Table of Changes- Form

Form I-854A, Inter-Agency Alien Witness and Informant Record

OMB No.1615-0046

12/05/2013

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

Page Number and Current Section	Current Text	Proposed Text
Page 1, Part A. To be completed by Law Enforcement Agencies	Part A. To be completed by Law Enforcement Agencies (See instructions for specific information.) Information must be Typed or Printed clearly.	Part 1. To be completed by Law Enforcement Agencies (See instructions for specific information.)
	 Name of LEA/Requestor: Requesting Agent: Control Agent: Address: 	1. Name of Law Enforcement Agency (LEA)/Requestor 2. Requesting Agent (Special Agent in Charge, Chief of Police, etc.) Control Agent 3. Mailing Address Street Number and Name Apt. Ste. Flr. City or Town State ZIP Code
	Phone No.(Including Area Code): Fax No.(Including Area Code):	4. Contact Information Daytime Telephone Number Fax Number Email Address
	Check if applicable: Alien will be placed in danger in U.S. abroad as a result of providing information, etc. Alien poses U.S. If the alien	5. Select all applicable boxes. As a result of providing information, the alien will be placed in danger: [] in the United States or [] abroad. The alien posesUnited States.
	Investigation.	If the alien Investigation.
	Prosecution. United States Attorney involvement.	Prosecution.
	4. Type of Request(s). (Attach legal basis for request.)S-5S-6	United States Attorney involvement.6. Type of Requests. (Attach legal basis for request.)

	S-5S-6 S-7
Consular post at which visa will be sought:	Consular post at which visa will be sought: [text box]
Change of Status - If change of status is requested, current immigration status is	Consular post at which visa will be sought:
Adjustment of Status (Go to Part F after completing information in items 5 , 6 and 7 below.)	Change of Status - If change of status is requested, current immigration status is
Fees attached (when applicable)	
Security concerns. State special instructions regarding security precautions.	
NOTE: Provide a clear statement of the operations that form the basis of the request (e.g., Grand Jury subpoena), the objective of the request and any bargain the requestor wishes to make or has made with the alien. Attach a complete criminal history, FBI No. and U.S. Social Security Number.	NOTE: Provide a clear statement of the operations that form the basis of the request (e.g., Grand Jury subpoena), the objective of the request, and any bargain the LEA wishes to make or has made with the alien. Attach a complete criminal history, FBI Number, and U.S. Social Security Number (<i>if applicable</i>). Include any security concerns and special instructions regarding security precautions.
5. In the space below, provide all the requested information for the principal alien for whom an S classification is requested.	7. In the space below, provide all the requested information for the alien for whom an S classification is requested.
Alien's Name (Last Name, First and Middle)	A. Alien's Current Legal Name (do not provide a nickname) Family Name (<i>Last Name</i>) Given Name (<i>First Name</i>) Middle Name
Other Names Used	B. Other Names Alien Has Used Since Birth (include nicknames, aliases, and maiden name, if applicable)
	Family Name (<i>Last Name</i>) Given Name (<i>First Name</i>) Middle Name [2 lines for Other Names]
Alien's Address (Street Number and Name)	C. Mailing Address Street Number and Name

City State or Province Zip/Postal Code	Apt. Ste. Flr. City or Town State ZIP Code Current Location of Alien (City, State) D. Other Information
A #	S-Visa Number Alien Registration Number (A-
I-94 #	Number) (<i>if any</i>) Form I-94 Number
Current Location of Alien	Passport Number
Marital Status	Travel Document Number
Date of Birth (mm/dd/yyyy)	Country of Issuance for Passport or Travel Document
Place of Birth (City or Country)	Expiration Date for Passport or Travel Document (mm/dd/yyyy)
Citizenship/Nationality	Date of Last Entry into the U.S. (mm/dd/yyyy)
	Place of Last Entry into the U.S. (City, State)
	Current Immigration Status
	Class of Admission
	Date of Birth (mm/dd/yyyy)
	Place of Birth
	Country of Origin
	Country of Citizenship or Nationality
	Gender Male/Female
	Marital Status -Married, Never Married, Separated, Divorced, Widowed
Occupation	Occupation
Date of Last Entry into U.S. (mm/dd/yyyy):	Select all documents attached: - Form G-325 attached
Form G-325 attached Form FD-258 attached	Form FD-258 attachedPhotos

Photos attached

6. On a separate application...

7. a. The following information must be provided for each alien named in items 5 and 6 above.

