**TABLE OF CHANGES – INSTRUCTIONS**

**Form I-918, Instructions for Petition for U Nonimmigrant Status and Supplement A, Petition for Qualifying Family Member of U-1 Recipient**

**OMB Number: 1615-0104**

**05/19/2020**

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| **Reason for Revision: Biometrics Rule****Project Phase:** NPRMLegend for Proposed Text:* Black font = Current text
* Red font = Changes

Expires 04/30/2021Edition Date 04/24/2019 |

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| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **Pages 1-2,****Who May File Form I-918 and Supplement A?** | **[page 1]****…****(29)** Traffiking**…** | **[page 1]****…****(29)** Trafficking**…** |
| **Pages 2-3,****General Instructions** | **[page 3]****…****Biometric Services Appointment.** USCIS may require that you appear for an interview or provide fingerprints, photograph, and/or signature at any time to verify your identity, obtain additional information, and conduct background and security checks, including a check of criminal history records maintained by the Federal Bureau of Investigation (FBI), before making a decision on your application, petition, or request. After USCIS receives your petition and ensures it is complete, we will inform you in writing if you need to attend a biometric services appointment. If an appointment is necessary, the notice will provide you the location of your local or designated USCIS Application Support Center (ASC) and the date and time of your appointment or, if you are currently overseas, instruct you to contact a U.S. Embassy, U.S. Consulate, or USCIS office outside the United States to set up an appointment.**…****2.** If you need extra space to complete any item within Form I-918, use the space provided in **Part 8. Additional Information** or attach a separate sheet of paper; type or print your name and 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.**3.** If you need extra space to complete any item within Supplement A, use the space provided in **Part 8. Additional Information** or attach a separate sheet of paper; type or print your name (Principal’s) and A-Number (if any) or theA-Number of the Qualifying Family Member 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 3]****…****Biometric Services Appointment.** Every individual who is an applicant, petitioner, derivative, beneficiary, or sponsor of an immigration benefit request or other request submitted to USCIS is required to submit biometrics unless USCIS waives or exempts the requirement.  You will be notified of the time and place of your appointment if you must appear and you will be provided requirements for rescheduling if necessary. If you fail to submit any biometrics as required, USCIS may deny your application, petition, or request.DHS may store the biometrics submitted by an individual and use or reuse biometrics to conduct background and security checks, including a check of criminal history records maintained by the Federal Bureau of Investigation (FBI), verify identity, produce documents, determine eligibility for immigration and naturalization benefits, or to perform any other functions necessary for administering and enforcing immigration and naturalization laws, and any other law within DHS authority.**…****2.** If you need extra space to complete any item within Form I-918, use the space provided in **Part 9. Additional Information** or attach a separate sheet of paper; type or print your name and 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.**3.** If you need extra space to complete any item within Supplement A, use the space provided in **Part 9. Additional Information** or attach a separate sheet of paper; type or print your name (Principal’s) and A-Number (if any) or theA-Number of the Qualifying Family Member 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 4-6,****Specific Instructions for Form I-918** | **[page 4]****…**This petition is divided into **Parts 1. - 8.** The following information should help you fill out the petition.**…**[page 5]**Item Numbers 1. - 7.a.** You must answer each question. If you answer “Yes” to any of the questions, you must provide an explanation in the space provided in **Part 8. Additional Information**.**Item Numbers 7.b. - 7.f.** If you answer “Yes,” to **Item Number 7.a.**, select the type of proceedings. If you were in proceedings in the past and are no longer in proceedings, provide the date of action. If you are currently in proceedings, type or print “Current” in the appropriate date field. Select all applicable boxes. Use the space provided in **Part 8. Additional Information** to provide an explanation.[new]**Part 3. Processing Information****Item Numbers 1.a.** - **29.c.** You must answer each question. If you answer “Yes” to any of the questions, you must provide an explanation in the space provided in **Part 8. Additional Information**.