

## **Application for T Nonimmigrant Status**

## **Department of Homeland Security**

U.S. Citizenship and Immigration Services

USCIS Form I-914

OMB No. 1615-0099 Expires 04/30/2021

START HERE - Type or print. Use black ink. See Instructions for information about eligibility and how to complete and file this application.	For US	CIS Use Only
PART A. Purpose for Filing the Application	Returned	Receipt
1 0 11	Date	
Check all that apply:	Date	
I am filing for T-1 nonimmigrant status and have not previously filed for such status.	Resubmitted	
I am filing for T-1 nonimmigrant status and have previously filed for such status.	Date	
Receipt Number (begins with EAC)	Date	
☐ I have received T-1 status and am applying to bring family members to the United	Reloc Sent	
States.	Date	
PART B. General Information About You (Person filing this form as a victim)	Date	
Family Name (Last Name) Given Name (First Name) Middle Name	Reloc Rec'd	
	Date	
Other Names Used (Include maiden name/nickname)	Date	
	Val	idity Dates
Home Address - Street Number and Name (USPS ZIP Code Lookup) Apt. Number	From:	
City State/Province Zip/Postal Code	To:	
	I	Remarks
Safe Mailing Address (if other than above) - Street Number and Name Apt. Number  C/O (in care of):	20	
City State/Province Zip/Postal Code		
	Conditi	ional Approval
Home Telephone Number Safe Daytime Phone Number	Conditi	onui rippi ovui
(with area code) (with area code)	Stamp #	Date
	Ac	tion Block
E-Mail Address (optional) A-Number		
U.S. Social Security Number Gender		
U.S. Social Security Number Gender  Male Female		
Marital Status:		
Single/Never Married Married Divorced Widowed		
Date of Birth (mm/dd/yyyy)         Country of Birth         Country of Citizenship		
Passport Number Place of Issuance Date of Issue (mm/dd/yyyy)		Completed by
		or Representative
Place of Last Entry Date of Last Entry (mm/dd/yyyy)	Fill in box if represent the	G-28 is attached to applicant.
Form I-94 Number (Arrival-Departure Record) Current Immigration Status	ATTY State	
	License #	

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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.

Attach additional sheets of paper as needed. Write your name and Alien Registration Number (A-Number), at the top of each sheet and indicate the number of the item that you are answering. Include the Part and letter or number relating to the additional information you provided (example: Part C, 3).

ш	ormanon you provided	(example: Part C, 3).		_						
1.	I am or have been a	victim of a severe form of trafficking	ng in persons. (Attach evid	dence to support your claim.)	Yes No					
2.	I <b>am</b> submitting a law enforcement agency (LEA) declaration on Form I-914, Supplement B, Declaration of Law Enforcement Officer for Victim of Trafficking in Persons. ( <i>If "No," explain why you are not submitting the LEA Certification.</i> )									
3.	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, or have been allowed entry into the United States to participate in investigative or judicial processes associated with an act or perpetrator of trafficking.  (If "Yes," explain in detail and attach evidence and documents supporting this claim.)									
4.	I fear that I will suffer extreme hardship involving unusual and severe harm upon removal. (If "Yes," explain Yes No in detail and attach evidence and documents supporting this claim.)									
5.	I have reported the crime of which I am claiming to be a victim. (If "Yes," indicate to which law enforcement agency and office you have made the report, the address and phone number of that office, and the case number assigned, if any. If "No," explain the circumstances.)									
	Law Enforcement Agency and Office Address Phone Number Case Number									
	06/10/2020									
	Circumstances:									
6.	I am under the age o	f 18 years. (If "Yes," proceed to Qu	estion 8.)		Yes No					
7.	I have complied with requests from Federal, State, or local law enforcement authorities for assistance in the investigation or prosecution of acts of trafficking, or am unable to cooperate with such requests due to physical or psychological trauma. ( <i>If "No," explain the circumstances.</i> )									
8.		I have entered the United States. (In the United States for the past five year)			Yes No					
	Date CE atom		1~							
	Date of Entry	Place of Entry	Status							
	Date of Entry	Place of Entry	Status							