Has the alien, while outside of the United States, ever committed, ordered, incited, assisted, or otherwise participated in genocide, torture, or extrajudicial killing or participated in Nazi persecution?

Yes

No If yes please write a detailed statement below and attach any relevant documents. (Attach additional sheets of paper as needed.)

7.b. For the above named alien, I request waiver(s) of the following grounds of inadmissibility. (Check all possible grounds and attach all relevant documents establishing the ground(s) of inadmissibility and why you feel a waiver is appropriate for this alien. This information must be provided for each alien named in items 5 and 6 above. Copy this check list of the grounds of inadmissibility for each derivative.)

Communicable disease

Crime involving moral turpitude...

[Delete.]

8. You must provide the following information for each alien named in Item Number 7.

A. Has the alien ever committed, ordered, incited, assisted, or otherwise participated in genocide; the use, conscription, or recruitment of a child soldier; Nazi persecution; or while outside of the United States, committed torture or extrajudicial killing? If "Yes," please explain below.

Yes

No. [Delete remaining language.]

B. For the above named alien, I request waivers for any grounds of inadmissibility that may exist. Below is a non-exhaustive list for possible grounds of inadmissibility. Refer to INA 212(a) for a complete list. (Specify all individual events in which the above named alien was arrested, cited, charged, indicted, convicted, fined or imprisoned, or for which the alien has committed but did not have involvement with any law enforcement entity.)

[Delete.]

Crime involving moral turpitude [212(a)(2)(A)(I)]

International child abduction [212(a) (10)(C)]

Multiple criminal convictions [212(a)(2)(B)]

Engage in unlawful commercialized vice [212(a)(2)(D)]

Involved in espionage, sabotage or laws relating to technology [212(a)

T	(D)(A)(!!)]
	(3)(A)(iii)]
	Money laundering [212(a)(2)(I)]
	Previously removed-aggravated felony [212(a)(9)(A)]
	Nonimmigrant without a valid passport or visas [212(a)(2)(A)(I)]
	Alien smuggler [212(a)(2)(E)]
	Drug abuser or addict [212(a)(1)(A) (iv)]
	Convicted of law pertaining to controlled substance [212(a)(2)(A) (i)(II)]
	Prostitute and/or Procurer of Prostitution [212(a)(2)(D)]
	Unlawful activity related to National Security [212(a)(3)(A)]
	Terrorist activities [212(a)(3)(B)]
	Communist Party member [212(a) (3)(D)]
	Fraud/Misrepresentation [212(a)(6) (C)(i)]
	Immigrant without a visa [212(a)(7)]
	Human Trafficking [212(a)(2)(H)]
	Ordered, incited, assisted or otherwise participated in the commission of acts of torture or extra judicial killing [212(a)(3)(E)]
	Controlled substance trafficker [212(a)(2)(C)]
	Engaged in conduct relating to severed violations of religious freedoms [212(a)(2)(G)]
	Other
	No waivers are requested/needed
	C. Briefly explain below each ground of inadmissibility you selected or other grounds of

inadmissibility not included in the list above. If you need extra space to complete this item, attach a separate sheet of paper; type or print the alien's name and A-Number (*if any*) at the top of each sheet of paper; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet of paper.

