

## Supplement B, U Nonimmigrant Status Certification

USCIS Form I-918

## **Department of Homeland Security**

U.S. Citizenship and Immigration Services

OMB No. 1615-0104 Expires 06/30/2023

			Remarks			
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Par	t 1. Victim Information	Name	e of Head of Certifying Agency			
1.	Alien Registration Number (A-Number) (if any)	4.a.	Family Name (Last Name)			
	► A-	4.b.	Given Name (First Name)			
2.a.	Family Name (Last Name)	4.c.	Middle Name			
2.b.	Given Name (First Name)	4				
2.c.	Middle Name	Age	ncy Address			
	r Names Used (Include maiden names, nicknames, and	5.a.	Street Number and Name			
	es, if applicable.)	5.b.	Apt. Ste. Flr.			
	n need extra space to provide additional names, use the provided in <b>Part 7. Additional Information</b> .	5.c.	City or Town			
3.a.	Family Name (Last Name)	5.d.	State 5.f. ZIP Code			
3.b.	Given Name (First Name)	5.g.	Province			
3.c.	Middle Name	5.h.	Postal Code			
4.	Date of Birth (mm/dd/yyyy)	5.i.	Country			
5.	Gender Male Female		er Agency Information			
Par	t 2. Agency Information	6.	Agency Type			
1.	Name of Certifying Agency	••	Federal State Local			
		7.	Case Status			
Name of Certifying Official			On-going Completed			
2.a.	Family Name (Last Name)		Other			
2.b.	Given Name	8.	Certifying Agency Category			
2 -	(First Name)		Judge Law Enforcement Prosecutor			
2.c.	Middle Name		Other			
3.	Title and Division/Office of Certifying Official	9.	Case Number			
		10.	FBI Number or SID Number (if applicable)			
			( approact)			

Part 3. Criminal Acts				4.a.	Did the criminal activity occur in the United States (including Indian country and military installations) or the				
If you need extra space to complete this section, use the space provided in <b>Part 7. Additional Information</b> .				•	territories or possessions of the United States?				
1.	1. The petitioner is a victim of criminal activity involving a violation of one of the following Federal, state, or local criminal offenses (or any similar activity). (Select all applicable boxes)		4.b.	If you answered "Yes," where did the criminal activity occur?					
		Abduction	Manslaughter						
		Abusive Sexual Contact	Murder	_5.a.	Did the criminal activity violate a Federal extraterritorial				
		Attempt to Commit Any of the Named Crimes	<ul><li>☐ Obstruction of Justice</li><li>☐ Peonage</li></ul>	5.b.	jurisdiction statute? Yes No  If you answered "Yes," provide the statutory citation				
		Being Held Hostage	Perjury		providing the authority for extraterritorial jurisdiction.				
		Blackmail	Prostitution						
		Conspiracy to Commit Any of the Named Crimes	Rape Sexual Assault	6.	Briefly describe the criminal activity being investigated and/or prosecuted and the involvement of the petitioner				
		Domestic Violence	Sexual Exploitation		named in <b>Part 1.</b> Attach copies of all relevant reports and findings.				
		Extortion	Slave Trade	_					
		False Imprisonment	<ul><li>Solicitation to</li><li>Commit Any of the</li></ul>						
		Felonious Assault  Named Crimes  Female Genital  Stalking		TION					
	Mutilation	☐ Torture	ノヽ						
		Fraud in Foreign Labor Contracting	Trafficking						
		Incest	Unlawful Criminal Restraint						
		Involuntary Sarvitudo	Witness Tampering	/- 1 - 1 /					
D	Kidnapping  de the dates on which the criminal		J/ Z i	)/ ,	<del>2023</del>				
			nal activity occurred.						
2.a.	Dat	e (mm/dd/yyyy)							
2.b.		e (mm/dd/yyyy)		7.	Provide a description of any known or documented injuto the victim. Attach copies of all relevant reports and				
2.c.	Dat	e (mm/dd/yyyy)	n/dd/yyyy)		findings.				
2.d.	Dat	e (mm/dd/yyyy)							
3.	List the statutory citations for the criminal activity being investigated or prosecuted, or that was investigated or prosecuted.								
				-					
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Par	t 4. Helpfulness Of The Victim	4.	Other. Include any additional information you would like to provide.
age, i	ne following questions, if the victim is under 16 years of incompetent or incapacitated, then a parent, guardian, or friend may act on behalf of the victim.		to provide.
1.	Does the victim possess information concerning the criminal activity listed in <b>Part 3.</b> ? Yes No		
2.	Has the victim been helpful, is the victim being helpful, or is the victim likely to be helpful in the investigation or prosecution of the criminal activity detailed above?		
3.	Yes No  Since the initiation of cooperation, has the victim refused or failed to provide assistance reasonably requested in the investigation or prosecution of the criminal activity detailed above?  Yes No	A	
	If you answer "Yes" to <b>Item Numbers 1 3.</b> , provide an explanation in the space below. If you need extra space to complete this section, use the space provided in <b>Part 7. Additional Information</b> .	-	OR
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	05/23		2023