**Part 4. Information About Your Spouse and/or Children****…****[page 6]****Part 5. Petitioner’s Statement, Contact Information, Declaration, and Signature****…****Part 6. Interpreter’s Contact Information, Certification, and Signature****…****Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner****Item Numbers 1.a. - 8.b.** This section must contain the signature of the person who completed your petition, if other than you, the petitioner. If the same individual acted as your interpreter and your preparer, that person should complete both **Part 6.** and **Part 7.** If the person who completed this petition is associated with a business or organization, that person should complete the business or organization name and address information. Anyone who helped you complete this petition **MUST** sign and date the petition. A stamped or typewritten name in place of a signature is not acceptable. If the person who helped you prepare your petition is an attorney or accredited representative whose representation extends beyond preparation of this petition, he or she may be obliged to also submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with your petition.**Part 8. Additional Information****Item Number 1.a. - 7.d.** If you need extra space to provide any additional information within this petition, use the space provided in **Part 8. Additional Information**. If you need more space than what is provided in **Part 8.**, you may make copies of **Part 8.** to complete and file with your petition or attach a separate sheet of paper. Include your 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 4]****…**This petition is divided into **Parts 1. - 9.** The following information should help you fill out the petition.**…**[page 5]**Item Numbers 1. - 7.a.** You must answer each question. If you answer “Yes” to any of the questions, you must provide an explanation in the space provided in **Part 9. Additional Information**.**Item Numbers 7.b. - 7.f.** If you answer “Yes,” to **Item Number 7.a.**, select the type of proceedings. If you were in proceedings in the past and are no longer in proceedings, provide the date of action. If you are currently in proceedings, type or print “Current” in the appropriate date field. Select all applicable boxes. Use the space provided in **Part 9. Additional Information** to provide an explanation.**[page x]****…****Part 3. Biographic Information** Provide the biographic information requested in **Part 3.**, **Item Numbers 1. - 6.** Providing this information as part of your application may reduce the time you spend at your USCIS ASC appointment as described in the **Biometric Services Appointment** section of these Instructions. **Item Numbers 1. -2. Ethnicity and Race.** Select the boxes that describe your ethnicity and race.  **Categories and Definitions for Ethnicity and Race** **1. Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. (**NOTE:** This category is only included under Ethnicity in **Part 3.**, **Item Number 1.**) **2. White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. **3. Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.  **4. Black or African American.** A person having origins in any of the black racial groups of Africa. **5. American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. **6. Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. **Item Number 3. Height.** Select the values that best match your height in feet and inches. For example, if you are five feet and nine inches, select “5” for feet and “09” for inches. Do not enter your height in meters or centimeters. **Item Number 4. Weight.** Enter your weight in pounds. If you do not know your weight, or need to enter a weight under 30 pounds or over 699 pounds, enter “000.” Do not enter your weight in kilograms. **Item Number 5. Eye Color.** Select the box that best describes the color of your eyes. **Item Number 6. Hair Color.** Select the box that best describes the color of your hair.**Part 4. Processing Information****Item Numbers 1.a.** - **29.c.** You must answer each question. If you answer “Yes” to any of the questions, you must provide an explanation in the space provided in **Part 9. Additional Information**.**Part 5. Information About Your Spouse and/or Children****…****[page 6]****Part 6. Petitioner’s Statement, Contact Information, Declaration, and Signature****…****Part 7. Interpreter’s Contact Information, Certification, and Signature****…****Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner****Item Numbers 1.a. - 8.b.** This section must contain the signature of the person who completed your petition, if other than you, the petitioner. If the same individual acted as your interpreter and your preparer, that person should complete both **Part 7.** and **Part 8.** If the person who completed this petition is associated with a business or organization, that person should complete the business or organization name and address information. Anyone who helped you complete this petition **MUST** sign and date the petition. A stamped or typewritten name in place of a signature is not acceptable. If the person who helped you prepare your petition is an attorney or accredited representative whose representation extends beyond preparation of this petition, he or she may be obliged to also submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with your petition.**Part 9. Additional Information****Item Number 1.a. - 7.d.** If you need extra space to provide any additional information within this petition, use the space provided in **Part 9. Additional Information**. If you need more space than what is provided in **Part 9.**, you may make copies of **Part 9.** to complete and file with your petition or attach a separate sheet of paper. Include your 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.**…** |
