

Department of Homeland Security
U. S. Citizenship and Immigration Services

Form I -361, Affidavit of Financial Support and Intent to Petition for Legal Custody of P.L. 97-359 Amerasian

NOTE: Use only to sponsor a Public Law 97-359 Amerasian. (Answer all items. Type or print legibly in black ink.)

I, _____, residing at _____
(Name) (Street and number)

(City) (State) (Zip Code if in U.S.) (Country)

Being Duly Sworn Depose and Say:

1. That I was born on _____ at _____, _____
(Date) (City) (Country)

If you are not a native born U.S. citizen, answer the following as appropriate:

- A. If you are a U.S. citizen through naturalization, write your certificate of naturalization number: _____
- B. If you are a U.S. citizen through parent(s) or marriage, write your citizenship certificate number: _____
- C. If U.S. citizenship was derived by some other method, attach an explanation.
- D. If you are a lawfully admitted permanent resident of the United States, write your A-Number: **A-** _____

2. That I am ____ years of age and have resided in the United States since (date): _____

3. That this affidavit is executed on behalf of the following person:

Name		Gender	Date of Birth (mm/dd/yyyy)	
Born in (Country)	Alien Registration Number	Marital Status		Relationship to Deponent
Presently Resides at: (Street and Number)		(City)	(State)	(Country)

4. That this affidavit is made by me to assure the U.S. Government that the person named in **item 3** will not become a public charge in the United States.

5. That I am willing and able to receive, maintain, and support the person named in **item 3**, and that I agree to furnish financial support during the entire 5-year period beginning on the date the named person acquires the status of an alien lawfully admitted for permanent residence and ending on the date on which the named person becomes 21 years of age, whichever period is longer. The financial support that I furnish must be sufficient to maintain my family, including the named person, in the United States, at a level equal to at least 125 percent of the current official poverty line (as established by the Director of the Office of Management and Budget, under Section 673(2) of the Omnibus Budget Reconciliation Act of 1981 and as revised by the Secretary of Health and Human and Services under section 652 of that Act) for a family the size of my family, including the named person.

6. That, if the person named in **item 3** is under 18 years of age, I agree to petition the court having jurisdiction within 30 days of the named person's arrival in the United States to be awarded legal custody according to the laws of the State where he or she will reside until he or she is 18 years of age.

7. That, if the person named in **item 3** is under 18 years of age, I agree to pay the interim costs incurred by that person from the time he or she is released for immigration by his or her mother or legal guardian until I am awarded legal custody of him or her.
8. That, if the person named in **item 3** is 18 years of age or older, I agree to pay the interim costs involved in his or her travel to the United States.
9. That I understand that the Secretary of Homeland Security may enforce this guarantee of financial support and intent to petition for legal custody for the person named in **item 3** against me in a civil suit in the United States district court of the district in which I reside. However, I or my estate will not be liable under this guarantee if I die or am adjudicated as bankrupt under Title 11, United States Code.
10. That I understand that the information and documentation provided by me may be made available to the Secretary of Health and Human Services, the Secretary of Agriculture, or the Food and Nutrition Service, who may make it available to a public assistance agency.
11. That I have read the instructions to this form and am aware of my responsibilities under the Social Security Act as amended, the Food Stamp Act, and Public Law 97-359.

12. That I am employed as or engaged in the business of _____ with _____
(Type of Business) (Name of Concern)

at _____
(Street and Number) (City) (State) (Zip Code)

A. I derived an annual income of: (if self-employed, I have attached a copy of my last income tax return or report of commercial rating concern, which I certify to be true and correct to the best of my knowledge and belief.) \$ _____

B. I have on deposit in savings banks in the United States: \$ _____

C. I have other personal property, the reasonable value of which is: \$ _____

D. I have stocks and bonds with the following market value, as indicated on the attached list, which I certify to be true and correct to the best of my knowledge and belief: \$ _____

E. I have life insurance in the sum of: \$ _____
 With a cash surrender value of: \$ _____

F. I own real estate valued at: \$ _____
 With mortgages or other encumbrances on it amounting to: \$ _____

Which is located at _____
(Street and Number) (City) (State) (Zip Code)

13. That the following persons are dependent upon me for support. (Place a check in the appropriate column to indicate whether the person named is wholly or partially dependent upon you for support.)

Name of Person	Wholly Dependent	Partially Dependent	Age	Relationship to Me
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

14. That I have previously submitted or am submitting affidavit(s) of support for the following person(s). *If none, state "None."*

Name	Relationship	Date Submitted
_____	_____	_____
_____	_____	_____

15. That I have submitted visa petition(s) to USCIS on behalf of the following person(s). *If none, state "None."*

Name	Relationship	Date Submitted
_____	_____	_____
_____	_____	_____

Oath or Affirmation of Deponent

I swear (affirm) that I know the contents of this affidavit signed by me and the statements are true and correct.

Signature of deponent: _____

Subscribed and sworn to (affirmed) before me this _____ day of _____
at _____

Signature of immigration or consular office administering oath: _____

Title: _____

If the affidavit was prepared by other than the deponent, complete the following:

I declare that this document was prepared by me at the request of the deponent, and it is based on all information of which I have any knowledge.

(Signature) (Print or Type Name) (Date)

Address (Street Number and Name, Suite/Room, City, State, Zip Code)

Telephone Number E-Mail Address (if any)