Activity Members Culpable In Criminal		Part 6. Certification
1.	Are any of the victim's family members culpable or believed to be culpable in the criminal activity of which the petitioner is a victim?  Yes No  If you answered "Yes," list the family members and their criminal involvement. (If you need extra space to complete this section, use the space provided in Part 7.  Additional Information.)	I am the head of the agency listed in <b>Part 2.</b> or I am the person in the agency who was specifically designated by the head of the agency to issue a U Nonimmigrant Status Certification on behalf of the agency. Based upon investigation of the facts, I certify, under penalty of perjury, that the individual identified in <b>Part 1.</b> is or was a victim of one or more of the crimes listed in <b>Part 3.</b> I certify that the above information is complete, true, and correct to the best of my knowledge, and that I have made and will make no promises regarding the above victim's ability
2.a.	Family Name (Last Name)	to obtain a visa from U.S. Citizenship and Immigration Services (USCIS), based upon this certification. I further certify that if
2.b.	Given Name (First Name)	the victim unreasonably refuses to assist in the investigation or prosecution of the qualifying criminal activity of which he or she is a victim, I will notify USCIS.
2.c.	Middle Name	Signature of Certifying Official (sign in ink)
2.d.	Relationship	<b>→</b>
2.e.	Involvement	<ul><li>2. Date of Signature (mm/dd/yyyy)</li><li>3. Daytime Telephone Number</li></ul>
3.a.	Family Name (Last Name)	4. Fax Number
3.c.	Given Name (First Name)  Middle Name  Relationship	JCTION
3.e.	Involvement	2/2023
4.a.	Family Name (Last Name)	7/2023
4.b.	Given Name (First Name)	
4.c.	Middle Name	
4.d.	Relationship	
4.e.	Involvement	

Par	t 7. Additional Information	5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
paper the A of each	n need extra space to complete any item within this ement, use the space below or attach a separate sheet of type or print the agency's name, petitioner's name, and lien Registration Number (A-Number) (if any) at the top ch sheet; indicate the <b>Page Number</b> , <b>Part Number</b> , and <b>Number</b> to which your answer refers; and sign and date sheet. If you need more space than what is provided, you	5.d.					
	also make copies of this page to complete and file with this ement.	<b>;</b>					
1.	Agency Name	Δ	FT	_			
Peti	tioner's Name						
2.a.	Family Name (Last Name)	]					
2.b.	Given Name (First Name)						
2.c.	Middle Name						
3.	A-Number (if any)  ► A-		Da a a Manush an	<i>(</i> <b>h</b>	Dout Mounts on		Itaaa Naaahaa
4.a.	Page Number 4.b. Part Number 4.c. Item Number		Page Number	6.D.	Part Number	o.c.	Item Number
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