PA	ART C. Additional Information (continued)			
9.	• My most recent entry was on account of the traffic circumstances of your most recent arrival.)	king that forms the b	pasis for my claim. (Explain the	ne Yes No
10.	I want an Employment Authorization Document.			Yes No
11.	I am now applying for one or more eligible family Supplement A, Application for Immediate Family N you are now applying. You may also apply to bring date.)	Member of T-1 Recip	ient, for each family member f	for whom
PA	ART D. Processing Information			
que told <i>Ada</i> Ans	nswer the following questions about yourself. For purestions, even if your records were sealed or otherwiseld you that you no longer have a record. (If your answedditionally, explain if any of the acts or circumstance aswering "Yes" does not necessarily mean that you was gister for permanent residence.)	se cleared or if anyon wer is "Yes" to any o s below are related t	e, including a judge, law enfor one of these questions, explain o you having been a victim of	rcement officer, or attorney, on a separate sheet of paper. a severe form of trafficking.
1.	Have you <b>EVER</b> : <b>a.</b> Committed a crime or offense for which you ha	ave not been arrested		☐ Yes ☐ No
	<b>b.</b> Been arrested, cited, or detained by any law ent officers) for any reason?	forcement officer (in	cluding DHS, former INS, and	military Yes No
	<b>c.</b> Been charged with committing any crime or off	fense?		Yes No
	<b>d.</b> Been convicted of a crime or offense (even if v	iolation was subsequ	ently expunged or pardoned)?	Yes No
	<b>e.</b> Been placed in an alternative sentencing or a reprosecution, withheld adjudication, deferred adjudication, deferred adjudication.		(for example: diversion, defer	red Yes No
	<b>f.</b> Received a suspended sentence, been placed on	probation, or been p	aroled?	Yes No
	g. Been in jail or prison?			Yes No
	<b>h.</b> Been the beneficiary of a pardon, amnesty, reha	abilitation, or other a	ct of clemency or similar actio	on? Yes No
	i. Exercised diplomatic immunity to avoid prosecu	ution for a criminal c	offense in the United States?	Yes No
	If you answered "Yes" to any of the above question of paper to give the same information.	ons, complete the foll	owing table. If you need more	e space, use a separate sheet
	detained, or charged?	Date of arrest, citation, detention, charge (mm/dd/yyyy)	Where were you arrested, cited, detained, or charged? (City, State, Country)	Outcome or disposition (e.g., no charges filed, charges dismissed, jail, probation, etc.)

PA	ART I	D. Processing Information (continued)		
2.	Have	e you:		
		ngaged in prostitution or procurement of prostitution or do you intend to engage in prostitution or rocurement of prostitution?	Yes	☐ No
	<b>b.</b> E	VER engaged in any unlawful commercialized vice, including, but not limited to illegal gambling?	Yes	☐ No
		VER knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States legally?	Yes	☐ No
		VER illicitly trafficked in any controlled substance, or knowingly assisted, abetted, or colluded in the licit trafficking of any controlled substance?	Yes	☐ No
3.		e you EVER committed, planned or prepared, participated in, threatened to, attempted to, or conspired to comation for, or solicited funds for any of the following:	mmit, gatl	hered
	<b>a.</b> H	(ijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)?	Yes	☐ No
	C	eizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to ompel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained?	Yes	☐ No
	c. A	ssassination?	Yes	No
		he use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individual or cause substantial damage to property?	Yes	☐ No
	O	he use of any biological agent; chemical agent; or nuclear weapon or device; explosive; or other weapon r dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or cause substantial damage to property?	Yes	☐ No
4.		e you EVER been a member of, solicited money or members for, provided support for, attended military traction 2339D(c)(1) of title 18, United States Code) by or on behalf of, or been associated with an organization	_	lefined
	a. D	esignated as a terrorist organization under section 219 of the Immigration and Nationality Act?	Yes	☐ No
		any other group of two or more individuals, whether organized or not, which has engaged in or has a abgroup which has engaged in:		
	1.	Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)?	Yes	☐ No
	2.	Seizing or detaining, and threatening to kill, injure, or continue to detain another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained?	Yes	☐ No
	3.	Assassination?	Yes	☐ No
	4.	The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individual or to cause substantial damage to property?	Yes	☐ No
	5.	Soliciting money or members or otherwise providing material support to a terrorist organization?	Yes	☐ No
	6.	The use of any biological agent; chemical agent; or nuclear weapon or device; explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?	Yes	☐ No