Page 3,

Part B. Certifications

Part B. Certifications

Alien Certification (S classification request)

I certify under penalty of perjury that I have reviewed with the LEA all the information in Part A, disclosed all information to the best of my ability, and disclosed all reasons for which I may be removed from the United States; that I shall report at least every three months my whereabouts and activities as the above LEA shall require; that I understand I am subject to removal for any grounds of inadmissibility (conduct or condition) not disclosed at this time or for conduct committed after admission to the United States: that I shall abide by all conditions, limitations and restrictions imposed upon my entry; that the classification I seek is temporary and will terminate within three (3) years; that I am restricted by the terms of my admission to very specific means by which I will be able to remain permanently in the United States; that I will pay Social Security and all applicable taxes on all employment in the United States; and that I hereby waive my right to a removal hearing and to contest, other than on the basis of an application for withholding of removal, any action for deportation instituted against me.

Part 2. Certifications

Alien Certification (S classification request)

I certify under penalty of perjury that I have reviewed with the LEA all the information in **Part 1.**, disclosed all information to the best of my ability, and disclosed all reasons for which I may be inadmissible to the United States or for which I may be removed from the United States; that I shall report at least every three months my whereabouts and activities as the LEA shall require; that I understand I am subject to removal for any grounds of inadmissibility (conduct or condition) or removability not disclosed at this time or for conduct committed after admission to the United States; that I shall abide by all conditions, limitations, and restrictions imposed upon my entry; that the classification I seek is temporary and will terminate within three (3) years; that I am restricted by the terms of my admission to very specific means by which I will be able to remain permanently in the United States; that I will pay Social Security and all applicable taxes on all employment in the United States; that I understand that such ability to remain in the United States is not guaranteed or promised by the LEA; and that I hereby waive my right to a removal hearing and to contest, other than on the basis of a form for withholding of removal, any action for deportation instituted against me.

Certification: I certify that I have read and understand all the questions and statements on this form. If I do not understand English, I further acknowledge that this has been read to me in a language I do understand. The answers I have furnished are true and correct to the best of my knowledge and belief.

Signature

Date (mm/dd/yyyy)

LEA Witness

Title

Date (mm/dd/yyyy)

Translator

Language Used

Date (mm/dd/yyyy)

2. LEA Certification

I certify the above information is true and correct to the best of my knowledge; that I may make, have made, and will make no promises regarding the above alien's ability to adjust status or stay permanently in the United States other than those that comport with section 101(a)(15) (S) of the Act; that I will collect quarterly reports detailing the above alien's whereabouts and activities and forward required information to the Criminal Division; that I will immediately report to U.S. **Immigration and Customs** Enforcement, DHS if this alien fails to report quarterly or fails to comply or to cooperate with the terms and

I also certify that I have read and understand all the questions and statements on this form. If I do not understand English, I further acknowledge that this has been read to me in a language I do understand. The answers I have furnished are true and correct to the best of my knowledge and belief.

Signature

Date (mm/dd/yyyy)

Name of Principal Alien

Signature of LEA Witness

Date (mm/dd/yyyy)

Name of LEA Witness

Title

[] Interpreter Services Used (This serves to verify the alien's certification of interpretation.)

Signature of Interpreter

Date (mm/dd/yyyy)

Name of Interpreter

Language Used

LEA Certification

I certify the above information is true and correct to the best of my knowledge; that I may make, have made, and will make no promises regarding the above alien's ability to adjust status or stay permanently in the United States, other than those that comport with section 101(a)(15) (S) of the INA; that I will, upon approval of S nonimmigrant status and until adjustment of status is granted or the S nonimmigrant status expires or terminates, collect quarterly and annual reports, pursuant to 8 CFR section 214.2(t), which detail the above alien's whereabouts and activities, and that I will forward required information

conditions of admission or if the alien commits any removable activity after the date of admission. I further certify that I assume complete law enforcement responsibility for control and continued stay in lawful status of the alien, including necessary monitoring, travel arrangements for arrival and departure, safety precautions and specified conditions of stay or departure; that I have provided a sworn declaration as to the basis of this application and checked all available database information on the above alien, and that I have carefully reviewed the above statements with the alien to ensure that all terms and conditions are understood.

