

DS-2019 Request for J-2 Dependents

As a J-1 exchange visitor, your legal spouse and any children under age 21 are eligible for J-2 status. To request the DS-2019 form(s) required to apply for J-2 visa(s), submit this completed form to Berkeley International Office via email with the scanned attachments to jscholar@berkeley.edu. You will be contacted within ten working days of the receipt of a complete request. For questions, email jscholar@berkeley.edu.

Please complete and sign this form and attach the following required documents:

- 1) A copy of your current DS-2019
- 2) A copy of each of your dependents' passport biographical pages (with photo, birth date, etc.)
- 3) If your dependents are currently in the U.S., attach a copy of the front and back of their current paper I-94 cards, or a print-out of the electronic I-94 records
- 4) Proof of funding to support J-2s, if the current funding on your DS-2019 is insufficient (see Required Funding section for more information)
- 5) If funding document is not in scholar's name, please attach the completed [Guarantee of Financial Support](#) Form

Form submitted by:	Email:
J-1 SCHOLAR INFORMATION	
Scholar's FAMILY NAME, Given Name (as appears in passport):	Date of Birth (mm/dd/yyyy):
Scholar Email Address:	
DS-2019 Delivery Options (check one):	
<input type="checkbox"/> Email the scholar the completed Form DS-2019(s) via DocuSign.	
<input type="checkbox"/> Email the scholar when ready for pick up in the Berkeley International Office.	

REQUIRED FUNDING. Calculate your minimum funding required from today until the DS-2019 end date.		
Total Monthly Required:	Calculate:	Subtotal
\$2000/month for scholar	\$2000 x _____ (total number of months on J-1 DS-2019)	= \$ _____
\$600/month for spouse	\$600 x _____ (months remaining as of today on J-1 DS-2019)	= \$ _____
\$500/month per child	\$400 x _____ (# children) x _____ (months remaining as of today on J-1 DS-2019)	= \$ _____
TOTAL FUNDING. If the amount listed in section 5 of your current DS-2019 is not equal to or greater than the total here, attach proof of additional funding in English, converted to U.S. dollars, and dated within the last 6 months.		Total = \$ _____

HEALTH INSURANCE AGREEMENT (Signature required):		
I agree to maintain health insurance that meets the U.S. Dept. of State requirements for myself and my dependents for the full length of our stay in the U.S. I understand that failure to do so may result in the termination of my J-1 program.		
_____	_____	_____
Print Name of J-1 Scholar	J-1 Scholar's Signature	Date

← SEE REVERSE FOR DEPENDENT SPECIFIC INFORMATION →

DEPENDENT INFORMATION. Complete the information below for each J-2 dependent.

Family Name (as in passport)		Given Names (as in passport)	Email Address
Relationship (spouse/child)	Sex (M/F)	Date of Birth (mm/dd/yyyy)	Is this dependent currently in the U.S.? <input type="checkbox"/> No. Intended date of arrival: _____ <input type="checkbox"/> Yes. U.S. Immigration status: _____
City of Birth		Country of Birth	
Country of Citizenship		Country of Legal Permanent Residence	

Family Name (as in passport)		Given Names (as in passport)	Email Address
Relationship (spouse/child)	Sex (M/F)	Date of Birth (mm/dd/yyyy)	Is this dependent currently in the U.S.? <input type="checkbox"/> No. Intended date of arrival: _____ <input type="checkbox"/> Yes. U.S. Immigration status: _____
City of Birth		Country of Birth	
Country of Citizenship		Country of Legal Permanent Residence	

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City of Birth		Country of Birth	
Country of Citizenship		Country of Legal Permanent Residence	