LOCATION	CURRENT VERSION	PROPOSED VERSION		
Page 1 – Instructions to Certifying Official	INSTRUCTIONS TO CERTIFYING OFFICER: This applicant is applying for immigration benefits based upon a claim of having been a victim of a severe form of trafficking in persons. Please complete the form below based upon your knowledge of the case, including evidence developed by other law enforcement officers investigating the case. In order to be granted immigration benefits, the applicant must demonstrate that he or she is present in the United States as a result of being a victim of a severe form of trafficking in persons. Unless the applicant is less than 18 years old, the applicant must also demonstrate that he or she is cooperating with law enforcement in the investigation and prosecution of the trafficking crime of	START HERE – Type or print in blank ink. This form should be completed by Federal, State, or local Law Enforcement authorities for victims under the Victims of Trafficking and Violence Protection Act, Public Law 106-386, as amended.		
	which he or she was a victim. To be completed by Federal Law Enforcement Officers for victims under the Victims of Trafficking and Violence Protection Act, Public Law 106-386.			
New – Page 1		For USCIS Use Only		
		Returned Receipt		
		Date		
		Date		
		Resubmitted		
		Date		
		Date		
		Reloc Sent		
		Date		

		Date
		Reloc Rec'd
		Date
		Date
		Remarks
Page 1 – Part A	General Information.	Part A. Victim Information
	Name of Government Agency:	Family Name (Last Name)
	U.S. Citizenship and Immigration Services, DHS	Given Name (First Name)
	Civil Rights Division, DOJ	Middle Name (if any)
	U.S. Marshal's Service, DOJ	Other Names Used (include maiden name/nickname)
	Federal Bureau of Investigation, DOJ	Date of Birth (mm/dd/yyyy)
	Criminal Division, DOJ	Gender
	U.S. Attorney's Office, DOJ	Male Female
	Diplomatic Security, DOS	A # (if known)
	Other	Social Security # (if known)
	Date (mm/dd/yyyy)	
	Address of Agency/Official	
	Name and Title of Certifying Officer or Official	
	City	
	State	
	ZIP Code	
	Phone No.	

	Fax No.	
	Victim's Name	
	Other Names Used	
	Gender	
	Male Female	
	Date of Birth (mm/dd/yyyy)	
	Date of Crime (mm/dd/yyyy)	
	Charges	
	Case No.	
	Date Initiated (mm/dd/yyyy)	
	Case Status	
	On-going Completed N/A	
	Date Completed (mm/dd/yyyy)	
	FBI Identification No., if any	
Page 1	New Section	Part B. Agency Information
		Name of Certifying Agency
		Name of Certifying Official
		Title and Division/Office of Certifying Official
		Agency Address – Street Number and Name
		Suite #
		City
		State/Province
	I	I

		Zip/Postal Code
		Daytime Phone # (area code and/or extension)
		Fax # (with area code)
		Agency Type
		Federal State Local
		Case Status
		On-going Completed Local
		Certifying Agency Category
		Judge Law Enforcement Prosecutor Other
		Case Number
		FBI # or SID # (if applicable)
Page 1 – Part B	Part B. Statement of Claim.	Part C. Statement of Claim
Page 1 – Part B Add new questions	Part B. Statement of Claim.	
Add new	Part B. Statement of Claim.	Part C. Statement of Claim4. Provide the date(s) on which the acts of
Add new	Part B. Statement of Claim.	Part C. Statement of Claim4. Provide the date(s) on which the acts of trafficking occurred.
Add new	Part B. Statement of Claim.	Part C. Statement of Claim4. Provide the date(s) on which the acts of trafficking occurred.Date (mm/dd/yyyy)
Add new	Part B. Statement of Claim.	Part C. Statement of Claim4. Provide the date(s) on which the acts of trafficking occurred.Date (mm/dd/yyyy)Date (mm/dd/yyyy)
Add new	Part B. Statement of Claim.	 Part C. Statement of Claim 4. Provide the date(s) on which the acts of trafficking occurred. Date (mm/dd/yyyy) Date (mm/dd/yyyy) Date (mm/dd/yyyy)
Add new	Part B. Statement of Claim.	 Part C. Statement of Claim 4. Provide the date(s) on which the acts of trafficking occurred. Date (mm/dd/yyyy) Date (mm/dd/yyyy) Date (mm/dd/yyyy) Date (mm/dd/yyyy) 5. List the statutory citation(s) for the acts of trafficking being investigated or prosecuted, or that were investigated or

	12-10-2000		
		7. Provide the date on which the investigation or prosecution was completed (<i>if any</i>).	
		Date (mm/dd/yyyy)	
Page 2 – Part C	Part C. Cooperation of Victim. (Attach additional sheets, if necessary)	Part D. Cooperation of Victim (Attach additional sheets, if necessary)	
Page 2 – Part D	Part D. Family Members. Are any of the applicant's relatives believed to have been involved in his or her trafficking to the United States? If Yes, list the relatives and describe that relative's involvement in the applicant's trafficking.	Part E. Family Members Implicated in Trafficking. Are any of the applicant's family members believed to have been involved in his or her trafficking to the United States? If "Yes," list the relative(s) and describe the involvement. Attach additional sheets, if necessary. Full Name Relationship Involvement	
Page 2 – Part E	Part E. Attestation.	Part F. Attestation	
	Based upon investigation of the facts, I certify, under penalty of perjury, that the above noted individual is or has been a victim of a severe form of trafficking in persons as defined by the VTVPA. I certify that the above information is true and correct to the best of my knowledge, and that I have made, and will make, no promises regarding the above victim's ability to obtain a visa from the U.S. Citizenship and Immigration Services, based upon this certification. (Signature of Law Enforcement Officer identified in Box A above)	Based upon investigation of the facts, I certify, under penalty of perjury, that the above noted individual is or has been a victim of a severe form of trafficking in persons as defined by the VTVPA. I certify that the above information is true and correct to the best of my knowledge, and that I have made, and will make, no promises regarding the above victim's ability to obtain a visa from the U.S. Citizenship and Immigration Services, based upon this certification. I further certify that if the victim unreasonably refuses to assist in the investigation or prosecution of the acts of trafficking of which he/she is a victim, I will notify USCIS.	
		Signature of Law Enforcement Officer	

	(id	identified in Part B)