Permanent Residence: _____ Country of Citizenship: _____
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**2) Additional Information:**

- a) Your family's (expected) date of arrival in the United States: \_\_\_\_\_
- b) Please provide the dollar amount of funding you will have to support your family and attach proof of available financial support e.g. copy of an official bank statement or a bank letter verifying your account balances): \$ \_\_\_\_\_
- c) Please provide the name of the insurance carrier providing health insurance coverage for your dependents:

\_\_\_\_\_

\_\_\_\_\_

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**YOUR SIGNATURE:**

**By signing below you are indicating that you understand that a) you are responsible for the return travel of each family member listed and b) it is your responsibility to provide health insurance coverage for your family member(s). A J-1 Exchange Visitor who willfully fails to object and maintain insurance coverage for each J-2 dependent family member is in violation of J visa regulations and is subject to termination of his or her J-1 Exchange Visitor Program and termination of his or her participation on the Fulbright program.**

Under certain U.S. federal, state, county, and local laws, J-1 visa holders or their dependents may seem to qualify for "public assistance," such as health insurance, subsidized housing, food assistance, and unemployment benefits. Please be aware that under some U.S. laws, **accepting these benefits may jeopardize your status as a nonimmigrant visitor to the U.S. and make you eligible for deportation or prevent you from re-entering the U.S.**

**Please note, at any point in time your IIE regional contact may request proof of health insurance for your J-2 dependents. If requested, you will be required to show that you have purchased health insurance valid for the entire duration of your J-2 dependents' stay in the United States.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date