

# J-2 Dependent DS-2019 Request 2007-08

For J-1 Scholars & Students on DS-2019's issued by ISSS only

You need to fill out this form when you invite your J-2 dependent(s) to come to the U.S. or when your dependent(s) change their status to J-2. Each J-2 dependent needs a dependent DS-2019. Your spouse and unmarried children under age 21 are eligible for J-2 dependent status. Other relatives do not qualify for this status, and dependents who are U.S. citizens do not require J-2 dependent status. They should use their U.S. passports.

This form must be fully completed before a DS-2019 form request can be processed. **Be sure to bring all documentation listed below when submitting this application or your application will not be considered complete and will not be processed.**

Please bring the following documentation with you when submitting this form to a J-1 adviser in ISSS:

- Passport
- Photocopy of I-94
- DS-2019
- Proof of all funds, dated within 30 days of application

**Please make a copy of your completed application materials for your own records. ISSS is not able to make copies for you.**

## CERTIFICATION BY THE J-1 STUDENT OR SCHOLAR

When you sign this, you become responsible for the information on this form.

I understand that it is my responsibility to provide health and hospitalization insurance that meet J regulatory requirements for myself and my J-2 dependents. I have the following insurance plan for myself, and my dependents will be added to the plan upon their arrival to the US:

- University of Minnesota Student Health Benefit Plans (SHBP)
- United States-based employer-sponsored health plan (including UMN Employee/Graduate Assistant Benefit Insurance)

Upon my J-2 dependents' arrival, I will provide the photocopies of their visa documents (passport, I-94, visa stamp, and DS-2019) to ISSS.

I also am aware that dependents in J-2 status are not allowed to earn income in the United States without first receiving work permission from the Department of Homeland Security.

By signing below, I verify that I understand and agree to the above information.

Signature

Print Name

Date

## SECTION 1: J-1 GENERAL INFORMATION

UMN Employee/Student ID #: \_\_\_\_\_ SEVIS ID#: \_\_\_\_\_

J-1's Name: \_\_\_\_\_  
Last First Middle

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Have you or has anyone else filed an application for an employment-based visa (I-129) or permanent resident status (I-485) on your behalf with the Immigration Service?:  Yes  No **If yes, please consult with a J-1 advisor in ISSS.**

Are you subject to the 2-year home residency requirement? (Please see the following website for the explanation: <http://www.iss.umn.edu/Departments/JReg.html>):  Yes  No  Applied for a waiver  Waiver was granted



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## SECTION 1 (Continued): J-1 GENERAL INFORMATION

Has there been any change in the information that you provided on the application for your current DS-2019?

- Yes - Please fill the following spaces with the new information. Fill out **ONLY** the spaces for what has changed.  
 No - Please continue with Section 2 (next page).

1. Name: \_\_\_\_\_  
Last Name First Name Middle Name
2. Country of Citizenship \_\_\_\_\_
3. Country of Legal Permanent Residence \_\_\_\_\_
4. Foreign Address  
Street Address \_\_\_\_\_ Apartment/Room Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_
5. Current **Residential** U.S. Address (Department address or P.O. Box is not acceptable!)  
Street Address \_\_\_\_\_ Apartment/Room Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
6. Position/Occupation in Home Country (before coming to the U.S.)  
(Please use the look-up tables at <http://www.iss.umn.edu/j/jFieldCode/default.html> to fill in the codes.)  
Position Code Number \_\_\_\_\_  
Position Word Description \_\_\_\_\_
7. Site of Activity: For students on Academic Training only. Provide your employer's address.  
\_\_\_\_\_
8. Activity Address (Full Address of # 5, do not use a P.O. Box! Be sure to include: city, state, & zip code.)  
\_\_\_\_\_
9. **Scholar Only:** SEVIS Subject/Field Information for activity in the U.S. (your field of specialty in the U.S.)  
(Please use the look-up tables at <http://www.iss.umn.edu/j/jFieldCode/default.html> to fill in this information.)  
SEVIS Subject Category \_\_\_\_\_  
SEVIS Subject Code Number \_\_\_\_\_  
SEVIS Subject Word Description \_\_\_\_\_
10. **Student Only:** Major at UMN: \_\_\_\_\_ 2<sup>nd</sup> Major (if any) \_\_\_\_\_
11. **Student Only:** Program of Study at UMN:  Non-Degree  Bachelor Degree  Masters Degree  Doctoral Degree
12. Other: Please specify \_\_\_\_\_



