

J-2 Dependent Application

Type or print clearly. Only your legal spouse and unmarried children under 21 years of age are eligible to apply for the J-2 dependent visa. Complete all sections of this application and ensure that the Information provided matches your passport. Complete and submit signed application for each J-2 applicant, along with the required supporting documents.

Section A: Exchange Visitor Information (*J-1 Visa Applicant/Visa Holder*)

First, Middle Name (as appears on passport):	Last Name (as appears on passport):
Program Start Date (mm/dd/yyyy):	Program End Date (mm/dd/yyyy):

Section B: Dependent Information (*J-2 Visa Applicant*)

First, Middle Name (as appears on passport):		Last Name (as appears on passport):	Date of Birth (mm/dd/yyyy):
Gender:	Relationship to J-1: Spouse Child	Birth City:	Birth Country:
Citizenship Country:		Country of Legal Residence:	Passport Issuing Country:
Passport Number:		Passport Expiration Date:	Email Address:
Program Start Date (mm/dd/yyyy):		Program End Date: (mm/dd/yyyy):	

Section C: Required Documentation

Attach the following required documents to this application:

- **Passport:** must be valid for the duration of the program.
- **Marriage Certificate** (for a spouse): must be translated into English.
- **Birth Certificate** (for a child): must be translated into English.
- **Proof of Funds:** you must provide confirmation of sufficient funds of at least \$1000 a month, separate from the proof of funds provided for the J-1 application.

Section D: Medical Information

Do you require any on-going medical treatment?

Yes No

If yes, please provide details:

Have you been hospitalized or undergone surgery in the last 24 months?

Yes No

If yes, please provide details:

Do you have any physical limitations that could impact your safety during the program?

Yes No

If yes, please provide details:

Do you have any preexisting conditions (mental, physical, emotional or others) that may impact your safe participation in the program?

Yes No

If yes, please provide details:

Please provide a list of all known allergies you have and the severity of each allergy. Explain if and how your allergies are currently being treated.

Are you currently taking any prescription medications?

Yes No

If yes, please list them:

**A supply of medication should be brought to the U.S. in clearly labeled containers that contain the drug's generic name.*

Section E: Terms and Conditions

Council for Educational Travel, USA (CETUSA), as a designated Exchange Visitor Program sponsor, abides by all United States Department of State regulations (22 CFR Part 62) governing the Exchange Visitor Program (later referred to as "Program") and its provisions. I have read those regulations and if my application is approved, CETUSA will be my legal program sponsor during my Program while I accompany my spouse or my parent (later referred to as "Primary J-1") on their Program in the U.S. I understand that my sponsorship with CETUSA is conditional and may be withdrawn or terminated at CETUSA's discretion if I fail to follow program rules, terms, and conditions as described below:

