

Inter-Agency Alien Witness and Informant Record

USCIS Form I-854A OMB No. 1615-0046 Expires 03/31/2017

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

START HERE - Type or print in black ink.

Pa	rt 1	1. To be completed by Law Enforceme	ent Agencies (See	e instructions for spe	ecific information.)		
1.	Nar	nme of Law Enforcement Agency (LEA)/Reques	stor				
2.	Req	equesting Agent (Special Agent in Charge, Chief	of Police, etc.) Cor	ntrol Agent			
3.	Mai	ailing Address					
	Stre	reet Number and Name			Apt. Ste. Flr.		
	City	ty or Town			State ZIP Code		
4.		ontact Information		F 7.11			
	Day	sytime Telephone Number Fax Number		E-mail Address			
=	Calc	leet all applicable boyes					
5.	Seit	lect all applicable boxes.	ill be pleased in dans	ror: Din the United St	atas ar Dahraad		
As a result of providing information, the alien will be placed in danger: in the United States or abroad.				ates of abroad.			
	 ☐ The alien poses no danger to people or property of the United States. ☐ If the alien poses a danger, the danger posed by the alien is outweighed by the assistance the alien will furnish. ☐ Investigation. ☐ Prosecution. ☐ United States Attorney involvement. 				alian will furnish		
					anch win farmsh.		
6.	Tvn	rpe of Requests. (Attach legal basis for request.)	inted states i tuoine	y myorvement.			
•	-Jr		which wise will be so	ught:			
S-5 S-6 S-7 Consular post at which visa will be sought:			1 I				
		NOTE: Provide a clear statement of the operations that form the basis of the request (e.g., Grand Jury subpoena), the objective of the request, and any bargain the LEA wishes to make or has made with the alien. Attach a complete criminal history, FBI					
		Number, and U.S. Social Security Number (if applicable). Include any security concerns and special instructions regarding security precautions.					
7.		the space below, provide all the requested info	rmation for the alie	n for whom on S clossi	figation is requested		
٠.		Alien's Current Legal Name (do not provide a		ii ioi whom an 5 ciassi	neation is requested.		
	л.	Family Name (Last Name)	Given Name (First	Name) N	Middle Name		
		rammy rame (Bust rame)			Tradic Funite		
	В.	Other Names Alien Has Used Since Birth (inc	lude nicknames, alia	ases, and maiden name,	if applicable)		
		Family Name (Last Name)	Given Name (First		Middle Name		

7	Mailing Address				
•	Street Number and Name				A (C) F1
	Street Number and Name				Apt. Ste. Flr.
	City or Town State ZIP Code Current Location of Alien (City, State)				on of Alien (City, State)
).	Other Information				
S-Visa Number (A-Number) (if any) Form I-94 Number					
	Passport Number	,	Fravel Document Num	ıber	
	Country of Issuance for Passport or Travel	 Evnirati	on Date for Passport or	r	Date of Last Entry into the U
	Document	Travel I	Document (mm/dd/yyy	y)	(mm/dd/yyyy)
	Place of Last Entry into the U.S. (City, State)	Date of	Birth (mm/dd/yyyy)		Class of Admission
		Dute of	Birtii (iiiiii/dd/yyyy)		
	Comment Immigration Status				
	Current Immigration Status				
	Place of Birth			$\overline{}$	
	Country of Origin		Country of Citizenship	or N	Vationality
	Gender Marital Status				
	☐ Male ☐ Female ☐ Married ☐ Never Ma	arried	Separated D	ivorc	ced Widowed
	Occupation		Select all documents a	attach	ned:
			Form G-325		orm FD-258 Photos
				_	
ou	must provide the following information for each alie	n named	l in Item Number 7.		
۱.	Has the alien ever committed, ordered, incited, assisted, recruitment of a child soldier; Nazi persecution; or while killing? If "Yes," explain below.				
	Yes No				

