



Inter-Agency Alien Witness and Informant Adjustment of Status

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-854B
OMB No. 1615-0046
Expires 11/30/2021

START HERE - Type or print in black ink.

Part 1. To Be Completed By Law Enforcement Agencies (See instructions for specific information.)

1. Name of Law Enforcement Agency (LEA)/Requestor

2. Requesting Agent (*Special Agent in Charge, Chief of Police, etc.*)

Control Agent

3. Mailing Address

Street Number and Name

Apt. Ste. Flr.

City or Town

State ZIP Code

4. Contact Information

Daytime Telephone Number

Fax Number

E-mail Address

5. In the space below, provide all the requested information for the alien for which adjustment of status is requested.

A. Alien's Current Legal Name (*do not provide a nickname*)

Family Name (*Last Name*)

Given Name (*First Name*)

Middle Name

B. Other Names Alien Has Used Since Birth (*include nicknames, aliases, and maiden name, if applicable*)

Family Name (*Last Name*)

Given Name (*First Name*)

Middle Name

C. Mailing Address

Street Number and Name

Apt. Ste. Flr.

City or Town

State

ZIP Code

Current Location of Alien (*City, State*)

D. Other Information

S-Visa Number

Alien Registration Number
(A-Number) (*if any*)

Form I-94 Number

Passport Number

Travel Document Number

Part 1. To be completed by Law Enforcement Agencies (continued)

D. Other Information (continued)

Country of Issuance for Passport or Travel Document

Expiration Date for Passport or Travel Document (mm/dd/yyyy)

Date of Last Entry into the U.S. (mm/dd/yyyy)

Place of Last Entry into the U.S. (City, State)

Date of Birth (mm/dd/yyyy)

Class of Admission

Current Immigration Status

Place of Birth

Country of Origin

Country of Citizenship or Nationality

Gender

Male Female

Marital Status

Married Never Married

Separated Divorced Widowed

Occupation

Select all documents attached:

Form G-325 Form FD-258 Photos

Part 2. Certifications

Attach all relevant documentation establishing (1) the information certified below and (2) the recommendations and reasons for the certified recommendations.

LEA Certification

I certify the above information is true and correct to the best of my knowledge; that no promises have been made regarding the above alien's ability to adjust status or stay permanently in the United States other than those that comport with INA section 101(a)(15)(S); that I have collected quarterly and annual reports detailing the above alien's whereabouts and activities and forwarded required information to the Department of Justice, Criminal Division; and that the alien has fulfilled the terms of his or her admission and classification. With this certification, I recommend the above mentioned person for adjustment of status under section 245(j) of the INA.

Signature of Requesting Agent

Date (mm/dd/yyyy)

Name of Requesting Agent

Title of Requesting Agent

Signature of Headquarters (HQ) Chief of LEA

Date (mm/dd/yyyy)

Name of Headquarters (HQ) Chief of LEA

Title of Certifier

Part 2. Certifications (continued)

Office Name and Mailing Address

Office Name

Street Number and Name

Apt. Ste. Flr.

City or Town

State ZIP Code

Office Contact Information

Daytime Telephone Number

Fax Number

E-mail Address

The Department of Justice, Criminal Division (Assistant Attorney General) Certifications

I certify that the alien, , has -

If S-5, S-6, or S-7: Abided by all terms and conditions of the S classification.

If S-5: Substantially contributed information to the success of an authorized criminal investigation or the prosecution of an individual as per terms of entry.

Supplied the information that formed the basis of entry.

If S-6: Substantially contributed information to the prevention or frustration of an act of terrorism against a U.S. person or property or the success of an authorized criminal investigation of, or the prosecution of, an individual involved in such an act of terrorism.

Supplied the information that formed the basis of entry.

Received a reward under section 36(a) of the State Department Basic Authorities Act of 1956.

Abided by all specific 22 U.S.C. 2708(a) limitations of the S classification.

If S-7: The S-5 or S-6 alien through which this alien obtained S classification through has abided by all terms, conditions of the S classification, and is recommended for adjustment.

Other Comments:

Signature

Title

Name

Date (mm/dd/yyyy)

Part 2. Certifications *(continued)*

Office Name and Mailing Address

Office Name

Street Number and Name

Apt. Ste. Flr.

City or Town

State

ZIP Code

Office Contact Information

Daytime Telephone Number

Fax Number

E-mail Address

For U.S. Citizenship and Immigration Services Use Only

Adjustment Granted Adjustment Denied

Signature

Date *(mm/dd/yyyy)*

Name

Title

Office Contact Mailing Information

Office Name

Street Number and Name

Apt. Ste. Flr.

City or Town

State

ZIP Code

Office Contact Information

Daytime Telephone Number

Fax Number

E-mail Address