

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			

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

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