PA	RT D.	Processing Information (continued)		
5.	Do you	intend to engage in the United States in:		
	a. Espi	onage?	Yes	☐ No
		unlawful activity, or any activity the purpose of which is in opposition, to control, or overthrow of the ernment of the United States?	Yes	☐ No
		ly, principally, or incidentally in any activity related to espionage or sabotage or to violate any law lying the export of goods, technology, or sensitive information?	Yes	☐ No
6.	•	ou ever been or do you continue to be a member of the Communist or other totalitarian party, except embership was involuntary?	Yes	☐ No
7.	Govern	ou, during the period of March 23, 1933, to May 8, 1945, in association with either the Nazi ment of Germany or any organization or government associated or allied with the Nazi Government of cy, ever ordered, incited, assisted, or otherwise participated in the persecution of any person because of igion, nationality, membership in a particular social group, or political opinion?	Yes	□ No
8.	Have yo	ou EVER been present or nearby when any person was:		
	a. Inter	ationally killed, tortured, beaten, or injured?	Yes	☐ No
	<b>b.</b> Disp	placed or moved from his or her residence by force, compulsion, or duress?	Yes	No
	c. In an	y way compelled or forced to engage in any kind of sexual contact or relations?	Yes	☐ No
9.	a. Are	removal, exclusion, rescission, or deportation proceedings pending against you?	Yes	☐ No
	<b>b.</b> Have	e removal, exclusion, rescission, or deportation proceedings EVER been initiated against you?	Yes	☐ No
	c. Have	e you EVER been removed, excluded, or deported from the United States?	Yes	☐ No
	<b>d.</b> Have	e you EVER been ordered to be removed, excluded, or deported from the United States?	Yes	☐ No
		e you EVER been denied a visa or denied admission to the United States? (If a visa was denied, ain why on a separate sheet of paper.)	Yes	☐ No
		you EVER been granted voluntary departure by an immigration officer or an immigration judge and I to depart within the allotted time?	Yes	☐ No
10.	Have yo	ou EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of	of the follo	owing:
	a. Acts	involving torture or genocide?	Yes	☐ No
	<b>b.</b> Killi	ng any person?	Yes	☐ No
	c. Inter	ationally and severely injuring any person?	Yes	☐ No
	d. Enga	aging in any kind of sexual contact or relations with any person who was being forced or threatened?	Yes	☐ No
	e. Limi	ting or denying any person's ability to exercise religious beliefs?	Yes	☐ No
11.	Have yo	ou EVER:		
		ed in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization?	Yes	☐ No
		ed in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved ining persons?	Yes	☐ No

PA	RT D. Processing Information	(continued)						
	Have you EVER been a member of, a in which you or other persons used a					Yes No		
	Have you EVER assisted or participal knowledge used them against another knowledge used them against another against another them.	r person, or in				Yes No		
14.	Have you EVER received any type o	f military, para	amilitary, or wear	oons training?		Yes No		
	Are you under a final order or civil p documentation to unlawfully satisfy	•	-		false	Yes No		
	6. Have you EVER, by fraud or willful misrepresentation of a material fact, sought to procure, or procured, a visa or other documentation, for entry into the United States or any immigration benefit?							
17.	Have you EVER left the United State	es to avoid being	ng drafted into the	e U.S. Armed Forces?		Yes No		
	<b>18.</b> Have you EVER been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement and not yet complied with that requirement or obtained a waiver of such?					Yes No		
	19. Have you EVER detained, retained, or withheld the custody of a child, having a lawful claim to U.S.    citizenship, outside the United States from a U.S. citizen granted custody?							
20.	0. Do you plan to practice polygamy in the United States?							
21.	Have you entered the United States a	s a stowaway?	}	11		☐ Yes ☐ No		
22.	2. a. Do you have a communicable disease of public health significance?							
	<b>b.</b> Do you have or have you had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated with the disorder which has posed or may pose a threat to the property, safety, or welfare of yourself or others?							
	c. Are you now or have you been a drug abuser or drug addict?							
PA	RT E. Information About Your	· Family Me	mbers					
	vide the following information about yet of paper.	your spouse an	nd all of your sons	and daughters. If you ne	ed more space, at	ttach an additional		
1.	Spouse							
	Family Name (Last Name)	Given Name	(First Name)	Middle Name	Date of I	Birth (mm/dd/yyyy)		
	Country of Birth		Current Locati	on	I			