1. I acknowledge that the J-2 Visa is a non-immigrant visa issued by a consular official at a U.S. Embassy or Consulate for spouses and dependents (unmarried children under the age of 21) of J-1 exchange visitors who accompany or later join the J-1 holder in the U.S. I am applying for J-2 visa sponsorship required for my visa application because I meet the applicant criteria. I am made aware that children can no longer stay in the U.S. as J-2 dependents once they turn 21.
2. I agree to maintain a valid passport for the duration of my Program. If my passport is lost or stolen, I will notify CETUSA immediately and will apply for a replacement document with my home country's Embassy or Consulate in the U.S.
3. The submission of this application does not constitute CETUSA sponsorship approval. CETUSA will notify me after submission of the completed application, supporting documents, and full payment of fees, of its sponsorship decision. I acknowledge that CETUSA's sponsorship does not guarantee my J-2 visa approval. CETUSA may issue a Form DS-2019 if my application meets all relevant program requirements, but the decision regarding my entry visa, which CETUSA has no control over, is determined solely by the U.S. Embassy or Consulate after my visa interview. If my visa is denied, I will be unable to arrive to the U.S. on a J-2 status.
4. I agree that I have been provided with accurate program information and have been advised of all program-related fees. Any questions regarding the program fees, cancellation and the refund policy were asked and fully answered before I was asked to pay any non-refundable fees.
5. I agree to pay the local visa fee to the U.S. Embassy or Consulate and any additional fees that might apply at the U.S. Embassy or Consulate in the country where I am applying for the visa. I will present the SEVIS fee I-901 payment receipt of my Primary J-1 at my visa interview appointment.
6. If my Form DS-2019 is lost, stolen, or damaged I will notify CETUSA and pay a \$150 replacement fee.
7. There shall be no refund of fees if I cancel my Program for any reason after arrival in the U.S. or if my Program is shortened for any reason, or if my sponsorship is withdrawn or terminated.
8. I understand that my Primary J-1 is solely responsible to cover my living expenses while on the Program as a condition of my J-2 sponsorship approval. CETUSA requires an additional \$1,000 in arrival funds and \$1,000 per month in living stipend to support my stay on J-2 visa.
9. I acknowledge that as a J-2 dependent, I am eligible for part-time or full-time study at every level of education.
10. If I am of working age, I may choose to apply for a temporary work permit. The J-2 work permits are obtained from the U.S. Citizenship and Immigration Service (USCIS) through an application process that takes an average of 3-5 months. The EAD allows the J-2 dependent to work in any job, full-time or part-time. Employment may not begin until I receive the work permit, called the Employment Authorization Document (EAD). I acknowledge that CETUSA does not facilitate this process and I must file it on my own and pay respective processing fees to USCIS. Further, I am made aware that there are increased risks of traveling outside of the U.S. while my EAD application is pending as it may constitute my application abandonment.

11. I acknowledge that any money earned by me as a dependent on a J-2 visa cannot be used to support the principal J-1 visa holder but may be used to support the family's customary recreational and cultural activities and related travel, among other things.
12. If I apply and obtain EAD I will be required to apply for and obtain a Social Security Number (SSN) prior to seeking employment. I have an option to complete a request for SSN assignment by the government in the employment authorization documentation (Form I-765), which is recommended. If I already have a social security card, I understand that I do not need to re-apply for a new number, and I will bring the card with me.
13. I can only work in the U.S. if I apply for and receive EAD. My employment authorization cannot exceed EAD expiration date or my Primary J-1's program end date, whichever is shorter. Unless I apply for and receive EAD, I am not authorized to work in the U.S. Any unauthorized work in the U.S. may be grounds for my immediate program termination and expulsion from the U.S., at my own expense, without reimbursement of any fees.
14. I acknowledge that income earned by J-2 dependents is subject to federal and state income taxes as well as Social Security and Medicare taxes (FICA). If I choose to work during my Program, I will be required by law to file taxes before the tax filing deadline. CETUSA cannot assist me in filing my taxes.
15. CETUSA will enroll me in a mandatory accident and sickness insurance policy with a third-party medical insurance provider. I understand that CETUSA is not my insurance provider, and that this insurance meets and exceeds the U.S. Department of State's insurance requirements for J-2 visa holders. Further, I have read all the insurance information provided to me and will create an insurance account as instructed.
16. I agree that I may enter the U.S. on a J-2 status with or after my Primary J-1, but never before. If I arrive later than my Primary J-1, I must notify CETUSA of my exact U.S. arrival date to ensure accuracy in my insurance enrollment and coverage dates.
17. I will notify CETUSA if I end my Program earlier than the scheduled end date on my Form DS-2019.
18. I acknowledge I must reside with my Primary J-1 while in the U.S. to maintain my J-2 dependent status. If I move out of my Primary J-1's residence, I will notify CETUSA immediately. My immigration status is directly tied to the J-1 principal's immigration status. If the J-1 principal completes their Program and leaves the U.S. permanently, I must also depart the U.S.
19. I agree to provide CETUSA with a valid email address in compliance with the program regulations. I will update CETUSA if my email address changes during the Program.
20. I will abide by the rules of the 30-day grace period before and at the end of my Program, unless otherwise indicated on my I-94, as determined by the U.S. Customs and Border Protection officer at the time of my arrival. The purpose of my 30-day grace period before my program start date is to acclimate to my new surroundings and/or secure living accommodations or if post-program, to settle my affairs and prepare to return to my home country. While I may travel in the U.S. during each grace period, I understand it is not recommended that I travel outside of the U.S. as I may not be permitted re-entry on my J-2 visa. If my program sponsorship is withdrawn or terminated due to a program violation, I understand that a grace period does not apply, and I will be required to depart the U.S. immediately. Overstaying my visa or violating the terms of my visa can result in notification to the Department of State and the United States Citizenship and Immigration services, federal fines, and disbarment from future re-entry to the U.S.
21. If my Program dates are adjusted, my grace period dates, and my insurance coverage dates will adjust accordingly. If I am dismissed or withdraw from the Program early, I will no longer have insurance coverage. I understand that my insurance coverage does not extend into the grace period(s) unless it was additionally purchased.

