



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.

PART A. Purpose for Filing the Application

Check all that apply:

- I am filing for T-1 nonimmigrant status and have not previously filed for such status.
- I am filing for T-1 nonimmigrant status and have previously filed for such status.
Receipt Number (begins with EAC)
- I have received T-1 status and am applying to bring family members to the United States.

PART B. General Information About You (Person filing this form as a victim)

Family Name (Last Name) Given Name (First Name) Middle Name (if any)

Other Names Used (Include maiden name/nickname)

Home Address - Street Number and Name (USPS ZIP Code Lookup) Apt. Number

City State/Province Zip/Postal Code

Safe Mailing Address (if other than above) - Street Number and Name Apt. Number

C/O (in care of):

City State/Province Zip/Postal Code

Home Telephone Number (with area code) Safe Daytime Phone Number (with area code)

E-Mail Address (optional) A-Number (if any)

U.S. Social Security Number (if any) 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)

Place of Last Entry Date of Last Entry (mm/dd/yyyy)

Form I-94 Number (Arrival-Departure Record) Current Immigration Status

For USCIS Use Only	
Returned	Receipt
Date <input type="text"/>	
Resubmitted	
Date <input type="text"/>	
Reloc Sent	
Date <input type="text"/>	
Reloc Rec'd	
Date <input type="text"/>	
Validity Dates	
From: <input type="text"/>	
To: <input type="text"/>	
Remarks	
Conditional Approval	
Stamp # <input type="text"/>	Date <input type="text"/>
Action Block	
To Be Completed by Attorney or Representative, if any	
<input type="checkbox"/> Fill in box if G-28 is attached to represent the applicant.	
ATTY State License # <input type="text"/>	

PART C. Biographic Information

1. Ethnicity (Select only one box)

- Hispanic or Latino Not Hispanic or Latino

2. Race (Select all applicable boxes)

- American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

3. Height Feet Inches **4. Weight** Pounds

5. Eye color (Select only one box)

- Black Blue Brown Gray Green Hazel Maroon Pink Unknown/Other

6. Hair color (Select only one box)

- Bald (No hair) Black Blond Brown Gray Red Sandy White Unknown/Other

PART D. Additional Information

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 required 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), if any, 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 D, 3).

1. I **am** or have been a victim of a severe form of trafficking in persons. *(Attach evidence to support your claim.)* Yes No
2. I **am** submitting a law enforcement agency (LEA) declaration on Form I-914, Supplement B, Declaration of Law Enforcement Officer for Victim of Trafficking in Persons. *(If "No," explain why you are not submitting the LEA Certification.)* Yes No
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.)* Yes No
4. I fear that I will suffer extreme hardship involving unusual and severe harm upon removal. *(If "Yes," explain in detail and attach evidence and documents supporting this claim.)* Yes No
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.)* Yes No

Law Enforcement Agency and Office	Address	Phone Number	Case Number
Circumstances:			

PART D. Additional Information (continued)

- 6. I am under *the age of 18 years*. (If "Yes," proceed to Question 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. (If "No," explain the circumstances.) Yes No
- 8. This is the first time I have entered the United States. (If "No," list each date, place of entry, and under which status you entered the United States for the past five years, and explain the circumstances of your most recent arrival.) Yes No

Date of Entry	Place of Entry	Status

- 9. My most recent entry was on account of the trafficking that forms the basis for my claim. (Explain the circumstances of your most recent arrival.) Yes No
- 10. I want an Employment Authorization Document. Yes No
- 11. I am now applying for one or more eligible family members. (If "Yes," complete and include a Form I-914, Supplement A, Application for Immediate Family Member of T-1 Recipient, for each family member for whom you are now applying. You may also apply to bring eligible family members to the United States at a later date.) Yes No

PART E. Processing Information

Answer the following questions about yourself. For purposes of this application, if applicable, you must answer "Yes" to the following questions, even if your records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. (If your answer is "Yes" to any one of these questions, explain on a separate sheet of paper. Additionally, explain if any of the acts or circumstances below are related to you having been a victim of a severe form of trafficking. Answering "Yes" does not necessarily mean that you will be denied T nonimmigrant status or are not entitled to adjust your status or register for permanent residence.)

- 1. Have you **EVER**:
 - a. Committed a crime or offense for which you have not been arrested? Yes No
 - b. Been arrested, cited, or detained by any law enforcement officer (including DHS, former INS, and military officers) for any reason? Yes No
 - c. Been charged with committing any crime or offense? Yes No
 - d. Been convicted of a crime or offense (even if violation was subsequently expunged or pardoned)? Yes No
 - e. Been placed in an alternative sentencing or a rehabilitative program (for example: diversion, deferred prosecution, withheld adjudication, deferred adjudication)? Yes No
 - f. Received a suspended sentence, been placed on probation, or been paroled? Yes No
 - g. Been in jail or prison? Yes No
 - h. Been the beneficiary of a pardon, amnesty, rehabilitation, or other act of clemency or similar action? Yes No
 - i. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? Yes No

PART E. Processing Information (continued)

If you answered “Yes” to any of the above questions, complete the following table. If you need more space, use a separate sheet of paper to give the same information.

Why were you arrested, cited, 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.)

