

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

START HERE - Type or print in black ink.

| P | art 1 | . To be completed by Law Enforcement Agencies (See instructions for specific information.) |
|----|-------|--|
| 1. | Nan | ne of Law Enforcement Agency (LEA)/Requestor |
| | | |
| 2. | Req | uesting Agent (Special Agent in Charge, Chief of Police, etc.) Control Agent |
| | | |
| 3. | | iling Address |
| | Stre | et Number and Name Apt. Ste. Flr. |
| | | |
| | | v or Town State ZIP Code |
| 4. | | tact Information |
| 4. | | time Telephone Number Fax Number E-mail Address |
| | | |
| 5. | Sele | ect all applicable boxes. |
| | | As a result of providing information, the alien will be placed in danger: \Box in the United States or \Box 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. |
| 6. | Тур | e of Requests. (Attach legal basis for request.) |
| | | S-5 S-6 S-7 Consular post at which visa will be sought: |
| | NO' | TE: Provide a clear statement of the operations that form the basis of the request (e.g., Grand Jury subpoena), the objective of |
| | the 1 | request, and any bargain the LEA wishes to make or has made with the alien. Attach a complete criminal history, FBI |
| | | nber, and U.S. Social Security Number (if applicable). Include any security concerns and special instructions regarding urity precautions. |
| 7. | In t | he space below, provide all the requested information for the alien for whom an S classification is requested. |
| | A. | Alien's Current Legal Name (do not provide a nickname) |
| | | Family Name (Last Name)Given Name (First Name)Middle Name |
| | | |
| | B. | Other Names Alien Has Used Since Birth (include nicknames, aliases, and maiden name, if applicable) |
| | | Family Name (Last Name) Given Name (First Name) Middle Name |
| | | |
| | | |

Part 1. To be completed by Law Enforcement Agencies (continued)

C. Mailing Address

| | Street Number and Name | | | Apt. Ste. Flr. |
|----|--|---|----------------------------|---|
| | City or Town State | ZIP Code | Current Locatio | on of Alien (City, State) |
| D. | Other Information | | | |
| | S-Visa Number (A-Number) (if any) | mber Form I-94 | Number | |
| | Passport Number | Travel Docu | ment Number | |
| | Country of Issuance for Passport or Travel Document | Expiration Date for Travel Document (n | Passport or nm/dd/yyyy) | Date of Last Entry into the U.S. (mm/dd/yyyy) |
| | Place of Last Entry into the U.S. (City, State) | Date of Birth (mm/d | ld/yyyy) | Class of Admission |
| | Current Immigration Status | | | A |
| | Place of Birth Country of Origin | Country of C | Citizenship or N | lationality |
| | Gender Marital Status Male Female Married Never M Occupation | | ocuments attach | |

- 8. You must provide the following information for each alien named in Item Number 7.
 - **A.** Has the alien ever committed, ordered, incited, assisted, or otherwise participated in genocide; the use, conscription, or recruitment of a child soldier; Nazi persecution; or while outside of the United States, committed torture or extrajudicial killing? If "Yes," explain below.

| Yes | No No | | | |
|-----|-------|--|--|--|
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B. For the above named alien, I request waivers for any grounds of inadmissibility that may exist.

Below is a non-exhaustive list for possible grounds of inadmissibility. Refer to INA 212(a) for a complete list. (Specify all individual events in which the above named alien was arrested, cited, charged, indicted, convicted, fined or imprisoned, or for which the alien has committed, but did not have involvement 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 | Terrorist activities [212(a)(3)(B)] |
| | [212(a)(2)(D)] | Communist Party member [212(a)(3)(D)] |
| | Involved in espionage, sabotage or laws relating to | Fraud/Misrepresentation [212(a)(6)(C)(i)] |
| | technology [212(a)(3)(A)(i)] | Immigrant without a visa [212(a)(7)] |
| | Coming to overthrow the U.S. Government [212(a)(3)(A)(iii)] | Human trafficking [212(a)(2)(H)] |
| | Money laundering [212(a)(2)(I)] | Ordered, incited, assisted or otherwise participated in the commission of acts of torture or extra judicial killing |
| | Previously removed-aggravated felony | [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)] |
| \square | 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 |
| | | |

