



Supplement B, Declaration of Law Enforcement Officer for Victim of Trafficking in Persons

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 in ink. This form should be completed by Federal, state, local, or tribal law enforcement agencies for victims under the Victims of Trafficking and Violence Protection Act (VTVPA), Public Law 106-386, as amended.

PART 1. Victim Information

1. Full Legal Name

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

[Text boxes for name entry]

2. Other Names Used

Provide any other names you have used since birth, including aliases, maiden names, and nicknames. If you need extra space to complete this section, use the space provided in Part 9. Additional Information.

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

[Text boxes for other names]

3. Date of Birth (dd/mm/yyyy)

[Date of birth text box]

4. Gender or Sex

Male Female Other

5. Alien Registration Number (A-Number) (if any)

▶ A- [A-number text box]

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

▶ [SSN text box]

Part 2. Agency Information

1. Name of Certifying Agency

[Agency name text box]

2. Name of Certifying Official

[Official name text box]

3. Title of Certifying Official

[Official title text box]

4. Division/Office of Certifying Official

[Division/office text box]

5. Agency Mailing Address

(USPS ZIP Code Lookup)

Street Number and Name

[Street address text box] Apt. Ste. Flr. Number

City or Town

State ZIP Code

[City, state, and ZIP code text boxes]

6. Daytime Telephone Number

[Daytime phone number text box]

7. Fax Number

[Fax number text box]

| For USCIS Use Only | |
|--------------------|---------|
| Returned | Receipt |
| Date | |
| Date | |
| Resubmitted | |
| Date | |
| Date | |
| Reloc Sent | |
| Date | |
| Date | |
| Reloc Rec'd | |
| Date | |
| Date | |

Remarks

Part 2. Agency Information (continued)

8. Agency Type
 Federal State Local Tribal
9. Case Status
 On-going Completed
10. Certifying Agency Category
 Judge Law Enforcement Prosecutor Other _____
11. Case Number 12. FBI or SID Number

Part 3. Statement of Claim

1. The applicant is or has been a victim of a severe form of trafficking in persons. Specifically, he or she is a victim of: (Select all that apply. Base your analysis on the **victimization the applicant experienced** rather than on the specific violations charged, the counts on which convictions were obtained, or whether any prosecution resulted in convictions. Note that the definitions that control this analysis are not the elements of criminal offenses, but are those set forth at 8 CFR 214.11(a.)

- Sex trafficking in which a commercial sex act was induced by force, fraud, or coercion. Sex trafficking means the recruitment, harboring, transportation, provision, obtaining, **patronizing, or soliciting** of a person for the purpose of a commercial sex act.
- Sex trafficking and the victim is under **18 years of age**.
- The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force, fraud, or coercion for subjection to involuntary servitude, peonage, debt bondage, or slavery.
- Other, specify on attached additional sheets.

2. Please describe the **victimization the applicant's claim is based on** and identify the relationship between that victimization and the crime investigated or prosecuted. Attach the results of any name or database inquiry performed in the investigation of the case, as well as any relevant reports and findings. Include relevant dates, etc. Attach additional sheets, if necessary.

3. Has the applicant expressed any fear of retaliation or revenge if removed from the United States? If yes, explain. Attach additional sheets, if necessary.

Part 3. Statement of Claim (Continued)

4. Provide the date(s) on which the acts of trafficking occurred.

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

5. List the statutory citation(s) for the acts of trafficking being investigated or prosecuted, or that were investigated or prosecuted.

6. Provide the date on which the investigation or prosecution was initiated.

Date (mm/dd/yyyy)

7. Provide the date on which the investigation or prosecution was completed.

Date (mm/dd/yyyy)

Part 4. Cooperation of Victim

1. The applicant:

A. Has complied with requests for assistance in the investigation/prosecution of the crime of trafficking. (If you select **Item A.**, provide an explanation below in **Item Number 2.**)

B. Has failed to comply with requests to assist in the investigation/prosecution of the crime of trafficking. (If you select **Item B.**, provide an explanation below in **Item Number 2.**)

C. Has not been requested to assist in the investigation/prosecution of any crime of trafficking.

D. Has not yet attained the age of 18.

E. Other, specify on attached additional sheets.

2. If you selected **Item A.** or **Item B.** above, provide an explanation for your selection.

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Part 5. Family Members Implicated In Trafficking

1. Are any of the applicant's family members believed to have been involved in his or her trafficking to the United States?

Yes No

If you answered "Yes" to **Item Number 1.**, list the relative(s) and describe the involvement. Attach additional sheets if necessary.

| Full Name | Relationship | Involvement |
|-----------|--------------|-------------|
| | | |
| | | |
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| | | |

Part 6. Attestation

Based upon investigation of the facts, I certify, under penalty of perjury, that the above noted individual is or has been a victim of a severe form of trafficking in persons as defined by the VTVPA. I certify that the above information is 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 to obtain a visa from U.S. Citizenship and Immigration Services (USCIS), based upon this certification. I further certify that if the victim **refuses to comply with reasonable requests for assistance** in the investigation or prosecution of the acts of trafficking of which he/she is a victim, I will notify USCIS.

1. Signature of Law Enforcement Officer (identified in **Part 2.**) Date of Signature (mm/dd/yyyy)
2. Signature of Supervisor of Certifying Officer Date of Signature (mm/dd/yyyy)
3. Printed Name of Supervisor

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