**SECTION 2: DEPENDENT INFORMATION- Please make copies of this page as needed.**

**Important Notes:**

- **Eligibility:** Only **Legal spouse** and **dependent children under 21** are eligible for J-2 dependent status. Do not include family members who are U.S. citizens or were born in the U.S. They should use a U.S. passport to enter the U.S.
- **Item a) University of Minnesota ID:** If you are a **scholar**, please have your department create University of Minnesota ID number for your each dependent. ISSS cannot issue a DS-2019 for your dependent without ID number. **If you are a student**, ISSS will create ID number for your dependent.
- **Item b) SEVIS ID:** If your dependent has previously had a SEVIS DS-2019 or I-20, please provide the SEVIS ID number.
- **Item c) - e) Name:** Indicate name **exactly** as it is written in the dependent's passport.

**Dependent #1**

- a) University of Minnesota ID (Please see note above) \_\_\_\_\_
- b) SEVIS ID (Please see note above) \_\_\_\_\_
- c) Last Name \_\_\_\_\_
- d) First Name \_\_\_\_\_
- e) Middle Name \_\_\_\_\_
- f) Date of Birth \_\_\_\_\_
- g) Gender \_\_\_\_\_
- h) Relationship to J-1 (spouse or child) \_\_\_\_\_
- i) City of Birth \_\_\_\_\_
- j) Country of Birth \_\_\_\_\_
- k) Country of Citizenship \_\_\_\_\_
- l) Country of Permanent Residence \_\_\_\_\_

**Dependent #2**

- a) University of Minnesota ID (Please see note above) \_\_\_\_\_
- b) SEVIS ID (Please see note above) \_\_\_\_\_
- c) Last Name \_\_\_\_\_
- d) First Name \_\_\_\_\_
- e) Middle Name \_\_\_\_\_
- f) Date of Birth \_\_\_\_\_
- g) Gender \_\_\_\_\_
- h) Relationship to J-1 (spouse or child) \_\_\_\_\_
- i) City of Birth \_\_\_\_\_
- j) Country of Birth \_\_\_\_\_
- k) Country of Citizenship \_\_\_\_\_
- l) Country of Permanent Residence \_\_\_\_\_

**Dependent #3**

- a) University of Minnesota ID (Please see note above) \_\_\_\_\_
- b) SEVIS ID (Please see note above) \_\_\_\_\_
- c) Last Name \_\_\_\_\_
- d) First Name \_\_\_\_\_
- e) Middle Name \_\_\_\_\_
- f) Date of Birth \_\_\_\_\_
- g) Gender \_\_\_\_\_
- h) Relationship to J-1 (spouse or child) \_\_\_\_\_
- i) City of Birth \_\_\_\_\_
- j) Country of Birth \_\_\_\_\_
- k) Country of Citizenship \_\_\_\_\_
- l) Country of Permanent Residence \_\_\_\_\_



### SECTION 3: ESTIMATE OF EXPENSES

#### A. EDUCATIONAL EXPENSES FOR J-1 STUDENTS ONLY

See <<http://onestop.umn.edu/onestop/img/assets/9061/2005-06TuitionFactSheet.pdf>> for Tuition/Fee Rates.  
If you have an assistantship, calculate your tuition in box below. If not, move on to line (f).

##### ASSISTANTSHIP

If you have an assistantship, write the percentage time here. (eg.: 25%) (a) \_\_\_\_\_

Multiply line (a) by 2 (eg.: 25% $\times$ 2=50%) (b) \_\_\_\_\_

Subtract result on line (b) from 100% and write the remaining percentage here. (eg.: 100%-50%=50%)

(c) \_\_\_\_\_

TUITION Write your estimated cost of tuition from the table on page 6. (d) \$ \_\_\_\_\_

Multiply (d) by the percentage on line (c) above. (e) \$ \_\_\_\_\_

This is the amount of tuition you pay. Enter amount from line (e) on line (f) below.

