

TABLE OF CHANGES – FORM
Form I-918 Supplement B, U Nonimmigrant Status Certification
OMB Number: 1615-0104
09/06/2024

Reason for Revision: REV
Project Phase: OMBReview

Legend for Proposed Text:

- Black font = Current text
- **Red font** = Changes

Expires 02/28/2026
Edition Date 04/01/2024

Current Page Number and Section	Current Text	Proposed Text
Page 1	[Page 1] For USCIS Use Only Remarks	[Page 1] For Certifying Agency Use Only (Certification Tracking Information) [fillable field] For USCIS Use Only Remarks
Page 1, Start Here	[Page 1] START HERE - Type or print in black or blue ink.	[Page 1] START HERE - Type or print in black ink. Answer all questions fully and accurately. If you need extra space to provide additional information for any question, use the space provided in Part 10. Additional Information.
Page 1, Part 1. Victim Information	[Page 1] Part 1. Victim Information 1. Alien Registration Number (A-Number) (if any) 2.a. Family Name (Last Name) 2.b. Given Name (First Name) 2.c. Middle Name Other Names Used (Include maiden names, nicknames, and aliases, if applicable.) If you need extra space to provide additional names, use the space provided in Part 7. Additional Information. 3.a. Family Name (Last Name) 3.b. Given Name (First Name)	[Page 1] Part 1. General Information About The Victim [moved down to Item Number 4.] 1. Victim's Full Legal Name Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) 2. Other Names Used Family Name (Last Name) [x2] Given Name (First Name) [x2] Middle Name (if applicable) [x2]

	<p>3.c. Middle Name</p> <p>4. Date of Birth (mm/dd/yyyy)</p> <p>[moved down from above]</p> <p>5. Gender Male Female</p>	<p>3. Date of Birth (mm/dd/yyyy)</p> <p>4. Alien Registration Number (A-Number) (if any)</p> <p>5. Gender Male Female Another Gender Identity</p>
<p>Page 1, Part 2. Agency Information</p>	<p>[Page 1]</p> <p>Part 2. Agency Information</p> <p>[new]</p> <p>1. Name of Certifying Agency</p> <p>Name of Certifying Official</p> <p>2.a. Family Name (Last Name)</p> <p>2.b. Given Name (First Name)</p> <p>2.c. Middle Name</p> <p>[moved down from above]</p> <p>3. Title and Division/Office of Certifying Official</p> <p>[new]</p> <p>Name of Head of Certifying Agency</p> <p>4.a. Family Name (Last Name)</p> <p>4.b. Given Name (First Name)</p> <p>4.c. Middle Name</p> <p>[new]</p> <p>Agency Address</p> <p>5.a. Street Number and Name</p> <p>5.b. Apt./Ste./Flr.</p> <p>5.c. City or Town</p>	<p>[Page 1]</p> <p>Part 2. Information About You (Certifying Official)</p> <p><input type="checkbox"/> I am the head of the certifying agency <input type="checkbox"/> I have been designated as the certifying official by the head of my agency <input type="checkbox"/> I am a judge.</p> <p>[moved down]</p> <p>1. Your Name (Certifying Official) Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)</p> <p>2. Name of Your Certifying Agency</p> <p>3. Your Position Title and Division or Office</p> <p>[Page 2]</p> <p>If you are not the head of your agency, answer Item Numbers 4. - 5.</p> <p>NOTE: Judges do not need to fill out Item Numbers 4. - 5.</p> <p>4. Name of the Head of Your Certifying Agency Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)</p> <p>5. Position Title of the Head of Your Certifying Agency</p> <p>6. Physical Address of Your Agency Street Number and Name Apt./Ste./Flr. Number City or Town</p>

	<p>5.d. State 5.f. ZIP Code 5.g. Province 5.h. Postal Code 5.i. Country</p> <p>Other Agency Information</p> <p>6. Agency Type Federal State Local</p> <p>7. Case Status On-going Completed Other</p> <p>8. Certifying Agency Category Judge Law Enforcement Prosecutor Other</p> <p>9. Case Number</p> <p>10. FBI Number or SID Number (if applicable)</p>	<p>State ZIP Code Province Postal Code Country</p> <p>Other Agency Information</p> <p>7. Agency Type (select one): Federal / State / Local / Tribal / Territorial</p> <p>[deleted]</p> <p>8. Certifying Agency Category (select one): Judge / Law Enforcement / Prosecutor / Other [fillable field]</p> <p>[deleted]</p>
	<p>[new]</p>	<p>[Page 2]</p> <p>Part 3. Case Information</p> <p>1. Case Status (select one): Active/Ongoing Investigation; Closed Investigation</p> <p>2. Case Number (if any)</p> <p>3. FBI Universal Control Number (UCN) (if applicable)</p> <p>4. State Identification (SID) Number (if applicable)</p>
<p>Page 2, Part 3. Criminal Acts</p>	<p>[Page 2]</p> <p>Part 3. Criminal Acts</p> <p>If you need extra space to complete this section, use the space provided in Part 7. Additional Information.</p> <p>[new]</p>	<p>[Page 2]</p> <p>Part 4. Qualifying Criminal Activity Perpetrated Against The Victim</p> <p>If you need extra space to complete this section, use the space provided in Part 10. Additional Information.</p> <p>Qualifying Criminal Activity Category</p> <p>NOTE: USCIS is solely responsible for determining whether the crime(s) listed below is a “qualifying criminal activity” for purposes of eligibility for U nonimmigrant status.</p> <p>[Page 3]</p>