| **Pages 7-10,****Specific Instructions for Supplement A, Petition for Qualifying Family Member of U-1 Recipient** | **[page 7]****…****Item Numbers 2.a. - 2.c. Other Names Used.** Provide all the names he or she has used, including his or her maiden name, nicknames, and aliases, if applicable. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information.****…****Item Numbers 7.a. - 7.f.** Indicate whether your family member was or is in immigration proceedings. If you answer “Yes,” select the type of proceedings. If your family member was in proceedings in the past and is no longer in proceedings, provide the date of action. If your family member is currently in proceedings, type or print “Current” in the appropriate date field. Select all applicable boxes. Use the space provided in **Part 11. Additional Information**.**…****[new]****Part 5. Processing Information****Item Numbers 1.a. - 29.c.** You must answer each question on behalf of your family member. If you answer “Yes” to any of the questions, you must provide an explanation in the space provided in **Part 11. Additional Information**.**Part 6. Information About Your Qualifying Family Member’s Spouse and/or Children****Item Numbers 1.a. - 12.** Provide the requested information about your family member’s spouse and/or children. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information**.**Part 7. Petitioner’s Statement, Contact Information, Declaration, and Signature****…****Part 8. Qualifying Family Member’s Statement, Contact Information, Declaration, and Signature****…****Part 9. Interpreter’s Contact Information, Certification, and Signature****…****Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Supplement, if Other Than the Petitioner or Qualifying Family Member****Item Numbers 1.a. - 8.b.** This section must contain the signature of the person who completed your supplement, if other than you, the petitioner or your family member. If the same individual acted as your interpreter and your preparer, that person should complete both **Part 9.** and **Part 10.** If the person who completed this supplement is associated with a business or organization, that person should complete the business or organization name and address information. Anyone who helped you complete this supplement **MUST** sign and date the supplement. A stamped or typewritten name in place of a signature is not acceptable. If the person who helped you prepare your supplement is an attorney or accredited representative whose representation extends beyond preparation of this supplement, he or she may be obliged to also submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with your supplement.**Part 11. Additional Information****Item Numbers 1.a. - 7.d.** If you need extra space to provide any additional information within this supplement, use the space provided in **Part 11. Additional Information**. If you need more space than what is provided in **Part 11.**, you may make copies of **Part 11.** to complete and file with your supplement or attach a separate sheet of paper. Include your name (Principal) 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 7]****…****Item Numbers 2.a. - 2.c. Other Names Used.** Provide all the names he or she has used, including his or her maiden name, nicknames, and aliases, if applicable. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information.****…****Item Numbers 7.a. - 7.f.** Indicate whether your family member was or is in immigration proceedings. If you answer “Yes,” select the type of proceedings. If your family member was in proceedings in the past and is no longer in proceedings, provide the date of action. If your family member is currently in proceedings, type or print “Current” in the appropriate date field. Select all applicable boxes. Use the space provided in **Part 12. Additional Information**.**…****Part 5. Your Alien Relative’s Biographic Information** Provide the biographic information requested. Follow the specific instructions for each Item included in the section **Part 6. Processing Information****Item Numbers 1.a. - 29.c.** You must answer each question on behalf of your family member. If you answer “Yes” to any of the questions, you must provide an explanation in the space provided in **Part 12. Additional Information**.