

**J-2 APPLICATION FORM**

**APPLICANT INFORMATION**

Full name of dependent (as it appears in passport): \_\_\_\_\_

Date of birth: _____ (month/day/year)	Gender: male <input type="checkbox"/> female <input type="checkbox"/>	Phone : Country code _____ city code _____ phone number: _____ email: _____
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City of birth: _____	Country of birth: _____
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Country of Citizenship: _____	Country of Legal Residence: _____
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Relationship to main J-1 applicant:	Spouse: <input type="checkbox"/>	Daughter: <input type="checkbox"/>	Son: <input type="checkbox"/>	Other: <input type="checkbox"/> _____
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**SUPPORTING DOCUMENTATION**

Please explain below how you plan to support yourself financially while in the United States:

\_\_\_\_\_

Documents included with application:

<input type="checkbox"/> Copy of passport	<input type="checkbox"/> Bank statement	<input type="checkbox"/> Marriage certificate (spouse)	<input type="checkbox"/> Birth certificate (child)
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**PAYMENT INFORMATION**

J-2 dependent fees are 400 € for the first month and 40 € for every following month (including insurance) paid by:	Myself <input type="checkbox"/>	J-1 applicant <input type="checkbox"/>	Other: _____ <input type="checkbox"/>
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Payment per Wire Transfer       Payment via Credit Card

Type of card:	Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>
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Name on Credit card: \_\_\_\_\_

Credit card number: _____	Expiration date: _____ (month/day/year)
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**SIGNATURES**

I affirm that the information provided on this form is correct. I have kept a copy of this application and I understand that Intrax does not guarantee that a visa will be approved.

Signature of main J-1 applicant: _____	Date: _____ (month/day/year)
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Signature of dependent (or guardian): _____	Date: _____ (month/day/year)
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Please complete this form **digitally** using the provided fields and then print for signatures. Any missing fields will delay the application process. A DS-2019 Form will be issued with the same program duration as the main J-1 applicant.

Please send the form back to us:      Email: [documents@intraxinc.eu](mailto:documents@intraxinc.eu) or Fax : 0049-30-84393939