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3.	For the above named alien, I request waivers for any ground	ls of inadmissibility that may exist.
	1 0	nissibility. Refer to INA 212(a) for a complete list. (Specify all red, cited, charged, indicted, convicted, fined or imprisoned, or for at with any law enforcement entity.)
	Crime involving moral turpitude [212(a)(2)(A)(I)]	Prostitute and/or procurer of prostitution [212(a)(2)(D)]
	☐ International child abduction [212(a)(10)(C)]	Unlawful activity related to national security
	☐ Multiple criminal convictions [212(a)(2)(B)]	[212(a)(3)(A)]
	Engage in unlawful commercialized vice [212(a)(2)(D)]	☐ Terrorist activities [212(a)(3)(B)] ☐ Communist Party member [212(a)(3)(D)]
	☐ Involved in espionage, sabotage or laws relating to technology [212(a)(3)(A)(i)]	Fraud/Misrepresentation [212(a)(6)(C)(i)]
	Coming to overthrow the U.S. Government [212(a)(3)(A)(iii)]	☐ Immigrant without a visa [212(a)(7)]☐ Human trafficking [212(a)(2)(H)]
		Ordered, incited, assisted or otherwise participated in the
	Previously removed-aggravated felony	commission of acts of torture or extra judicial killing [212(a)(3)(E)]
	[212(a)(9)(A)(i)]	Controlled substance trafficker [212(a)(2)(C)]
	Nonimmigrant without a valid passport or visas [212(a)(7)(B)(ii)]	Engaged in conduct relating to severed violations of religious freedoms [212(a)(2)(G)]
	Previously excluded and deported or removed [212(a)(9)(A)]	Drug abuser or addict [212(a)(1)(A)(iv)]
	Alien smuggler [212(a)(6)(E)]	Other
	Convicted of law pertaining to controlled substance [212(a)(2)(A)(i)(II)]	No waivers are requested/needed
	above. If you need extra space to complete this item, attach A-Number (<i>if any</i>) at the top of each sheet; indicate the Pag answer refers; and sign and date each sheet.	a separate sheet of paper; type or print the alien's name and e Number, Part Number, and Item Number to which your

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Part 2. Certifications

Alien Certification (S classification request)

I certify under penalty of perjury that I have reviewed with the LEA all the information in **Part 1.**, disclosed all information to the best of my ability, and disclosed all reasons for which I may be inadmissible to the United States or for which I may be removed from the United States; that I shall report at least every three months my whereabouts and activities as the LEA shall require; **that I understand I am subject to removal for any grounds of inadmissibility (conduct or condition) or removability not disclosed at this time or for conduct committed after admission to the United States;** that I shall abide by all conditions, limitations, and restrictions imposed upon my entry; that the classification I seek is temporary and will terminate within three years; that I am restricted by the terms of my admission to very specific means by which I will be able to remain permanently in the United States; that I will pay Social Security and all applicable taxes on all employment in the United States; that I understand that such ability to remain in the United States is not guaranteed or promised by the LEA; and that I hereby waive my right to a removal hearing and to contest, other than on the basis of a form for withholding of removal, any action for deportation instituted against me.

I also certify that I have read and understand all the questions and statements on this form. If I do not understand English, I further acknowledge that this has been read to me in a language I do understand. The answers I have furnished are true and correct to the best of my knowledge and belief.

Signature	Date (mm/dd/yyyy)				
Name of Principal Alien					
Signature of LEA Witness	Date (mm/dd/yyyy)				
Name of LEA Witness	Title				
☐ Interpreter Services Used (This serves to verify the alien's certification of interpretation.)					
Signature of Interpreter	Date (mm/dd/yyyy)				
Name of Interpreter	Language Used				

LEA Certification

I certify the above information is true and correct to the best of my knowledge; that I may make, have made, and will make no promises regarding the above alien's ability to adjust status or stay permanently in the United States, other than those that comport with section 101(a)(15)(S) of the INA; that I will, upon approval of S nonimmigrant status and until adjustment of status is granted or the S nonimmigrant status expires or terminates, collect quarterly and annual reports, pursuant to 8 CFR section 214.2(t), which detail the above alien's whereabouts and activities, and that I will forward required information to my headquarters entity, from which point it will be forwarded to the Department of Justice, Criminal Division; that I will immediately report to my headquarters, Department of Homeland Security, U.S. Immigration and Customs Enforcement, Homeland Security Investigations, and the Department of Justice, Criminal Division if this alien fails to report quarterly or fails to comply or to cooperate with the terms and conditions of admission or if the alien commits any removable activity after the date of admission. I further certify that I assume complete law enforcement responsibility for control and continued stay in lawful status of the alien, including necessary monitoring, travel arrangements for arrival and departure, safety precautions and specified conditions of stay or departure; that I have provided a sworn declaration as to the basis of this form and checked all available databases for derogatory information on the above alien; and that I have carefully reviewed the above statements with the alien to ensure that all terms and conditions are understood.