**Part 7. Information About Your Qualifying Family Member’s Spouse and/or Children****Item Numbers 1.a. - 12.** Provide the requested information about your family member’s spouse and/or children. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information**.**Part 8. Petitioner’s Statement, Contact Information, Declaration, and Signature****…****Part 9. Qualifying Family Member’s Statement, Contact Information, Declaration, and Signature****…****Part 10. Interpreter’s Contact Information, Certification, and Signature****…****Part 11. Contact Information, Declaration, and Signature of the Person Preparing this Supplement, if Other Than the Petitioner or Qualifying Family Member****Item Numbers 1.a. - 8.b.** This section must contain the signature of the person who completed your supplement, if other than you, the petitioner or your family member. If the same individual acted as your interpreter and your preparer, that person should complete both **Part 10.** and **Part 11.** If the person who completed this supplement is associated with a business or organization, that person should complete the business or organization name and address information. Anyone who helped you complete this supplement **MUST** sign and date the supplement. A stamped or typewritten name in place of a signature is not acceptable. If the person who helped you prepare your supplement is an attorney or accredited representative whose representation extends beyond preparation of this supplement, he or she may be obliged to also submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with your supplement.**Part 12. Additional Information****Item Numbers 1.a. - 7.d.** If you need extra space to provide any additional information within this supplement, use the space provided in **Part 12. Additional Information**. If you need more space than what is provided in **Part 12.**, you may make copies of **Part 12.** to complete and file with your supplement or attach a separate sheet of paper. Include your name (Principal) 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. |
| **Pages 10-14,****General Requirements** | **[page 13]****…****8. Waiver of Grounds of Inadmissibility.** To be eligible for U nonimmigrant status, you must be admissible to the United States. If you or your qualifying family members answered “Yes” to any of the questions in **Part 3.** of Form I-918 or **Part 5.** of Supplement A, USCIS may deem you or your qualifying family members as inadmissible.**…****[page 14]****NOTE:** USCIS may require a statement from the appropriate civil authority certifying that the necessary document is unavailable.[new] | **[page 13]****…****8. Waiver of Grounds of Inadmissibility.** To be eligible for U nonimmigrant status, you must be admissible to the United States. If you or your qualifying family members answered “Yes” to any of the questions in **Part 3.** of Form I-918 or **Part 6.** of Supplement A, USCIS may deem you or your qualifying family members as inadmissible.**…****[page 14]****NOTE:** USCIS may require a statement from the appropriate civil authority certifying that the necessary document is unavailable.For parent-child and sibling relationships: USCIS may require that the petitioner submit other evidence of the claimed biological relationship, such as deoxyribonucleic acid (DNA) testing. USCIS will only accept DNA test results from laboratories accredited by the AABB (formerly the American Association of Blood Banks). A list of laboratories can be viewed at [www.aabb.org/sa/facilities/Pages/RTestAccrFac.aspx](http://www.aabb.org/sa/facilities/Pages/RTestAccrFac.aspx). |
| **Page 15,****What Is the Filing Fee?** | **[page 15]****What Is the Filing Fee?**There is no filing fee for Form I-918 or Supplement A. You are required to provide biometrics information, but are not required to pay the biometrics services fee. After you submit Form I-918 and Supplement A (if applicable), USCIS will notify you and your family member (if applicable) of when and where to go for biometrics services. | **[page 15]****What Is the Filing Fee?**There is no filing fee for Form I-918 or Supplement A. You are not required to pay the biometrics services fee.  |
| **Pages 15-16,****Processing Information** | **[page 15]****…****Requests for Interview.** We may request that you and/or your family member appear at a USCIS office for an interview based on your petition or supplement. At the time of any interview or other appearance at a USCIS office, we may require that you and/or your family member provide your fingerprints, photographs, and/or signatures to verify your identity and/ or update background and security checks.**…** | **[page 15]****…****Requests for Interview.** We may request that you and/or your family member appear at a USCIS office for an interview based on your petition or supplement. At the time of any interview or other appearance at a USCIS office, we may require that you and/or your family member provide your biometrics to verify your identity and/ or update background and security checks.**…** |