2. Have you:

- a. Engaged in prostitution or procurement of prostitution or do you intend to engage in prostitution or procurement of prostitution? Yes No
- b. EVER engaged in any unlawful commercialized vice, including, but not limited to illegal gambling? Yes No
- c. EVER knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally? Yes No
- d. EVER illicitly trafficked in any controlled substance, or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance? Yes No

3. Have you EVER committed, planned or prepared, participated in, threatened to, attempted to, or conspired to commit, gathered information for, or solicited funds for any of the following:

- a. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? Yes No
- b. 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
- c. Assassination? Yes No
- d. 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
- e. 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

4. Have you EVER been a member of, solicited money or members for, provided support for, attended military training (as defined in section 2339D(c)(1) of title 18, United States Code) by or on behalf of, or been associated with an organization that is:

- a. Designated as a terrorist organization under section 219 of the Immigration and Nationality Act? Yes No
- b. Any other group of two or more individuals, whether organized or not, which has engaged in or has a subgroup 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

PART E. Processing Information (continued)

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
5. Do you intend to engage in the United States in:
- a. Espionage? Yes No
- b. Any unlawful activity, or any activity the purpose of which is in opposition, to control, or overthrow of the government of the United States? Yes No
- c. Solely, principally, or incidentally in any activity related to espionage or sabotage or to violate any law involving the export of goods, technology, or sensitive information? Yes No
6. Have you ever been or do you continue to be a member of the Communist or other totalitarian party, except when membership was involuntary? Yes No
7. Have you, during the period of March 23, 1933, to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever ordered, incited, assisted, or otherwise participated in the persecution of any person because of race, religion, nationality, membership in a particular social group, or political opinion? Yes No
8. Have you EVER been present or nearby when any person was:
- a. Intentionally killed, tortured, beaten, or injured? Yes No
- b. Displaced or moved from his or her residence by force, compulsion, or duress? Yes No
- c. In any 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. Have removal, exclusion, rescission, or deportation proceedings EVER been initiated against you? Yes No
- c. Have you EVER been removed, excluded, or deported from the United States? Yes No
- d. Have you EVER been ordered to be removed, excluded, or deported from the United States? Yes No
- e. Have you EVER been denied a visa or denied admission to the United States? (*If a visa was denied, explain why on a separate sheet of paper.*) Yes No
- f. Have you EVER been granted voluntary departure by an immigration officer or an immigration judge and failed to depart within the allotted time? Yes No
10. Have you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:
- a. Acts involving torture or genocide? Yes No
- b. Killing any person? Yes No
- c. Intentionally and severely injuring any person? Yes No
- d. Engaging in any kind of sexual contact or relations with any person who was being forced or threatened? Yes No
- e. Limiting or denying any person's ability to exercise religious beliefs? Yes No

PART E. Processing Information (continued)

11. Have you EVER:
- a. Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization? Yes No
 - b. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? Yes No
12. Have you EVER been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? Yes No
13. Have you EVER assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person? Yes No
14. Have you EVER received any type of military, paramilitary, or weapons training? Yes No
15. Are you under a final order or civil penalty for violating section 274C (producing and/or using false documentation to unlawfully satisfy a requirement of the Immigration and Nationality Act)? Yes No
16. 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? Yes No
17. Have you EVER left the United States to avoid being drafted into the U.S. Armed Forces? Yes No
18. 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? Yes No
20. Do you plan to practice polygamy in the United States? Yes No
21. Have you entered the United States as a stowaway? Yes No
22. a. Do you have a communicable disease of public health significance? Yes No
- 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? Yes No
- c. Are you now or have you been a drug abuser or drug addict? Yes No

PART F. Information About Your Family Members

Provide the following information about your spouse and all of your sons and daughters. If you need more space, attach an additional sheet of paper.

1. Spouse

Family Name (Last Name)	Given Name (First Name)	Middle Name (if any)	Date of Birth (mm/dd/yyyy)
Country of Birth		Current Location	

PART F. Information About Your Family Members (continued)

2. Children

a.	Family Name (<i>Last Name</i>)	Given Name (<i>First Name</i>)	Middle Name (<i>if any</i>)	Date of Birth (<i>mm/dd/yyyy</i>)
	Country of Birth	Relationship	Current Location	
b.	Family Name (<i>Last Name</i>)	Given Name (<i>First Name</i>)	Middle Name (<i>if any</i>)	Date of Birth (<i>mm/dd/yyyy</i>)
	Country of Birth	Relationship	Current Location	
c.	Family Name (<i>Last Name</i>)	Given Name (<i>First Name</i>)	Middle Name (<i>if any</i>)	Date of Birth (<i>mm/dd/yyyy</i>)
	Country of Birth	Relationship	Current Location	

Complete Form I-914, Supplement A, Application for Family Member of T-1 Recipient, for each family member listed above for whom you are now applying to have join you in the United States, and attach it to this application.

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

NOTE: Read the **Penalties** section of the Form I-914 Instructions before completing this part.

Applicant's Statement

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Applicant's Statement Regarding the Interpreter

- A. 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. The interpreter named in **Part H.** read to me every question and instruction on this application and my answer to every question in , a language in which I am fluent, and I understood everything.

2. Applicant's Statement Regarding the Preparer

- At my request, the preparer named in **Part I.**, , prepared this application for me based only upon information I provided or authorized.

Applicant'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 G. Applicant's Statement, Contact Information, Declaration, Certification, and Signature
(continued)

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 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.

Applicant's Signature

6. Applicant's Signature (sign in ink)

Date of Signature (mm/dd/yyyy)

➔

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.

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

Provide the following information about the interpreter.

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

3. Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

PART H. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part G., Item B.** in **Item Number 1.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7. Interpreter's Signature (sign in ink)

Date of Signature (mm/dd/yyyy)

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

Provide the following information about the preparer.

Preparer'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)

Preparer's Mailing Address

3. Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

PART I. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant (continued)

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5. Preparer's Mobile Telephone Number (if any)

6. Preparer's Email Address (if any)

Preparer's Statement

7. A. 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. 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.

NOTE: 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.

Preparer'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 reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

8. Preparer's Signature (sign in ink)

Date of Signature (mm/dd/yyyy)