22. Without my approval, CETUSA is restricted in its access to certain medical information or records if I have an accident or illness during my Program. This is a result of the U.S. Government's Health Insurance Portability and Accountability Act (HIPAA). If I require CETUSA's help, and for CETUSA to fully assist me with insurance-related issues, I will grant CETUSA a written authorization to access my medical records by completing a Participant Medical Form.
23. My accident and sickness insurance does not include coverage for pre-existing conditions, which are defined as an injury, sickness, disease, or other condition of which I had symptoms or for which I was seen by a doctor within the 6-month period before my coverage start date. I understand that additional coverage may be necessary if I have a pre-existing condition.
24. My Program will be shortened should I become pregnant or if I marry a U.S. citizen with an intent to change my visa status to remain in the U.S.
25. I will wait to receive my passport and to verify the accuracy of my J-2 visa before booking my flight to the U.S. CETUSA is not responsible for the costs of rebooking or cancelling a flight due to delays in visa processing, visa rejection, or other unforeseen circumstances that may affect my travel plans.
26. I acknowledge that I must request a travel validation signature on my Form DS-2019 from CETUSA prior to taking any international trips with an intent to return on the J-2 status to resume my Program. The signature is valid for 1 year for future travel from the date of signing. If I fail to obtain the signature prior to my international travel, I may not be admitted in the U.S. to finish my Program.
27. I will immediately report abnormal or unsatisfactory situations to CETUSA by phone or email. Some examples of abnormal or unsatisfactory situations include, but are not limited to, dangerous and unsuitable living conditions; harassment, violent behavior, threats, or bullying, incidents involving the criminal justice system, work-related violations, sexually related or other abuse or serious medical issues.
28. I am responsible for my acts along with any resulting loss, damage or injury caused by me while on the Program. I indemnify and hold harmless CETUSA for damages or loss to any party caused by my conduct. I hereby release CETUSA, its officers, Board of Directors, employees, and agents from all current and future claims, charges, costs, and/or causes of action for loss of property, personal injury, illness, accident, or death sustained for the duration of my Program, whether covered by insurance or not.
29. CETUSA has my permission to access my I-94 record.
30. CETUSA does not condone in-country changes of immigration status. The intention of this Program is that the Primary J-1 returns home at the conclusion of the Program and does not pursue employment in the U.S. under another type of visa. I confirm that I will return home within 30 days of the end date listed on my Form DS-2019. Any attempt to remain in the U.S. beyond the end of my Program will be considered a violation of the program rules.
31. I may be subject to the Department of State's Two-Year Home-Country Physical Presence Requirement 212(e) as determined at the time of my visa interview. I have been advised that CETUSA does not assist in the 212(e)-waiver process should I choose to pursue it.
32. I will follow all Host Company and CETUSA rules as well as all federal and state laws. I am solely responsible in the event that laws, regulations, or customs are violated, regardless of my actual knowledge of these laws, regulations, or customs. Failure to follow these rules and laws will be grounds for termination of my Program and will require my immediate return to my home country.