of Birth (mm/dd/yyyy)  of Birth (mm/dd/yyyy)					
of Birth (mm/dd/yyyy)					
of Birth (mm/dd/yyyy)					
of Birth (mm/dd/yyyy)					
of Birth (mm/dd/yyyy)					
of Birth (mm/dd/yyyy)					
er listed above for					
Signature					
ber 2.					
ar ar a					
<b>A.</b> 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.					
<b>B.</b> The interpreter named in <b>Part G.</b> read to me every question and instruction on this application and my answer to every					
,					
,					
b					

(cc	continued)					
Ap	plicant's Contact Information					
3.	Applicant's Daytime Telephone Number 4. Applicant's Mobile Telephone Number (if any)					
5.	Applicant's Email Address (if any)					

PART F. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

## Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that 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.

I authorize the release of any information from 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 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 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.

Ap	Applicant's Signature							
6.	Applicant's Signature (sign in ink)	Date of Signature (mm/dd/yyyy)						
$\rightarrow$								

**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.

Pro	vide the following information about the interpreter.		
In	terpreter's Full Name		
1.	Interpreter's Family Name (Last Name)  Interpreter's Given Name	me (First Name	e)
2.	Interpreter's Business or Organization Name (if any)		
In	terpreter's Mailing Address		
3.	Street Number and Name	Apt. Ste. Flr.	Number
	City or Town	State	ZIP Code
	Province Postal Code Country	$\blacksquare$	
In	terpreter's Contact Information		
4.	Interpreter's Daytime Telephone Number 5. Interpreter's Mob	oile Telephone	Number (if any)
6.	Interpreter's Email Address (if any)	2(	
In	terpreter's Certification		
I ce	ertify, under penalty of perjury, that:		
I an	n fluent in English and , which is the same	e language spe	ecified in Part F., Item B. in
or h	m Number 1., and I have read to this applicant in the identified language every question are answer to every question. The applicant informed me that he or she understands evolution, including the <b>Applicant's Declaration and Certification</b> , and has verified the	ery instruction	, question, and answer on the
In	terpreter's Signature		
7.	Interpreter's Signature (sign in ink)	Date	e of Signature (mm/dd/yyyy)

PART G. Interpreter's Contact Information, Certification, and Signature

## PART H. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Provide the following information about the preparer.

Pr	eparer'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)
$p_r$	eparer's Mailing Address
	Street Number and Name  Apt. Ste. Flr. Number
3.	Apt. Sie. Fil. Number
	City or Town State ZIP Code
	Province Postal Code Country
	REPROJECTION
Date	an annula Constant Information
_	eparer's Contact Information
4.	Preparer's Daytime Telephone Number  5. Preparer's Mobile Telephone Number (if any)
6	Propagat's Empil Address (if any)
6.	Preparer's Email Address (if any)
Pr	eparer's Statement
7.	<b>A.</b> 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>B.</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.
	<b>NOTE:</b> 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.
Pr	eparer'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
	lewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, or her application, including the <b>Applicant's Declaration and Certification</b> , and that all of this information is complete, true, and
	rect. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.
Pr	eparer's Signature
8.	Preparer's Signature (sign in ink)  Date of Signature (mm/dd/yyyy)