**TABLE OF CHANGES – INSTRUCTIONS**

**Form I-918, Supplement B, U Nonimmigrant Status Certification**

**OMB Number: 1615-0104**

**06/09/2020**

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| **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 Instructions Form I-918 Supplement B.  Expires 04/30/2021  Edition Date 04/24/2019 |

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| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **Page 2, General Instructions** | **[Page 2]**  **…**  **2.** If you need extra space to complete any item within this supplement, use the space provided in **Part 7. Additional Information** 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 **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.  **…** | **[Page 2]**  **…**  **2.** If you need extra space to complete any item within this supplement, use the space provided in **Part 7. Additional Information** or attach a separate sheet of paper; type or print the agency’s name, petitioner’s name, and the Alien Registration Number (A-Number) 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.  **…** |
| **Pages 2-5, Specific Instructions** | **[Page 2]**  **…**  **Item Number 1. Alien Registration Number (A-Number)** (if any). This is the victim’s USCIS file number. If the victim does not have an A-Number or you do not know it, leave this space blank.  **…**  **Item Number 3.** Indicate if the victim has refused or failed to provide assistance reasonably requested since the initiation of cooperation. Explain in the space provided. If you need extra space, use the space provided in **Part 7. Additional Information**; type or print the agency’s name, petitioner’s name, and the 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.  **[Page 5]**  **…**  Include the victim’s name, date of birth, and A-Number (if any) on all correspondence.  **…**  **Item Numbers 1. - 6.d.** If you need extra space to provide any additional information within this supplement, use the space provided in **Part 7. Additional Information**. If you need more space than what is provided in **Part 7.**, you may make copies of **Part 7.** to complete and file with your supplement, or attach a separate sheet of paper. Include your agency’s name, the petitioner’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. | **[Page 2]**  **…**  **Item Number 1. Alien Registration Number (A-Number)**. This is the victim’s USCIS file number. If the victim does not have an A-Number or you do not know it, leave this space blank.  **…**  **Item Number 3.** Indicate if the victim has refused or failed to provide assistance reasonably requested since the initiation of cooperation. Explain in the space provided. If you need extra space, use the space provided in **Part 7. Additional Information**; type or print the agency’s name, petitioner’s name, and the A-Number 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.  **[Page 5]**  **…**  Include the victim’s name, date of birth, and A-Number on all correspondence.  **…**  **Item Numbers 1. - 6.d.** If you need extra space to provide any additional information within this supplement, use the space provided in **Part 7. Additional Information**. If you need more space than what is provided in **Part 7.**, you may make copies of **Part 7.** to complete and file with your supplement, or attach a separate sheet of paper. Include your agency’s name, the petitioner’s name, and A-Number 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. |
| **Page 5, DHS Privacy Notice** | **[Page 5]**  **…**  **DISCLOSURE:** The information you provide is voluntary. However, failure to provide the requested information, including your Social Security number (if applicable), and any requested evidence, may delay a final decision or result in denial of the Form I-918 petition.  **…** | **[Page 5]**  **…**  **DISCLOSURE:** The information you provide is voluntary. However, failure to provide the requested information, including your Social Security number (if applicable), and any requested evidence, may delay a final decision or result in a rejection or denial of the Form I-918 petition.  **…** |