

## Supplement B, Delaration of Law Enforcement Officer for **Victim of Trafficking in Persons**

**Department of Homeland Security** 

U.S. Citizenship and Immigration Services

**USCIS Form I-914** 

OMB No. 1615-0099 Expires 07/31/2016

<b>START HERE</b> - <b>Type or print in blank ink.</b> This form should be completed by Federal, State, or local law enforcement authorities for victims under the Victims of			For USCIS Use Only	
Trafficking and Violence Protection Ac			Returned	Receipt
PART A. Victim Information	Date			
Family Name (Last Name) Given N	Name (First Name)	Middle Name (if any)	Date	
			Resubmitted	
Other Names Used (include maiden no	ame/nickname)	A H"	Date	
Date of Birth (mm/dd/yyyy)	Ge	ender	Date	
		Male Female	Reloc Sent	
A # (if known)	Social Securi	ty # (if known)	Date	
	NTO	4 for	Date	
Part B. Agency Information			Reloc Rec'd	
Name of Certifying Agency	1 10	U I U I	Date	
Name of Certifying Official	Title and Division	/Office of Certifying Official	Date	
			F	Remarks
Agency Address - Street Number and I	Name	Suite #		n
City State/	Province	Zip/Postal Code		
<b>Daytime Phone</b> # (area code and/or ex	(tension) Fax #	(with area code)		
Agency Type  Federal  State	Local		1	
Case Status				
On-going Completed	Local	0/00		
Certifying Agency Category  Judge Law Enforcement	Prosecutor	Other		
Case Number	FBI # or SID	# (if applicable)		
Part C. Statement of Claim				
1. The applicant is or has been a victim that apply. Base your analysis on the counts on which convictions were ob control this analysis are not the elem	e practices to which to tained, or whether a	he victim was subjected rather t ny prosecution resulted in convi	than on the specifi ictions. Note that t	c violations charged, the
Sex trafficking in which a commercuitment, harboring, transpor				
Sex trafficking and the victim is	under the age of 18.			

P	Part C. Statement of Claim	(Continued)				
		nsportation, provision, or obtaining of a person for labor or services through the use of force, n to involuntary servitude, peonage, debt bondage, or slavery.				
	Not applicable.					
	Other, specify on attached addi	tional sheets.				
2.	Please describe the victimization upon which the applicant's claim is based and identify the relationship between that victimization and the crime under investigation/prosecution. Attach the results of any name or database inquiry performed in the investigation of the case, as well as any relevant reports and findings. Include relevant dates, etc. Attach additional sheets, if necessary.					
		Not for				
3.	Has the applicant expressed any fea	r of retaliation or revenge if removed from the United States? If yes, explain. Attach additional				
	sheets, if necessary.					
	Me	DIOUUCUUII				
		T-Riile				
4.	Provide the date(s) on which the act	es of trafficking occurred.				
		ate (mm/dd/yyyy) Date (mm/dd/yyyy) Date (mm/dd/yyyy)				
		1/00/201/7				
5.	List the statutory citation(s) for the	acts of trafficking being investigated or prosecuted, or that were investigated or prosecuted.				
6.	Provide the date on which the inves	tigation or prosecution was initiated.				
•	Date (mm/dd/yyyy)	againon of prosecution was initiated.				
7.	Provide the date on which the invest <b>Date</b> (mm/dd/yyyy)	tigation or prosecution was completed (if any).				

Part D. Cooperation of Victim (Attach additional sheets, if necessary)								
The applicant:								
Has complied with requests for assistance in the investigation/prosecution of the crime of trafficking. (Explain below.)								
Has failed to comply with requests to assist in the investigation/prosecution of the crime of trafficking. (Explain below.)								
Has not bee	Has not been requested to assist in the investigation/prosecution of any crime of trafficking.							
Has not yet attained the age of 18.								
Other, specify on attached additional sheets.								
DRAFT								
Part E. Family	Members Implicated I	n Trafficking						
Yes No Are any of the applicant's family members believed to have been involved in his or her trafficking to the United States? If "Yes," list the relative(s) and describe the involvement. Attach additional sheets if necessary.								
	Full Name	Relationship	Involvement					
	<b>xep</b>	roat	iction					
			-					
		-KI	le					
Part F. Attesta	tion							
severe form of traff my knowledge, and Citizenship and Im	ficking in persons as define I that I have made, and will migration Services, based t	d by the VTVPA. I certify that t make, no promises regarding th	the above noted individual is or has been a victim of a the above information is true and correct to the best of e above victim's ability to obtain a visa from U.S. certify that if the victim unreasonably refuses to assist in victim, I will notify USCIS.					
Signature of Law Enforcement Officer (identified in Part B)			Date (mm/dd/yyyy)					
Signature of Supervisor of Certifying Officer			Date (mm/dd/yyyy)					
	, 9							
Printed Name of S	Supervisor							