| **Pages 16-17,****USCIS Privacy Act Statement** | **[page 16]****USCIS Privacy Act Statement** **AUTHORITIES:** The information requested on Form I-918 and Supplement A, and the associated evidence, is collected under the Immigration and Nationality Act, sections 101(a)(15)(U), 214(p), 212(d)(14), 8 CFR 212.17 and 214.14. **PURPOSE:** The primary purpose for providing the requested information on Form I-918 and Supplement A is to request temporary immigration benefits if you or a qualifying family member are a victim of certain qualifying criminal activity. DHS uses the information you provide to grant or deny the immigration benefit you are seeking. **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 your Form I-918 and/or Supplement A.. **[Page 17]****ROUTINE USES:** DHS may, where allowable under relevant confidentiality provisions, share the information you provide on Form I-918 and Supplement A as well as any additional requested evidence with other Federal, state, local, and foreign government agencies and authorized organizations. DHS follows approved routine uses described in the associated published system of records notices [DHS/USCIS-001 - Alien File, Index, and National File Tracking System, DHS/USCIS-007 - Benefits Information System, and DHS/USCIS-018 Immigration Biometric and Background Check] and the published privacy impact assessment [DHS/USCIS/PIA-016a Computer Linked Application Information Management System and Associated Systems] which you can find at [www.dhs.gov/privacy](file:///C%3A/Users/jaketchu/Work%20Folders/Desktop/WORKING/www.dhs.gov/privacy). DHS may also share the information, as appropriate, for law enforcement purposes or in the interest of national security.  | **[page 16]****DHS Privacy Notice** **AUTHORITIES:** The information requested on this petition, and the associated evidence, is collected under the Immigration and Nationality Act, sections 101(a)(15)(U), 212(d)(14), and 214(p); and 8 CFR 212.17 and 214.14. **PURPOSE:** The primary purpose for providing the requested information on this petition is to request temporary immigration benefits if you are a victim of certain qualifying criminal activity or for a qualifying family member of a victim of certain qualifying criminal activity. DHS uses the information you provide to grant or deny the immigration benefit you are seeking. **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 your petition. **[Page 17]****ROUTINE USES:** DHS may, where allowable under relevant confidentiality statutes and regulations, share the information you provide on this petition and any additional requested evidence with other Federal, state, local, and foreign government agencies and authorized organizations. DHS follows approved routine uses described in the associated published system of records notices [DHS/USCIS-001 Alien File, Index, and National File Tracking System, DHS/USCIS-007 Benefits Information System, and DHS/USCIS-018 Immigration Biometric and Background Check] and the published privacy impact assessment [DHS/USCIS/PIA-016a Computer Linked Application Information Management System and Associated Systems] which you can find at [www.dhs.gov/privacy](file:///C%3A/Users/jaketchu/Work%20Folders/Desktop/WORKING/www.dhs.gov/privacy). DHS may also share the information, as appropriate, for law enforcement purposes or in the interest of national security.  |
| **Page 17,****Paperwork Reduction Act** | **[page 17]****Paperwork Reduction Act** An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid OMB control number. The public reporting burden for Form I-918 is estimated at 5 hours per response, and the public reporting burden for Supplement A is estimated at 1 hour and 30 minutes per response, including the time for reviewing instructions, gathering the required documentation and information, completing the petition, preparing statements, attaching necessary documentation, and submitting the petition. The collection of biometrics is estimated to require 1 hour and 10 minutes. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave NW, Washington, DC 20529-2140; OMB No. 1615-0104. **Do not mail your completed Form I-918 or Supplement A to this address.**  | **[page 17]****Paperwork Reduction Act** An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid OMB control number. The public reporting burden for Form I-918 is estimated at 5 hours per response, and the public reporting burden for Supplement A is estimated at 1 hour and 30 minutes per response, including the time for reviewing instructions, gathering the required documentation and information, completing the petition, preparing statements, attaching necessary documentation, and submitting the petition. The collection of biometrics is estimated to require 3 hours and 40 minutes. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave NW, Washington, DC 20529-2140; OMB No. 1615-0104. **Do not mail your completed Form I-918 or Supplement A to this address.**  |