



Supplement B, U Nonimmigrant Status Certification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-918
OMB No. 1615-0104
Expires 01/31/2016

For USCIS Use Only	Remarks
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▶ **START HERE - Type or print in black or blue ink.**

Part 1. Victim Information

1. Alien Registration Number (A-Number) (if any)
▶ A-

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

Other Names Used (Include maiden names, nicknames, and aliases, if applicable.)

If you need extra space to provide additional names, use the space provided in **Part 7. Additional Information.**

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

4. Date of Birth (mm/dd/yyyy)

5. Gender Male Female

Part 2. Agency Information

1. Name of Certifying Agency

Name of Certifying Official

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

3. Title and Division/Office of Certifying Official

Name of Head of Certifying Agency

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

Agency Address

5.a. Street Number and Name

5.b. Apt. Ste. Flr.

5.c. City or Town

5.d. State **5.e. ZIP Code**

5.f. Province

5.g. Postal Code

5.h. Country

Other Agency Information

6. Agency Type
 Federal State Local

7. Case Status
 On-going Completed
 Other

8. Certifying Agency Category
 Judge Law Enforcement Prosecutor
 Other

9. Case Number

10. FBI Number or SID Number (if applicable)

Part 3. Criminal Acts

If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.

1. The **petitioner** is a victim of criminal activity involving a violation of one of the following Federal, state, or local criminal offenses (or any similar activity). (Select **all applicable boxes**)

- Abduction
- Abusive Sexual Contact
- Attempt to Commit Any of the **Named Crimes**
- Being Held** Hostage
- Blackmail**
- Conspiracy to Commit Any of the **Named Crimes**
- Domestic Violence
- Extortion
- False Imprisonment
- Felonious Assault
- Female Genital Mutilation
- Fraud in Foreign Labor Contracting**
- Incest
- Involuntary Servitude
- Kidnapping
- Manslaughter
- Murder
- Obstruction of Justice
- Peonage
- Perjury
- Prostitution
- Rape
- Sexual Assault
- Sexual Exploitation
- Slave Trade**
- Solicitation to Commit Any of the Named Crimes**
- Stalking
- Torture
- Trafficking
- Unlawful Criminal Restraint
- Witness Tampering

Provide the dates on which the criminal activity occurred.

- 2.a. Date (mm/dd/yyyy)
- 2.b. Date (mm/dd/yyyy)
- 2.c. Date (mm/dd/yyyy)
- 2.d. Date (mm/dd/yyyy)

3. List the statutory **citations** for the criminal activity being investigated or prosecuted, or that was investigated or prosecuted.

4.a. Did the criminal activity occur in the United **States** (including **Indian country and military installations**) or the territories or possessions of the United States?
 Yes No

4.b. If you answered "Yes," where did the criminal activity occur?

5.a. Did the criminal activity violate a Federal extraterritorial jurisdiction statute?
 Yes No

5.b. If you answered "Yes," provide the statutory citation providing the authority for extraterritorial jurisdiction.

6. Briefly describe the criminal activity being investigated and/or prosecuted and the involvement of the **petitioner** named in **Part 1**. Attach **copies of all relevant reports and findings**.

7. Provide a description of any known or documented injury to the victim. **Attach copies of all relevant reports and findings**.

Part 5. Family Members Culpable In Criminal Activity

1. Are any of the victim's family members **culpable or believed to be culpable** in the criminal activity of which the petitioner is a victim? Yes No

If you answered "Yes," list the family members and their criminal involvement. (If you need extra space to complete this section, use the space provided in **Part 7. Additional Information.**)

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

2.d. Relationship

2.e. Involvement

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

3.d. Relationship

3.e. Involvement

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

4.d. Relationship

4.e. Involvement

Part 6. Certification

I am the head of the agency listed in **Part 2.** or I am the person in the agency who **was** specifically designated by the head of the agency to issue a U Nonimmigrant **Status Certification** on behalf of the agency. Based upon investigation of the facts, I certify, under penalty of perjury, that the individual **identified** in **Part 1.** is or **was** a victim of one or more of the crimes listed in **Part 3.** I certify that the above information is **complete, 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 U.S. Citizenship and Immigration Services (USCIS),** based upon this certification. I further certify that if the victim unreasonably refuses to assist in the investigation or prosecution of the qualifying criminal activity of which **he or she** is a victim, I will notify USCIS.

1. Signature of Certifying Official

2. Date of Signature (mm/dd/yyyy)

3. Daytime Telephone Number

4. Fax Number

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01/17/2017

