

TO BE COMPLETED BY
VISITING PROGRAM
PARTICIPANT

Request for Dependent Form DS-2019

INSTRUCTIONS: NIH J-1 Exchange Visitors can request a Dependent Form DS-2019 to allow an eligible family member to join him/her in the United States. J-2 dependent status is available to your spouse and/or unmarried children under the age of 21. Complete this form and submit it to DIS along with a copy of each dependents' passport biographical page. Use Page 2 if you have more than one eligible dependent. **Please allow two (2) weeks for processing.**

I. YOUR INFORMATION

Family Name: _____

Given Name: _____

Date of Birth (Month/Day/Year): _____

SEVIS ID Number: _____

II. YOUR DEPENDENT'S INFORMATION

Family Name: _____

Given Name: _____

Relationship to You (Spouse or Child): _____

Gender: _____

Date of Birth (Month/Day/Year): _____

City of Birth: _____

State/Province of Birth: _____

Country of Birth: _____

Country of Citizenship: _____

Country of Legal Permanent Residence: _____

U.S. Immigration Status (if any): _____

U.S. Immigration Status End Date (if any): _____

Dependent Email Address: _____

III. ATTESTATION

I attest that:

- I will financially support my J-2 dependent(s) during their stay in the U.S.
- I will obtain and maintain health insurance for my J-2 dependent(s) during their stay in the U.S. I understand that J-1 regulations require me and my J-2 dependent(s) to have health insurance.
- I will report to DIS when my J-2 dependent(s) arrives in the U.S.
- I will provide DIS with an updated address if my J-2 dependent(s) moves to another location within the United States.
- I will notify DIS if my J-2 dependent(s) changes non-immigrant status, permanently departs the U.S., or if I divorce my J-2 dependent spouse so that DIS can end their J-2 dependent record as required by the Department of State.

By signing this form, I agree to the above attestations and certify that the information on this form is complete and accurate.

J-1 Exchange Visitor Signature: _____

Date (Month/Day/Year): _____

HAND-CARRY, FAX, or MAIL to DIS:

Building 31, Room B2B07 • 31 Center Drive MSC 2028
Bethesda, MD 20892-2028
Telephone: (301) 496-6166
FAX: (301) 496-0847

<http://www.ors.od.nih.gov/pes/dis/Pages/default.aspx>

You can mail or fax the form to DIS. Please do not do both.
If you fax the form, a fax cover sheet is not necessary.

Keep copies of everything you send to DIS

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Request for Dependent Form DS-2019 Pg. 2

INSTRUCTIONS: Complete this page if you have more than one dependent that is eligible for J-2 dependent status. Remember to submit a copy of each dependents' passport biographical page along with this form. **Please allow two (2) weeks for processing.**

I. ADDITIONAL DEPENDENT'S INFORMATION

Family Name: _____

Given Name: _____

Relationship to You (Spouse or Child): _____

Gender: _____

Date of Birth (Month/Day/Year): _____

City of Birth: _____

State/Province of Birth: _____

Country of Birth: _____

Country of Citizenship: _____

Country of Legal Permanent Residence: _____

U.S. Immigration Status (if any): _____

U.S. Immigration Status End Date (if any): _____

Dependent Email Address: _____

II. ADDITIONAL DEPENDENT'S INFORMATION

Family Name: _____

Given Name: _____

Relationship to You (Spouse or Child): _____

Gender: _____

Date of Birth (Month/Day/Year): _____

City of Birth: _____

State/Province of Birth: _____

Country of Birth: _____

Country of Citizenship: _____

Country of Legal Permanent Residence: _____

U.S. Immigration Status (if any): _____

U.S. Immigration Status End Date (if any): _____

Dependent Email Address: _____

III. ADDITIONAL DEPENDENT'S INFORMATION

Family Name: _____

Given Name: _____

Relationship to You (Spouse or Child): _____

Gender: _____

Date of Birth (Month/Day/Year): _____

City of Birth: _____

State/Province of Birth: _____

Country of Birth: _____

Country of Citizenship: _____

Country of Legal Permanent Residence: _____

U.S. Immigration Status (if any): _____

U.S. Immigration Status End Date (if any): _____

Dependent Email Address: _____

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