



# 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

<b>For USCIS Use Only</b>	<b>Remarks</b>
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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 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

