

## Supplement B, Delaration 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 12/31/2023

loca	<b>ART HERE</b> - <b>Type or print in ink.</b> This form should be completed by Federal, state, l, or tribal law enforcement agencies for victims under the Victims of Trafficking and	For USCIS Use Only	
	lence Protection Act (VTVPA), Public Law 106-386, as amended.	Returned	Receipt
PA	RT 1. Victim Information	Date	
1.	Full Legal Name	Date	
	Family Name (Last Name) Given Name (First Name) Middle Name (if any)	Resubmitted	
		Date	
2.	Other Names Used	Date	=
	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	Reloc Sent	
	provided in <b>Part 9. Additional Information</b> .	Date	=
	Family Name (Last Name) Given Name (First Name) Middle Name (if any)	Date	_
		Reloc Rec'd	
		Date	_
3.	Date of Birth (dd/mm/yyyy)  4. Gender or Sex		_
	☐ Male ☐ Female ☐ Other	Date	
5.	Alien Registration Number (A-Number) (if any)  • A-		Remarks
6.	U.S. Social Security Number (SSN) (if any)  ▶		
Pa	rt 2. Agency Information		
1.	Name of Certifying Agency	43	
2.	Name of Certifying Official		
3.	Title of Certifying Official		
4.	Division/Office of Certifying Official		
5.	Agency Mailing Address		(USPS ZIP Code Lookup)
	Street Number and Name	Apt. S	Ste. Flr. Number
	City or Town	State	ZIP Code
6.	Daytime Telephone Number  7. Fax Number		

Par	t 2. Agency Information (continued)					
8.	Agency Type					
	Federal 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					
Par	t 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.					
	10/18/2023					
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.									
	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)  Date (mm/dd/yyyy)						
5.	List the statutory citation(s) for	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)									
Dow	t 4. Cooperation of Victim								
1.	The applicant:		HITK						
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	A. Has complied with requests for assistance in the investigation/prosecution of the crime of trafficking. (If you select <b>Item A.</b> , provide an explanation below in <b>Item Number 2.</b> )								
	Has failed to comply with requests to assist in the investigation/prosecution of the crime of trafficking. (If you select								
	B. Item B., provide an e	explanation below in Item N	umber 2.)						
	C. Has not been requested	ed to assist in the investigati	on/prosecution of any crime of trafficking.						
<b>D.</b> Has not yet attained the age of 18.									
	<b>E.</b> Other, specify on atta	ched additional sheets.							
2.	If you selected <b>Item A.</b> or <b>Ite</b>	<b>m B.</b> above, provide an expl	anation for your selection.						
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Par	t 5. Family Members Imp								
1.	Are any of the applicant's fam	ily members believed to have	re been involved in his or her trafficking to the United States?						
	Yes No								
If you answered "Yes" to <b>Item Number 1.</b> , list the relative(s) and describe the involvement. Attach additional sheets in necessary.									
	Involvement								
	Full Name	Relationship							

## 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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