33. All travel before, during, and after the Program is at my own risk. If I choose to operate a motorized vehicle, I will do so at my own risk. I will be responsible for obtaining the necessary license, permission, and applicable insurance required by law to operate a motorized vehicle. I understand that my Program's sickness and accident insurance does not provide coverage for this purpose.
34. CETUSA, its employees, directors, officers, and shareholders, (collectively, "CETUSA") does not own or operate any entity which provides goods or services for the Program, including but not limited to arrangements for or ownership or control over houses, apartments, or other lodging facilities; airline, vessel, bus, or other transportation companies; food service; or entertainment providers. All such persons and entities are independent contractors and enter into legal relationships directly with me (and not through CETUSA). As a result, CETUSA is not liable for any act or failure to act of any such person or entity, or of any third party. Without limitation, CETUSA is not responsible for any injury, loss, or damage to person or property, death, delay, or inconvenience in connection with the provision of any goods or services occasioned by or resulting from, but not limited to, acts of God, force majeure, acts of war or civil unrest, insurrection or revolt, strikes or other labor activities, criminal or terrorist activities of any kind or the threat thereof, overbooking or downgrading of accommodations, structural or other defective conditions in houses, apartments, or other lodging facilities (or in any heating, plumbing, electrical, or structural problem therein), mechanical or other failure of airplanes or other means of transportation or for any failure of any transportation mechanism to arrive or depart timely, dangers associated with or bites from domestic or wild animals, pests or insects, sanitation problems, food poisoning, disease, epidemics or the threat thereof, lack of, access to or quality of medical care, difficulty in evacuation in case of medical or other emergency, or for any other cause beyond the direct control of CETUSA. In addition, I agree to release CETUSA from its own negligence. I assume responsibility for any civil or criminal liability or for defense costs associated with my defense against any legal claims brought against me, including but not limited to, any and all attorneys' fees and costs associated with such defense.
35. I will not engage in any activity (including, but not limited to abusive use of alcohol or buying, selling, or using illegal drugs) that could bring CETUSA's Program or the U.S. Department of State into notoriety or disrepute. If I engage in such activity, my Program may end prematurely, and I will be required to return to my home country.
36. CETUSA may release any information provided in this application for the successful administration of my Program. Release of information may be in the form of photocopy, electronic transfer, and/or verbal communication. I grant CETUSA permission to use photographs, videos, quotes, and testimonials related to my Program experience for promotion or publicity of CETUSA Programs without compensation to me.
37. I am responsible for considering my personal health and safety needs when applying for and participating in the Program. If I suffer from any health or other condition that would create a risk to me or to others while abroad, I should not apply. CETUSA reserves the right to dismiss me from the Program, if in its best discretion, it deems me to be a danger to myself or to others, or if my behavior, attitude, health, mental condition, or physical infirmity negatively affects my performance in the Program or if my conduct is disruptive to others or incompatible with the best interests of CETUSA. This decision will be based in the discretion of CETUSA. In the event of such a dismissal, CETUSA shall not be held responsible for any resulting expenses incurred by me such as airfare and shall not be required to return any fees paid by me.
38. Any dispute concerning, relating, or referring to my J-2 Dependent Program Application any other literature concerning the Program, or the Program itself shall be resolved exclusively by binding arbitration in Grand Rapids, Michigan according to the then existing Comprehensive Rules of JAMS. Such proceedings will be governed by substantive Michigan Law. The arbitrator and not any federal, state, or local court or agency shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, conscionability, or formation of this contract, including but not limited to any claim that all or any part of this contract is void or voidable. Both you and CETUSA are waiving the right to a jury trial. Any action I bring must be solely on my own behalf. I cannot be a part of a class or joint litigation or arbitration.

Section F: Acknowledgement and Signature

By signing below, I warrant that all the information and documentation provided in the application (including, but not limited to, health and medical information, academic/resume/skills records, rules, and signed agreements) is true to the best of my knowledge and acknowledge that any false or misleading information may lead to the rejection of the application or, if discovered later, to immediate dismissal from the Program.

J-2 Dependent Applicant's Full Name:	Signature:	Date:

(For Minors) Legal Guardian's Full Name:	Signature:	Date: