**TABLE OF CHANGES – INSTRUCTIONS**

**FORM I-854, Inter-Agency Alien Witness and Informant Record**

**OMB Number: 1615-0046**

**Submission Date: 5/17/2013**

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| **Reason for Revision: Extending form with minor changes to instructions, including an updated PAS.** |

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| **Current Section and Page Number** | **Current Text** | **Proposed Text** |
| **Page 1 (under page header)** | Instructions | Deleted |
| **Page 1, Contents** | [Table]Parts, Page No.I., General Information,1II., Who Should Use This Form, 1-2III., Required Documentation, 2-3IV., Required Certifications, 3V., Where to File, 3VI., Other Information, 4 | Deleted |
| **Page 3, Part VI. Other Information** | **…Authority for Collecting This Information**The authority to require you to file Form I-854, Inter-Agency Alien Witness and Informant Record, when requesting authorization to bring a witness or informant into the United States, is found at section 101(a)(15)(S) of the Act and the Congressional concerns behind that provision.Information you provide on Form I-854 is used to determine eligibility for the requested classification/authorization to record the numbers of requests and determinations made on this form, track and monitor the alien, and provide Congress with a required annual report on the admission of alien witnesses and informants.Failure to provide all information as required may result in the denial or rejection of this application. The information you provide may also be disclosed to other Federal, State, local and foreign law enforcement, intelligence and regulatory agencies… | **[Page 3,** moved out of Part IV and into a stand-alone section**]****USCIS Privacy Act Statement** *[new section header]***AUTHORITIES**: 8 U.S.C. section 1101(a)(15)(S) authorizes USCIS to collect the information and the associated evidence for this application. **PURPOSE:** The primary purpose for providing the requested information on this form is to obtain S nonimmigrant status after assisting a law enforcement agency as a witness or informant. The information you provide may be used to grant or deny your request. **DISCLOSURE:** The information you provide is voluntary. However, failure to provide the requested information, and any requested evidence, may delay a final decision or result in denial of your request for S nonimmigrant status. **ROUTINE USES:** The information you provide on this benefit application may be disclosed to other federal, state, local, and foreign government agencies and authorized organizations in accordance with approved routine uses, as described in the associated published system of records notices, DHS/USCIS-001 - Alien File, Index, and National File Tracking System of Records, which can be found at [www.dhs.gov/privacy](http://www.dhs.gov/privacy). The information may also be made available, as appropriate for law enforcement purposes or in the interest of national security. |
| **Page 4, Paperwork Reduction Act** | An agency may not … Regulatory Products Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No.1615-0046. **Do not mail your application to this address.** | **[Page 4]**An agency may not … Regulatory Coordination Division, 20 Massachusetts Ave NW, Washington, DC 20529-2140. OMB No.1615-0046. **Do not mail your completed Form 1-854 to this address.** |