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TABLE OF CHANGES – FORM FORM I-914, Application for T Nonimmigrant Status OMB Number: 1615-0099

Submission Date 01/09/2017

Reason for Revision: Statutory and regulatory changes have necessitated revisions.

| Current Section and Page Number | Current Text | Proposed Text |
|------------------------------------|--|---|
| Page 2, Part C. | | [Page 2] |
| Additional Information | Part C. Additional Information | Part C. Additional Information |
| | Answers to the following questions about your claim require explanation and supporting documentation. You should attach documents in support of your claim that you are a victim of a severe form of trafficking in persons and the specific facts on which you are relying to support your claim. It is strongly encouraged that you attach a personal narrative statement describing the trafficking. If you are only applying for T derivative status for a family member subsequent to your (the principal applicant) initial filing, evidence supporting the original application is not required to be resubmitted with the new Form I-914 | Answers to the following questions about your claim require explanation and supporting documentation. You should attach documents in support of your claim that you are a victim of a severe form of trafficking in persons and the specific facts on which you are relying to support your claim. You must attach a personal narrative statement describing the trafficking. If you are only applying for T derivative status for a family member subsequent to your (the principal applicant) initial filing, evidence supporting the original application is not require to be resubmitted with the new Form I-914 |
| Page 3-6, Part D. | | [Page 4] |
| Processing Information | Part D. Processing Information | Part D. Processing Information |
| | 2. Have you EVER received public assistance in the United States from any source, including the U.S. Government or any State, county, city or other municipality (other than emergency medical treatment), or are you likely to receive public assistance in the future? | [Deleted] |
| | 3 4 5 | 2 3 4 |
| | | [Page 5] |
| | 6 7 8 9 10 11 | 5 6 7 8 9 10 |
| | | [Page 6] |

| | 13 14 15 16 17 18 19 20 21 22 23 | 12 13 14 15 16 17 18 19 20 21 |
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| Pages 7-8, Part F. | | [Page 7] |
| Attestation, Release, and Signature | Part F. Attestation, Release, and Signature | Part F. Applicant's Statement, Contact Information, Declaration, Certification, and Signature |
| | After reading the information regarding penalties in the instructions, complete and sign below. If someone helped you prepare this application, he or she must complete Part G. | NOTE: Read the Penalties section of the Form I-914 Instructions before completing this part. |
| | I have read, or had read to me, this form, the information provided on it and the evidence provided with it, and I certify, under penalty of perjury under the laws of the United States of America, that all of the information in this entire application package including the documentary evidence submitted with it, is true and correct. | [Deleted] |
| | Applicant's Statement (Check one): | Applicant's Statement NOTE: Select the box for either Item A. or B. in Item Number 1. If applicable, select the box for Item Number 2. |
| | | Applicant's Statement Regarding the Interpreter |
| | [] I can read and understand English, and I have read and understand each and every question and instruction on this form, as well as my answer to each question. | A. I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question. |
| | [] Each and every question and instruction on this form, as well as my answer to each question, has been read to me in the [fillable field] language, a language in which I am fluent, by the person named in Interpreter's Statement and Signature . I understand each and every question and instruction on this form, as well as my answer to each question. | B. The interpreter named in Part G. read to me every question and instruction on this application and my answer to every question in [Fillable Field], a language in which I am fluent, and I understood everything. |
| | | 2. Applicant's Statement Regarding the Preparer At my request, the preparer named in Part H. , [Fillable Filed], prepared this application for me |
| | 2 | based only upon information I provided or |

authorized.

[Page 8]

Applicant's Contact Information

- **3.** Applicant's Daytime Telephone Number
- **4.** Applicant's Mobile Telephone Number (if
- **5.** Applicant's Email Address (if any)

Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that U.S. Citizenship and Immigration Services (USCIS) may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

my record that USCIS needs to determine eligibility for the benefit I am seeking to investigate my claim, and to investigate fraudulent claims. I further authorize USCIS to release information to law enforcement agencies and prosecutors investigating crimes of trafficking or related crimes. I further authorize USCIS to release information to Federal, State, and local public and private agencies providing benefits, to be used solely in making determinations of eligibility for benefits pursuant to 8 USC 1641(c).