to my headquarters entity, from which point it will be forwarded to the Department of Justice, Criminal Division; that I will immediately report to my headquarters, Department of Homeland Security, U.S. Immigration and Customs Enforcement, Homeland Security Investigations, and the Department of Justice, Criminal Division if this alien fails to report quarterly or fails to comply or to cooperate with the terms and conditions of admission or if the alien commits any removable activity after the date of admission. I further certify that I assume complete law enforcement responsibility for control and continued stay in lawful status of the alien, including necessary monitoring, travel arrangements for arrival and departure, safety precautions and specified conditions of stay or departure; that I have provided a sworn declaration as to the basis of this form and checked all available databases for derogatory information on the above alien; and that I have carefully reviewed the above statements with the alien to ensure that all terms and conditions are understood.

Translation (This serves to verify the alien's certification of translation. See **Page 2**, **Part B.1**. of this form.)

[Moved above Interpreter Signature section.]

Signature of HQ Chief of LEA

Signature of Requesting Agent

Title of Certifier

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

Name of Requesting Agent

Name of Agency Contact

Title of Requesting Agent

Phone No. (*Including Area Code*)

Signature of Headquarters (HQ) Chief of LEA

Date (mm/dd/yyyy)

Name of Headquarters (HQ) Chief of LEA

Title of Certifier

		Office Name and Mailing Address
		Office Name
		Street Number and Name
		Apt. Ste. Flr.
		City or Town
		State
		ZIP Code
		Office Contact Information
		Daytime Telephone Number
		Fax Number
		E-mail Address
Page 4, Part B. Certifications, 3. For	3. For United States Attorney Use	Part 3. For U. S. Attorney Use
United States Attorney Use Only	Only (if applicable) Because the alien's presence is essential to the success of a Federal or State investigation or prosecution, the United States Attorney recommends the above request be granted and further certifies that there has not been and will not be any promises at all regarding the above alien's ability to adjust status or stay permanently in the United States, other than those that comport with section 101(a)(15)(S) of the Act. Signature Date (mm/dd/yyyy)	Only (if applicable) Because the alien's presence is essential to the success of a Federal or state investigation or prosecution, the U. S. Attorney recommends the above request be granted and further certifies that there has not been and will not be any promises at all regarding the above alien's ability to adjust status or stay permanently in the United States, other than those that comply with INA section 101(a) (15)(S). Signature of U.S. Attorney Date (mm/dd/yyyy) Name of U.S. Attorney Office Name and Mailing Address Office Name Street Number and Name Apt. Ste. Flr. City or Town State

		ZIP Code
		Office Contact Information
	Phone No. (Including Area Code)	Daytime Telephone Number
	Frione No. (Including Area Code)	Fax Number
		E-mail Address
Page 4, Part C. Certifications, 4. For U.S. Department of State/Rewards Committee – S6 Classification use only	4. For U.S. Department of State/Rewards Committee - S6 Classification use only	Part 4. For U.S. Department of State/Rewards Committee - S6 Classification use only
	After checking all information, the U.S. Department of State:	After checking all information, the U.S. Department of State:
	Certifies the alien is eligible to receive an award under 22 U.S.C 2708(a).	Certifies the alien is eligible to receive an award under 22 U.S.C 2708(a).
	Certifies the alien is not eligible for such award.	Certifies the alien is not eligible for such award.
	Date (mm/dd/yyyy)	Signature
	Signature	Date (mm/dd/yyyy)
	Date (mm/dd/yyyy)	Name
	Phone No.(Including Area Code)	Title
	Title	
	Office	Office Name and Mailing Address
		Office Name
		Street Number and Name
		Apt. Ste. Flr.
		City or Town
		State
		ZIP Code
		Office Contact Information
		Daytime Telephone Number
		Fax Number
		E-mail Address