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Part 2. Certifications (continued)				
Signature of Requesting Agent	Date (mm/dd/yyyy)			
N. CD. C. A. A.	Title of Dequasting Agent			
Name of Requesting Agent	Title of Requesting Agent			
Signature of Headquarters (HQ) Chief of LEA	Date (mm/dd/yyyy)			
Name of Headquarters (HO) Chief of LEA	Title of Certifier			
Name of Headquarters (HQ) Chief of LEA				
Office Name and Mailing Address				
Office Name				
Street Number and Name	Apt. Ste. Flr.			
City or Town	State ZIP Code			
Office Contact Information				
Daytime Telephone Number Fax Number	E-mail Address			
Part 3. For U.S. Attorney Use Only (if applicable)				
Because the alien's presence is essential to the success of a Federal or state investigation or prosecution, the U.S. Attorney recommends the above request be granted and further certifies that there has not been and will not be any promises at all regarding the above alien's ability to adjust status or stay permanently in the United States, other than those that comply with INA section $101(a)(15)(S)$.				
Signature of U.S. Attorney	Date (mm/dd/yyyy)			
Name of U.S. Attorney				
Office Name and Mailing Address				
Office Name				
Street Number and Name	Apt. Ste. Flr.			
City or Town	State ZIP Code			

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Part 3. For United States Attorney Use Only (if applicable) (continued)				
Office Contact Information				
Daytime Telephone Number Fax Number	E-mail Address			
Part 4. For U.S. Department of State/Rewards Con	nmittee - S6 Classification use only			
After checking all information, the U.S. Department of State:				
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $.C 2708(a).			
Certifies the alien is not eligible for such award.				
Signature	Date (mm/dd/yyyy)			
Name	Title			
Office Name and Mailing Address				
Office Name				
Street Number and Name	Apt. Ste. Flr.			
City or Town	State ZIP Code			
Office Contact Information				
Daytime Telephone Number Fax Number	E-mail Address			
Part 5. For Department of Justice, Criminal Division Use Only				
After checking and evaluating all waivers and other information av	•			
Certifies that, pursuant to INA section 101(a)(15)(S) and the request of the above LEA, the above alien is recommended for the S classification requested, that the above requests for waivers of inadmissibility appear to warrant approval, that this request falls within the numerical limitation for an S visa, and that, therefore, this request is forwarded to the Director of U.S. Citizenship and Immigration Services for approval.				
Denies request.				
Signature	Date (mm/dd/yyyy)			
Name	Title			

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Part 5 For Department of Instine Criminal Division Use Only (continued)			
Part 5. For Department of Justice, Criminal Division Use Only (continued)			
Office Name and Mailing Address			
Office Name			
Street Number and Name	Apt. Ste. Flr.		
City or Town	State ZIP Code		
Office Contact Information			
Daytime Telephone Number Fax Number	E-mail Address		
Part 6. For U.S. Citizenship and Immig	gration Services Use Only		
LEA Request: Granted Forwarded t	o DOS/Visa Office (VO) Denied		
Signature	Date (mm/dd/yyyy)		
Name	Title		
Office Name and Mailing Address			
Office Name			
Street Number and Name	Apt. Ste. Flr.		
City or Town	State ZIP Code		
Office Contact Information			
Daytime Telephone Number Fax Number	E-mail Address		

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Part 7. For Department of State/Visa Office Use Only			
Forwarded to Consul by VO for Visa Approval Not Fo	Forwarded		
Signature Date (mm/dd/yyyy)			
Name	Title		
Office Name and Mailing Address			
Office Name			
Street Number and Name	Apt. Ste. Flr.		
City or Town	State ZIP Code		
City of Town	State Zir Code		
Office Contact Information Daytime Telephone Number Fax Number	E-mail Address		
Daytime Telephone Number Fax Number	E-man Address		
☐ Visa Granted ☐ Visa Denied			
Signature	Date (mm/dd/yyyy)		
Name	Title		
Name	Thie		
Office Name and Mailing Address Office Name			
Office Name			
Street Number and Name	Apt. Ste. Flr.		
City or Town	State ZIP Code		
Office Contact Information			
Daytime Telephone Number Fax Number	E-mail Address		

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