

TABLE OF CHANGES –FORM
Form I-918, Supplement B, U Nonimmigrant Status Certification
OMB Number: 1615-0104
1/17/2017

Reason for Revision: Reformatted the form into 2C format, and incorporated the I-94 data collection on the main form, and updated standard language as needed.

Current Page Number and Section	Current Text	Proposed Text
<p>Page 1, Part 1. Victim Information</p>	<p>[Page 1]</p> <p>Part 1. Victim Information</p> <p>Family Name Given Name Middle Name</p> <p>Other Name Used <i>(Include maiden names/nickname)</i></p> <p>Date of Birth <i>(mm/dd/yyyy)</i></p> <p>Gender __ Male __ Female</p>	<p>[Page 1]</p> <p>START HERE – Type or print in black or blue ink.</p> <p>Part 1. Victim Information</p> <p>1. Alien Registration Number (A-Number) (if any)</p> <p>2.a. Family Name (Last Name) 2.b. Given Name (First Name) 2.c. Middle Name</p> <p>Other Name Used <i>(Include maiden names, nicknames, and aliases, if applicable.)</i></p> <p>If you need extra space to provide additional names, use the space provided in Part 7. Additional Information.</p> <p>3.a. Family Name (Last Name) 3.b. Given Name (First Name) 3.c. Middle Name</p> <p>4. Date of Birth (mm/dd/yyyy)</p> <p>5. Gender. __Male __ Female</p>
<p>Page 1, Part 2. Agency Information</p>	<p>[Page 1]</p> <p>Part 2. Agency Information</p> <p>Name of Certifying Agency</p> <p>Name of Certifying Official</p> <p>Title and Division/Office of Certifying Official</p> <p>Name of Head of Certifying Agency</p>	<p>[Page 1]</p> <p>Part 2. Agency Information</p> <p>1. Name of Certifying Agency</p> <p>Name of Certifying Official 2.a. Family Name (Last Name) 2.b. Given Name (First Name) 2.c. Middle Name</p> <p>3. Title and Division/Office of Certifying Official</p> <p>Name of Head of Certifying Agency 4.a. Family Name (Last Name) 4.b. Given Name (First Name)</p>

	<p>Agency Address – Street Number and Name</p> <p>Suite No. City State/Province Zip/Postal Code</p> <p>Daytime Phone No. (with area code and/or extension)</p> <p>Fax No. (with area code)</p> <p>Agency Type Federal/State/Local</p> <p>Case Status __On-going __Completed __Other:</p> <p>Certifying Agency Category __Judge __Law Enforcement __Prosecutor __ Other:</p> <p>Case Number</p> <p>FBI No. or SID No. (if applicable)</p>	<p>4.c. Middle Name</p> <p>Agency Address</p> <p>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</p> <p>[Delete]</p> <p>[Delete]</p> <p>Other Agency Information</p> <p>6. Agency Type __Federal __State __Local</p> <p>7. Case Status __On-going __Completed __Other:</p> <p>8. Certifying Agency Category __ Judge __Law Enforcement __Prosecutor __Other</p> <p>9. Case Number</p> <p>10. FBI Number or SID Number (if applicable)</p>
<p>Pages 1-2, Part 3. Criminal Acts</p>	<p>[Page 1]</p> <p>Part 3. Criminal Acts</p> <p>1. The applicant is a victim of criminal activity involving or similar to violations of one of the following Federal, State or local criminal offenses. (Check all that apply.)</p> <p>Abduction Abusive Sexual Contact Attempt to commit any of the named crimes Hostage</p> <p>Conspiracy to commit any of the named crimes Domestic Violence Extortion</p>	<p>[Page 2]</p> <p>Part 3. Criminal Acts</p> <p>If you need extra space to complete this section, use the space provided in Part 7. Additional Information.</p> <p>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)</p> <p>[selection is alphabetized]</p> <p>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</p>