Page 4, Part C. For Department of Justice, Criminal Division Use Only	Part C. For Department of Justice, Criminal Division Use Only	Part 5. For Department of Justice, Criminal Division Use Only
	After checking and evaluating all waiver and other information available, the Department of Homeland Security, U.S. Immigration and Customs Enforcement and Department of Justice, Criminal Division:	After checking and evaluating all waivers and other information available, the Department of Justice, Criminal Division:
	Certify that, pursuant to section 101(a)(15)(S) of the Act and the request of the above LEA, the above alien is recommended for the S classification requested, that the above request(s) for waivers of inadmissibility appear to warrant approval, that all conditions and limitations of the request for classification are attached, that this request falls within the numerical limitation for an S visa and that, therefore, this request is forwarded to the Assistant Secretary of Immigration and Customs Enforcement for approval.	Certifies that, pursuant to INA section 101(a)(15)(S) and the request of the above LEA, the above alien is recommended for the S classification requested, that the above requests for waivers of inadmissibility appear to warrant approval, that all conditions and limitations of the request for classification are attached, that this request falls within the numerical limitation for an S visa, and that, therefore, this request is forwarded to the Director of U.S. Citizenship and Immigration Services for approval.
	Deny request Signature Date (mm/dd/yyyy) Phone No.(Including Area Code) Title Office	Denies request. Signature Date (mm/dd/yyyy) Name Title Office Name and Mailing Address Office Name Street Number and Name Apt. Ste. Flr. City or Town State ZIP Code

		Office Contact Information
		Daytime Telephone Number
		Fax Number
		E-mail Address
Page 5, Part D. For U.S. Immigration and Customs Enforcement Use Only	Part D. For U.S. Immigration and Customs Enforcement Use Only	[Delete Part D.]
Page 5, Part E. For U.S. Citizenship and	Part E. For U.S. Citizenship and Immigration Services Use Only	Part 6. For U.S. Citizenship and Immigration Services Use Only
Immigration Services Use Only	LEA Request: Granted	LEA Request: Granted
	Forwarded to DOS/VO	Forwarded to DOS/Visa Office (VO)
	Denied Change of Classification Granted Denied	Denied [Delete.] [Delete.]
	Signature Date (mm/dd/yyyy) Phone No.(Including Area Code) Title Office	Signature Date (mm/dd/yyyy) Name Title Office Name and Mailing Address Office Name Street Number and Name Apt. Ste. Flr. City or Town State
		ZIP Code Office Contact Information
		Daytime Telephone Number Fax Number

		E-mail Address
Page 5, Part F. For Department of	Part F. For Department of State/Visa Office Use Only	Part 7. For Department of State/Visa Office Use Only
State/Visa Office Use Only	Forwarded to Consul by VO for Visa Approval	Forwarded to Consul by VO for Visa Approval
	Not Forwarded	Not Forwarded
	Signature	Signature
		Date (mm/dd/yyyy)
	Date (mm/dd/yyyy)	Name
	Phone No.(Including Area Code)	Title
	Title	Office Name and Mailing Address
	Office	Office Name
		Street Number and Name
		Apt. Ste. Flr.
		City or Town
		State
		ZIP Code
		Office Contact Information
		Daytime Telephone Number
		Fax Number
		E-mail Address
	Visa Granted	Visa Granted
	Visa Denied	Visa Denied
	Signature	Signature
	Date (mm/dd/yyyy)	Date (mm/dd/yyyy) Name
	Title	Title
	Office	Office Name and Mailing Address

		Office Name Street Number and Name Apt. Ste. Flr. City or Town State ZIP Code Office Contact Information Daytime Telephone Number Fax Number E-mail Address
Page 6, Part G. Request to allow an S Nonimmigrant to file for adjustment of status to permanent resident (For Department of Justice, Criminal Division Use Only)	Part G. Request to allow an S Nonimmigrant to file for adjustment of status to permanent resident (For Department of Justice, Criminal Division Use Only)	[Delete Part G. This Part will be moved to I-854B and will be renamed, Part B.]