

# Sample DS-2019 Form

DRAFT



1. Family Name: <b>Doc</b>		First Name: <b>Johan</b>	Middle Name:	Gender: <b>MALE</b>	<b>#0001234567</b>  <b>J-1</b>		
Date of Birth (mm-dd-yyyy): <b>08-08-1988</b>		City of Birth: <b>Lodz</b>	Country of Birth: <b>POLAND</b>	Citizenship Country Code: <b>PL</b>		Citizenship Country: <b>POLAND</b>	
Legal Permanent Residence Country Code: <b>PL</b>		Legal Permanent Residence Country: <b>POLAND</b>	Position Code: <b>215</b>	Position: <b>UNIVERSITY UNDERGRADUATE STUDENTS</b>			
Primary Site of Activity: <b>123 Main Street Anywhere, NY 10013</b>							
2. Program Sponsor: <b>InterExchange, Inc.</b>				Exchange Visitor Program Number: <b>P-1-0000</b>			
Participating Program Official Description: <b>SUMMER TRAVEL/WORK</b>							
Purpose of this form: <b>Begin new program; accompanied by number (0) of immediate family members.</b>							
3. Form Covers Period:		4. Exchange Visitor Category:					
From (mm-dd-yyyy): <b>06-01-2016</b>		<b>SUMMER TRAVEL/WORK</b>					
To (mm-dd-yyyy): <b>09-30-2016</b>		Subject/Field Code: <b>1234</b>		Subject/Field Code Remarks: <b>Labor</b>			
5. During the period covered by this form, the total estimated financial support (in U.S. \$) is to be provided to the exchange visitor by:							
6. U.S. DEPARTMENT OF STATE / DHS USE OR CERTIFICATION BY RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFICER THAT A NOTIFICATION COPY OF THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STATE (INCLUDE DATE).			7.				
			Name of Official Preparing Form <b>InterExchange, 100 Wall St New York, NY 10005</b>			Alternate Responsible Officer Title	
			Address of Responsible Officer or Alternate Responsible Officer			Telephone Number	
			Signature of Responsible Officer or Alternate Responsible Officer			Date (mm-dd-yyyy) <b>01-13-2016</b>	
8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM) Effective date (mm-dd-yyyy): _____ Transfer of this exchange visitor from program number _____ sponsored by _____ to the program specified in item 2 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended.							
Signature of Responsible Officer or Alternate Responsible Officer			Date (mm-dd-yyyy) of Signature				
PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see 1001 (b) of page 2). The Exchange Visitor in the above program:				TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is 1 year*)			
1. <input type="checkbox"/> Not subject to the two-year residence requirement.				*EXCEPT: Maximum validation period is up to 6 months for Short-term Scholars and 9 months for Camp Counselors and Summer Work/Travel.			
2. <input type="checkbox"/> Subject to two-year residence requirement based on:				(1) Exchange Visitor is in good standing at the present time			
A. <input type="checkbox"/> Government financing and/or				Date (mm-dd-yyyy)			
B. <input type="checkbox"/> The Exchange Visitor Skills List and/or				Signature of Responsible Officer or Alternate Responsible Officer			
C. <input type="checkbox"/> PL 94-484 as amended				(2) Exchange Visitor is in good standing at the present time			
Name _____ Title _____				Date (mm-dd-yyyy)			
Signature of Consular or Immigration Officer _____ Date (mm-dd-yyyy) _____				Signature of Responsible Officer or Alternate Responsible Officer _____			
THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212(e).							
EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement in item 2 on page 2 of this document.							
Signature of Applicant _____		Place _____		Date (mm-dd-yyyy) _____			