	<p>False Imprisonment Felonious Assault Female Genital Mutilation</p> <p>Incest Involuntary Servitude Kidnapping Manslaughter Murder Obstruction of Justice Peonage Perjury Prostitution Rape Related Crime(s) Sexual Assault Sexual Exploitation Slave Trade Solicitation to commit any of the named crimes Torture Trafficking Unlawful Criminal Restraint Witness Tampering Other: <i>(If more space is needed, attach a separate sheet of paper.)</i></p> <p>2. Provide the date(s) on which the criminal activity occurred.</p> <p>Date (mm/dd/yyyy) Date (mm/dd/yyyy) Date (mm/dd/yyyy) Date (mm/dd/yyyy)</p> <p>3. List the statutory citation(s) for the criminal activity being investigated or prosecuted, or that was investigated or prosecuted.</p> <p>4. 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</p> <p>a. Did the criminal activity violate a Federal extraterritorial jurisdiction statute? Yes/No</p> <p>b. If “Yes,” provide the statutory citation providing the authority for extraterritorial jurisdiction.</p> <p>c. Where did the criminal activity occur?</p> <p>5. Briefly describe the criminal activity being investigated and/or prosecuted and the involvement of the individual named in Part 1.</p>	<p>False Imprisonment Felonious Assault Female Genital Mutilation Fraud in Foreign Labor Contracting</p> <p>Incest Involuntary Servitude Kidnapping Manslaughter Murder Obstruction of Justice Peonage Perjury Prostitution Rape [Delete] Sexual Assault Sexual Exploitation Slave Trade Solicitation to Commit Any of the Named Crimes Stalking Torture Trafficking Unlawful Criminal Restraint Witness Tampering</p> <p>Provide the dates on which the criminal activity occurred.</p> <p>2.a. Date (mm/dd/yyyy) 2.b. Date (mm/dd/yyyy) 2.c. Date (mm/dd/yyyy) 2.d. Date (mm/dd/yyyy)</p> <p>3. List the statutory citations for the criminal activity being investigated or prosecuted, or that was investigated or prosecuted.</p> <p>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</p> <p>4.b. If you answered “Yes,” where did the criminal activity occur?</p> <p>5. a. Did the criminal activity violate a Federal extraterritorial jurisdiction statute? Yes/No</p> <p>5.b. If you answered “Yes,” provide the statutory citation providing the authority for extraterritorial jurisdiction.</p> <p>[deleted]</p> <p>6. Briefly describe the criminal activity being investigated and/or prosecuted and the involvement of the petitioner named in Part 1.</p>
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<p>Pages 2-3, Part 4. Helpfulness of the Victim</p>	<p>[Page 3]</p> <p>Part 4. Helpfulness Of the Victim</p> <p>The victim (or parent, guardian or next friend, if the victim is under the age of 16, incompetent or incapacitated):</p> <ol style="list-style-type: none"> 1. Possesses information concerning the criminal activity listed in Part 3. 2. Has been, is being or likely to be helpful in the investigation and/or prosecution of the criminal activity detailed above. <i>(Attach an explanation briefly detailing the assistance the victim has provided.)</i> 3. Has not been requested to provide further assistance in the investigation and/or prosecution. <i>(Example: prosecution is barred by the statute of limitations.) (Attach an explanation.)</i> 4. Has unreasonably refused to provide assistance in a criminal investigation and/or prosecution of the crime detailed above. <i>(Attach an explanation.)</i> 5. Other, please specify. 	<p>[Page 3]</p> <p>Part 4. Helpfulness Of the Victim</p> <p>For the following questions, if the victim is under 16 years of age, incompetent or incapacitated, then a parent, guardian, or next friend may act on behalf of the victim.</p> <ol style="list-style-type: none"> 1. Does the victim possess information concerning the criminal activity listed in Part 3? [Yes/no] 2. Has the victim been helpful, is the victim being helpful, or is the victim likely to be helpful in the investigation or prosecution of the criminal activity detailed above? [Yes/no] 3. Since the initiation of cooperation, has the victim refused or failed to provide assistance reasonably requested in the investigation or prosecution of the criminal activity detailed above? [Yes/no] <p>If you answer “Yes” to Item Numbers 1. - 3., provide an explanation in the space below. If you need extra space to complete this section, use the space provided in Part 7. Additional Information.</p> <ol style="list-style-type: none"> 4. Other. Include any additional information you would like to provide.
<p>Page 3, Part 5. Family Members Implicated in Criminal Activity</p>	<p>[Page 4]</p> <p>Part 5. Family Members Implicated in Criminal Activity</p> <ol style="list-style-type: none"> 1. Are any of the victim’s family members believed to have been involved in the criminal activity of which he or she is a victim? Yes/No 2. If “Yes,” list relative(s) and criminal involvement. <i>(Attach extra reports or extra sheet(s) of paper if necessary.)</i> 	<p>[Page 4]</p> <p>Part 5. Family Members Culpable in Criminal Activity</p> <ol style="list-style-type: none"> 1. Are any of the victim’s family members culpable or believed to be culpable in the criminal activity of which he or she is a victim? Yes/No <p>If you answered “Yes,” list the family members and their criminal involvement. <i>(If you need extra space to complete this section, use the space provided in Part 7. Additional Information.)</i></p>

	<p>[Table with 3 columns and 5 rows]</p> <p>Full Name</p> <p>Relationship Involvement</p>	<p>2.a. Family Name (Last Name) 2.b. Given Name (First Name) 2.c. Middle Name</p> <p>2.d. Relationship 2.e. Involvement</p> <p>3.a. Family Name (Last Name) 3.b. Given Name (First Name) 3.c. Middle Name 3.d. Relationship 3.e. Involvement</p> <p>4.a. Family Name (Last Name) 4.b. Given Name (First Name) 4.c. Middle Name 4.d. Relationship 4.e. Involvement</p>
<p>Page 3, Part 6. Certification</p>	<p>[Page 3]</p> <p>Part 6. Certification</p> <p>I am the head of the agency listed in Part 2 or I am the person in the agency who has been specifically designated by the head of the agency to issue U nonimmigrant status certification on behalf of the agency. Based upon investigation of the facts, I certify, under penalty of perjury, that the individual noted in Part 1 is or has been a victim of one or more of the crimes listed in Part 3. 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 qualifying criminal activity of which he/she is a victim, I will notify USCIS.</p> <p>Signature of Certifying Official Identified in Part 2.</p> <p>Date (mm/dd/yyyy)</p>	<p>[Page 4]</p> <p>Part 6. Certification</p> <p>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.</p> <p>1. Signature of Certifying Official</p> <p>2. Date of Signature (mm/dd/yyyy)</p> <p>3. Daytime Telephone Number</p> <p>4. Fax Number</p>
<p>New</p>		<p>[Page 4]</p> <p>Part 7. Additional Information</p> <p>If you need extra space to complete any item within this supplement, use the space below or attach a separate sheet of paper; type or print the agency's name, petitioner's name, and the</p>

		<p>Alien Registration Number (A-Number) (if any) at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet. If you need more space than what is provided, you may also make copies of this page to complete and file with this supplement.</p> <p>1. Agency Name</p> <p>Petitioner's Name</p> <p>2.a. Family Name (Last Name) 2.b. Given Name (First Name) 2.c. Middle Name</p> <p>3. A-Number (if any)</p> <p>4.a. Page Number 4.b. Part Number 4.c. Item Number 4.d. _____</p> <p>5.a. Page Number 5.b. Part Number 5.c. Item Number 5.d. _____</p> <p>6.a. Page Number 6.b. Part Number 6.c. Item Number 6.d. _____</p>
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