

DS 2019 Data Sheet – FORM C
Request for J-2 Dependent Visa Document
To be completed by Prospective Exchange Visitor and Dependent(s). Please include a separate sheet for each family member traveling to the U.S.

Instructions: Please type or print all information clearly. Incomplete or unclear information will cause delays in the issuance. Attach the following to this form and return it to the International Student and Scholar Center:

- A scanned copy of the passport, including the biographical information pages from your family member's passport (listing name and birth date)
- If family member is currently in the United States, please send copies of ALL current visa documents
- If the J-2 dependent is your spouse, please send a scanned copy of the marriage license with an official translation. You will need to bring the originals to the visa appointment.

UMass Dartmouth Affiliation:						
Name and contact information of J-1 Exchange Visitor requesting DS-2019						
Name of UMass Dartmouth department where J-1 exchange Visitor is working:						
Dependent's Personal Information: (AS IT APPEARS ON PASSPORT)						
Family/Last Name			Given/First Name			
Middle Name		Gender	Female	Male		
Date of Birth (mm/dd/yyyy)		City of Birth		Country of Birth		
Country of Citizenship			Country of Legal Permanent Residence			
Please include name of parent on children's form: Name of Parent						
Dependent's Contact Information:						
Telephone - Home			Telephone - Work			
Fax:			E-mail			
Permanent Address in Home Country						
Address Where Visa Document Should Be Sent						
Dependent's U.S. Visa History: (Parents should complete on behalf of children)						
Are you currently in the United States? Please check the appropriate box and provide the requested information						
<input type="checkbox"/>	No	Which U.S. Embassy or Consulate do you intend to apply for your visa? (City and Country)				
<input type="checkbox"/>	Yes	Current visa status:				
Have you ever been in the United States as a J-1 or J-2 Exchange Visitor?			<input type="checkbox"/>	No	<input type="checkbox"/>	
If yes, are you subject to the 2-year home residency requirement?			<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
If yes, have you applied for and received a waiver, or a recommendation for a waiver?			<input type="checkbox"/>	No	<input type="checkbox"/>	Yes (attach copy)
Have you been in the U.S. on a F-1 or J-1 visa?		<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	If yes, please submit copies of all of your Forms I-20 or DS-2019

Are you currently in the U.S. on F-2, J-2, H-4 or any other dependent immigration status? If yes , please submit copies of all immigration documents from your principal alien (spouse or parent you on which you are dependent).		No	Yes
List your visits to the United States during the past two years in all visa categories except tourist. Begin with the most recent date. Use a separate page if necessary. Attach copies of all previous immigration paperwork.			
Visa Status	Start and End Dates of Visa Status	Purpose of Stay and Location (School or Institution)	
Dependent's Financial Support:			
If your J-1 family member is not receiving full funding from UMass Dartmouth, you must submit original financial documentation and/or letter(s) of support demonstrating sufficient financial support for family members for the duration of the exchange program. All documents must be written in English and converted to U.S. currency .			
Funding Amount		Funding Source	
Funding Amount		Funding Source	
Funding Amount		Funding Source	

Health Insurance Requirement:

The J-1 and J-2 dependents must have sufficient health insurance upon entry to the U.S. Please see information on health insurance or contact the ISSC for information about short-term insurance coverage. J-1 Exchange visitors and their J-2 dependents must maintain coverage for the duration of their stay in the United States. Depending on your affiliation with UMass Dartmouth and whether you have coverage through the University, your dependent may or may not be eligible for coverage. To find out if your family members are eligible, you should speak to the administrator in your sponsoring department.

Minimum health insurance coverage for J-1 Exchange Visitors must provide all of the following:

- Medical benefits of at least \$100,000 per accident or illness;
- A deductible not to exceed \$500 per accident or illness;
- *Repatriation of remains in the amount of \$25,500;
- *Payment of expenses associated with medical evacuation in the amount of \$50,000.

*The University of Massachusetts campuses offer J-1 exchange visitors and their J-2 dependents free-of-charge coverage of Medical Evacuation and Repatriation that meets the U. S Department of State requirements. This coverage will be reviewed with you when you arrive on campus and check in at the International Student & Scholar Center.

Please visit our [Scholars' Health Insurance Page](#) for more information .

Health care in the U.S. is very expensive. If you chose to purchase insurance coverage outside the U.S., in most cases, you will have to pay for your medical care when you receive it. You will then be responsible for submitting paperwork to your insurer for reimbursement.

I acknowledge the information on Health Insurance, and declare that information I have provided above is true.

J-1 Scholar Name (please print)	J-1 Scholar Signature	Date
Dependent's Name (please print)	Dependent's Signature	Date