TUITION Write your estimated cost of tuition.  
(See <<http://onestop.umn.edu/onestop/img/assets/9061/2005-06TuitionFactSheet.pdf>>  
for Tuition/Fee rates.) (f) \$ \_\_\_\_\_

INSURANCE Write the cost of student insurance (\$680/semester). (g) \$ \_\_\_\_\_

BOOKS, SUPPLIES, & FEES Write your estimated cost for the academic year (\$750-1,500/semester). (h) \$ \_\_\_\_\_

SUMMER TUITION, FEES, BOOKS, INSURANCE Write your estimated summer educational cost here. (i) \$ \_\_\_\_\_

##### TOTAL EDUCATION

Add lines (f) through (i) to find your total estimated cost for education.

#### B. LIVING EXPENSES FOR J-1 STUDENTS ONLY (Dependent expenses are calculated in section D.)

This is an estimate of the minimum living expense for a one month period for J-1 only. Dependent expenses are calculated in the next section. If you receive free room and board from a sponsor, you should indicate here the cost your sponsor incurs on your behalf and list your sponsor as a resource for that amount in section 4.

Minimum \$776/month \$ \_\_\_\_\_ multiply x \_\_\_\_\_ months to find your total estimated living expenses.  
(Minimum for 12 months = \$9,312)

##### TOTAL LIVINGEXPENSES

#### C. LIVING EXPENSES FOR J-1 SCHOLARS ONLY (Dependent expenses are calculated in section D.)

Minimum \$1,100/month \$ \_\_\_\_\_ multiply x \_\_\_\_\_ months to find your total estimated living expenses.  
(Minimum for 12 months = \$13,200)

##### TOTAL LIVING EXPENSES



**D. DEPENDENTS' EXPENSES FOR ALL APPLICANTS**

The figures below represent the estimated cost of living (including insurance) for dependents. Circle the appropriate number. Because the dependent DS-2019 is a duplicate of your current DS-2019, ISSS recommends showing enough funding to cover the dependent for the entire duration of your DS-2019, even if the J-2 will arrive after some of the time on your DS-2019 has passed. If you choose to show funding only for the time remaining on your DS-2019, ISSS will process your request. However, the U.S. consulate may require the amount of funding for the dependent to cover the entire duration of the DS-2019.

1 Dependent: \$642 per month  
 2 Dependents: \$902 per month  
 3 Dependents: \$1,110 per month

4 Dependents: \$1,323 per month  
 5 Dependents: \$1,530 per month

Number of J-2 dependents \_\_\_\_\_ multiply x \_\_\_\_\_ months to find your dependents' living expenses.

**TOTAL DEPENDENT EXPENSES**

<b>TOTAL</b>	<b>Add the figures in the boxes A-D to find your total expenses</b>	<b>\$</b>
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**SECTION 4: SOURCES OF FUNDS**

- J-2 income cannot be counted towards the J-1's source of funds.
- Please indicate the total resources available to meet your expenses.
- You must show documentary evidence for each source of funding dated within 30 days (bank statements, employer letter, financial sponsorship letter, etc.). Verification of funding is not required for UMN funding.

University of MN Department (please specify) \_\_\_\_\_  
 Title of Position \_\_\_\_\_ % time  
 # of months \_\_\_\_\_ \$ \_\_\_\_\_

Other University of MN Funding (please specify) \_\_\_\_\_ \$ \_\_\_\_\_

U.S. Government agency(ies) (specify source) \_\_\_\_\_ \$ \_\_\_\_\_

International Organization(s) (please specify) \_\_\_\_\_ \$ \_\_\_\_\_

Exchange Visitor's Government \_\_\_\_\_ \$ \_\_\_\_\_

The Binational Commission of the Exchange Visitor's Country  
 (Please specify) \_\_\_\_\_ \$ \_\_\_\_\_

All other universities/organizations providing support  
 (Please specify) \_\_\_\_\_ \$ \_\_\_\_\_

Personal funds/savings \_\_\_\_\_ \$ \_\_\_\_\_

<b>TOTAL</b>	<b>Add the figures above to find your total sources of funds</b>	<b>\$</b>
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