

**TABLE OF CHANGES – FORM**  
**Form I-918, Supplement B, U Nonimmigrant Status Certification**  
**OMB Number: 1615-0104**  
**06/09/2020**

**Reason for Revision: Final Fee Rule.**

**Project Phase: Post G-1056.**

Legend for Proposed Text:

- Black font = Current text
- Red font = Changes

Please note – all instances of “if any” and “if applicable” have been removed from Form I-918 Supplement B.

Expires 04/30/2021

Edition Date 04/24/2019

Current Page Number and Section	Current Text	Proposed Text
<b>Page 1, Part 1. Victim Information</b>	<p>[Page 1]</p> <p>...</p> <p>1. Alien Registration Number (A-Number) (if any)</p> <p>...</p> <p><b>Other Names Used</b> (Include maiden names, nicknames, and aliases, if applicable.)</p> <p>...</p>	<p>[Page 1]</p> <p>...</p> <p>1. Alien Registration Number (A-<b>Number</b>)</p> <p>...</p> <p><b>Other Names Used</b> (Include maiden names, nicknames, and <b>aliases.</b>)</p> <p>...</p>
<b>Page 1, Part 2. Agency Information</b>	<p>[Page 1]</p> <p>...</p> <p>10. FBI Number or SID Number (if applicable)</p>	<p>[Page 1]</p> <p>...</p> <p>10. FBI Number or SID <b>Number</b></p>
<b>Page 5, Part 7. Additional Information</b>	<p>[Page 5]</p> <p>...</p> <p>If you need extra space to complete any item within this supplement, use the space below or attach a separate sheet of paper; type or print the agency's name, petitioner's name, and the Alien Registration Number (A-Number) (if any) at the top of each sheet; indicate the <b>Page Number, Part Number, and Item Number</b> to which your answer refers; and sign and date each sheet. If you need more space than what is provided, you may also make copies of this page to complete and file with this supplement.</p>	<p>[Page 5]</p> <p>...</p> <p>If you need extra space to complete any item within this supplement, use the space below or attach a separate sheet of paper; type or print the agency's name, petitioner's name, and the Alien Registration Number (A-<b>Number</b>) at the top of each sheet; indicate the <b>Page Number, Part Number, and Item Number</b> to which your answer refers; and sign and date each sheet. If you need more space than what is provided, you may also make copies of this page to complete and file with this supplement.</p>

	... 3. A-Number (if any) ...	... 3. A-Number ...
--	------------------------------------	---------------------------