C. Briefly explain below each ground of inadmissibility you selected or other grounds of inadmissibility not included in the list above. If you need extra space to complete this item, attach a separate sheet of paper; type or print the alien's name and 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.

| -04/24/2019 |
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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 | FOR |
| Signature of LEA Witness | Date (mm/dd/yyyy) |
| | |
| Name of LEA Witness | Title |
| Interpreter Services Used (This serves to verify the alien's certi | fication 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.

| Part 2. Certifications (continued) | |
|---|--|
| Signature of Requesting Agent | Date (mm/dd/yyyy) |
| | |
| Name of Requesting Agent | Title of Requesting Agent |
| | |
| Signature of Headquarters (HQ) Chief of LEA | Date (mm/dd/yyyy) |
| Name of Headquarters (HQ) Chief of LEA | Title of Certifier |
| Office Name and Mailing Address Office Name | AFT |
| Street Number and Name | Apt. Ste. Flr. |
| NIOT | |
| 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 (<i>if applicable</i>) | |
| Because the alien's presence is essential to the success of a Federal recommends the above request be granted and further certifies that above alien's ability to adjust status or stay permanently in the Unit 101(a)(15)(S). Signature of U.S. Attorney Name of U.S. Attorney | there has not been and will not be any promises at all regarding the |
| | |
| Office Name and Mailing Address | |
| Office Name | |
| | |
| Street Number and Name | Apt. Ste. Flr. |
| City or Town | State ZIP Code |
| | |

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 Committee - S6 Classification use only

After checking all information, the U.S. Department of State:

Certifies the alien is eligible to receive an award under 22 U.S.C 2708(a).

Certifies the alien is not eligible for such award.

| Signature | | Date (mm/dd/yyyy) | |
|--|------------|-------------------|----------------|
| Name | DR | Title | |
| Office Name and Mailing Address Office Name | | | |
| Street Number and Name | VUI | FUR | Apt. Ste. Flr. |
| City or Town Office Contact Information | ODL | JCTIC | State ZIP Code |
| Daytime Telephone Number | Fax Number | E-mail Address | |
| | | 1001 | |

Part 5. For Department of Justice, Criminal Division Use Only

After checking and evaluating all waivers and other information available, the Department of Justice, Criminal Division:

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 |
| | |
| | |

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 a | and Immigration Servi | ces Use Only | |
| LEA Request: Granted Signature | Forwarded to DOS/Visa Off | ice (VO) Denied Date (mm/dd/yyyy) Title | |
| Office Name and Mailing Address Office Name | JDL | JCTI | ON |
| Street Number and Name | | | Apt. Ste. Flr. |
| City or Town Office Contact Information | 1/24 | $/20^{-1}$ | State ZIP Code |
| Daytime Telephone Number | Fax Number | E-mail Address | |

Part 7. For Department of State/Visa Office Use Only

| Forwarded to Consul by VO for Visa Approval Not Fo | prwarded |
|--|----------------------------|
| Signature | Date (mm/dd/yyyy) |
| | |
| Name | Title |
| | |
| Office Name and Mailing Address | |
| Office Name | |
| | |
| Street Number and Name | Apt. Ste. Flr. |
| I JR | |
| City or Town | State ZIP Code |
| | |
| Office Contact Information | |
| Daytime Telephone Number Fax Number | E-mail Address |
| | |
| | |
| | |
| Visa Granted Visa Denied | |
| Visa Granted Visa Denied | Date (mm/dd/yyyy) |
| | |
| | Date (mm/dd/yyyy) Title |
| Signature DDDDD | |
| Signature DDDDD | |
| Signature Name | |
| Signature Name Office Name and Mailing Address | |
| Signature Name Office Name and Mailing Address | |
| Signature Name Office Name and Mailing Address Office Name | Title |
| Signature Name Office Name and Mailing Address Office Name | Title |
| Signature Name Office Name and Mailing Address Office Name Street Number and Name | Title |
| Signature Name Office Name and Mailing Address Office Name Street Number and Name | Title |
| Signature Name Office Name and Mailing Address Office Name Street Number and Name City or Town | Title |