I authorize the release of any information from

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the

I certify, under penalty of perjury under the laws of the United States of America, that the information provided with this application is all true and correct. I certify also that I have not withheld any information that would affect the outcome of this application.

| | Signature of Applicant (the Person in Part A) Date (mm/dd/yyyy) | information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct. **Applicant's Signature** 6. Applicant's Signature** Date of Signature (mm/dd/yyyy) NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application. |
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| Page 8, Part G. Preparer and/or | | [Page 9] |
| Interpreter Certification | | Part G. Interpreter's Contact Information, Certification, and Signature |
| (To be completed and signed if form is prepared by a person other that the | | Provide the following information about the interpreter. |
| applicant) | | Interpreter's Full Name 1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name) 2. Interpreter's Business or Organization Name (if any) |
| | | Interpreter's Mailing Address 3. Street Number and Name [] Apt. [] Ste. [] Flr. [fillable field] City or Town State ZIP Code Province Postal Code Country |
| | | <i>Interpreter's Contact Information</i> 4. Interpreter's Daytime Telephone Number 5. Interpreter's Mobile Telephone Number (if any) 6. Interpreter's Email Address (if any) |
| | | Interpreter's Certification |
| | Interpreter's Statement and Signature (if applicable) | I certify, under penalty of perjury, that: |
| | I certify that I am fluent in English and the below-mentioned language. | I am fluent in English and [Fillable Field], |
| | Language Used (language in which applicant | which is the same language specified in Part F. , Item B. in Item Number 1. , and I have read to |

| | I further certify that I have read each and every question and instruction on this form, as well as the answer to each question, to this applicant in the above-mentioned language, and the applicant has understood each and every | applicant informed me that he or she understands every instruction, question, and answer on the application, including the Applicant's Declaration and Certification , and has verified the accuracy of every answer. |
|---|--|--|
| | instruction and question on the form, as well as the answer to each question. | <i>Interpreter's Signature</i>7. Interpreter's Signature |
| | Interpreter's Signature Date (mm/dd/yyyy) Printed Name Telephone Number (with area code) | Date of Signature (mm/dd/yyyy) [Delete] [Moved above] |
| Page 8, Part G. | Telephone (white area code) | [Page 10] |
| Preparer and/or Interpreter Certification (To be completed and signed if form is prepared | Part G. Preparer and/or Interpreter Certification (To be completed and signed if form is prepared by a person other that the applicant) | Part H. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant |
| by a person other that the applicant) | approximy | Provide the following information about the preparer. |
| аррисансу | | Preparer's Full Name 1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name) 2. Preparer's Business or Organization Name (if any) |
| | | Preparer's Mailing Address 3. Street Number and Name [] Apt. [] Ste. [] Flr. [fillable field] City or Town State ZIP Code Province Postal Code Country |
| | | <i>Preparer's Contact Information</i> 4. Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any) 6. Preparer's Email Address (if any) |
| | Preparer's Statement and Signature (if applicable) | Preparer's Statement |
| | I declare that I prepared this application at the request of the above person, and it is based on all information of which I have knowledge. I have not knowingly withheld any material information that would affect the outcome of this application. | 7.A. I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent. |
| | | B. I am an attorney or accredited representative and my representation of the applicant in this case extends/does not extend beyond the preparation of this application. |
| | Attorney or Representative: In the event of a | [Deleted] |
| | 5 | |

| | Preparer's Signature Date (mm/dd/yyyy) Preparer's Firm Name (if applicable) | NOTE: If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application. Preparer's Certification By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the Applicant's Declaration and Certification, and that all of this information is complete, true, and correct. I completed this applicant provided to me or authorized me to obtain or use. Preparer's Signature 8. Preparer's Signature Date of Signature (mm/dd/yyyy) [Delete] [Moved above] |
|------------------------------|--|---|
| | 1 - | [Moved above] [Moved above] |
| | Daytime Phone Number (with area code) Fax Number (if any) E-mail Address (if any) | [Moved above] [Delete] [Moved above] |
| Page 9, PART H. Checklist | PART H. Checklist I completely filled out and signed the form. | [Deleted[|
| | I have attached evidence that: | |
| | a. I am or have been a victim of a severe form of trafficking; | |
| | b. I am physically present in the United States, American Samoa, or the Commonwealth of the Northern Mariana Islands, or at a port of entry, on account of trafficking; | |
| | c. I am cooperating with Federal, State, or local law enforcement authorities in the investigation or prosecution of the traffickers (unless under age 18); and | |
| | d. I would suffer extreme hardship involving unusual and severe harm upon removal from the United States. | |

I have included three photographs of myself.

If I am applying for one or more family members:

I have completed Form I-914, Supplement A for each member for whom I am now applying and, if he or she is in the United States, each family member has signed that Form I-914, Supplement A.

I have submitted the required evidence, including evidence of:

- **a.** My relationship to the family member for whom I am applying;
- **b.** My age, if I am applying for my parent or unmarried sibling under the age of 18;
- **c.** My child's age, if I am applying for my child; and
- **d.** My sibling's age, if I am applying for my unmarried sibling; and

I have included three photographs of each family member for whom I am now applying.

I have included Form I-765, Application for Employment Authorization, if I am requesting employment authorization for my family member, along with fee or request for fee waiver.

WARNING: Applicants who are in the United States illegally are subject to removal if their claims are not granted. Any information provided in completing this application may be used as a basis for the institution of, or as evidence in, removal proceedings even if the application is later withdrawn.