	<p>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)</p> <p>Abduction Abusive Sexual Contact Attempt to Commit Any of the Named Crimes Being Held Hostage Blackmail Conspiracy to Commit Any of the Named Crimes Domestic Violence Extortion False Imprisonment Felonious Assault Female Genital Mutilation Fraud in Foreign Labor Contracting Incest Involuntary Servitude Kidnapping Manslaughter Murder Obstruction of Justice Peonage Perjury Prostitution Rape Sexual Assault Sexual Exploitation Slave Trade Solicitation to Commit Any of the Named Crimes Stalking Torture Trafficking Unlawful Criminal Restraint</p> <p>Witness Tampering</p> <p>Provide the dates on which the criminal activity occurred.</p> <p>2.a. Date (mm/dd/yyyy)</p> <p>2.b. Date (mm/dd/yyyy)</p>	<p>1. The person listed in Part 1. is a victim of the following crimes (list the statutory citations for the qualifying criminal activity detected, investigated, or prosecuted) and provide the dates on which the qualifying criminal activity occurred: [Table 2 columns with 4 rows] Statutory Citations for Qualifying Criminal Activity Dates of Qualifying Criminal Activity</p> <p>2. Describe the qualifying criminal activity being detected, investigated, and/or prosecuted. Attach copies of all relevant reports and outcomes.</p> <p>3. The qualifying criminal activity in Part 4., Item Number 1. appears to fall under one or more of the following categories. (Select all applicable boxes.) Abduction Abusive Sexual Contact Attempt to Commit Any of the Named Crimes Being Held Hostage Blackmail Conspiracy to Commit Any of the Named Crimes Domestic Violence Extortion False Imprisonment Felonious Assault Female Genital Mutilation Fraud in Foreign Labor Contracting Incest Involuntary Servitude Kidnapping Manslaughter Murder Obstruction of Justice Peonage Perjury Prostitution Rape Sexual Assault Sexual Exploitation Slave Trade Solicitation to Commit Any of the Named Crimes Stalking Torture Trafficking Unlawful Criminal Restraint Witness Tampering</p> <p>[deleted]</p>
--	---	--

	<p>2.c. Date (mm/dd/yyyy)</p> <p>2.d. Date (mm/dd/yyyy)</p> <p>3. List the statutory citations for the criminal activity being investigated or prosecuted, or that was investigated or prosecuted.</p> <p>[new]</p> <p>4.a. Did the criminal activity occur in the United States (including Indian country and military installations) or the territories or possessions of the United States? Yes No</p> <p>4.b. If you answered "Yes," where did the criminal activity occur?</p> <p>5.a. Did the criminal activity violate a Federal extraterritorial jurisdiction statute? Yes No</p> <p>5.b. If you answered "Yes," provide the statutory citation providing the authority for extraterritorial jurisdiction.</p> <p>6. Briefly describe the criminal activity being investigated and/or prosecuted and the involvement of the petitioner named in Part 1. Attach copies of all relevant reports and findings.</p> <p>7. Provide a description of any known or documented injury to the victim. Attach copies of all relevant reports and findings.</p>	<p>[Page 4]</p> <p>4. If the qualifying criminal activity listed at Part 4., Item Number 1. is similar to one or more of the above selected categories listed in Part 4., Item Number 3. (for example, felonious assault), please list and provide a detailed description of the criminal activities you detected, investigated, or prosecuted.</p> <p><i>Culpability in Qualifying Criminal Activity</i></p> <p>5. The victim was culpable in the qualifying criminal activity detected, investigated, or prosecuted. If you answered "Yes," provide an explanation in Part 10. Additional Information. Attach copies of all relevant reports and findings. Yes / No</p> <p><i>Jurisdiction</i></p> <p>6. Did the qualifying criminal activity occur in the United States (including Indian country and military installations) or the territories or possessions of the United States? If you answered "Yes," please indicate where the qualifying criminal activity occurred. Yes/No [fillable field]</p> <p>7. Did the qualifying criminal activity violate a Federal extraterritorial jurisdiction statute? If you answered "Yes," provide the statutory citation providing the authority for extraterritorial jurisdiction. Yes No [fillable field]</p> <p>[Renumbered to Item Number 2. in Qualifying Criminal Activity Category]</p> <p>[Reorganized into Part 5. Known Or Documented Injury To The Victim]</p>
--	---	--

	[new]	<p>[Page 5]</p> <p>Part 5. Known Or Documented Injury To The Victim</p> <p>1. Provide a description of any known or documented injury to the victim. Attach copies of all relevant reports and findings. [fillable field]</p>
<p>Page 3, Part 4. Helpfulness Of The Victim</p>	<p>[Page 3]</p> <p>Part 4. Helpfulness Of The Victim</p> <p>For the following questions, if the victim is under 16 years of age, incompetent or incapacitated, then a parent, guardian, or next friend may act on behalf of the victim.</p> <p>1. Does the victim possess information concerning the criminal activity listed in Part 3.? Yes No</p> <p>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? Yes No</p> <p>3. 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</p> <p>If you answer "Yes" to Item Numbers 1. - 3., provide an explanation in the space below. If you need extra space to complete this section, use the space provided in Part 7. Additional Information.</p> <p>4. Other. Include any additional information</p>	<p>[Page 5]</p> <p>Part 6. Helpfulness Of The Victim</p> <p>For the following questions, if the victim is under 16 years of age, or is incompetent or incapacitated, then a parent, guardian, or next friend may act on behalf of the victim.</p> <p>1. Does the victim possess information concerning the qualifying criminal activity listed in Part 4.? Yes / No</p> <p>2. The victim has been, is being, or is likely to be helpful in the detection, investigation, or prosecution of the qualifying criminal activity detailed above. Yes/No</p> <p>3. Since the initiation of cooperation, has the victim refused or failed to provide assistance reasonably requested in the investigation or prosecution of the qualifying criminal activity detailed above? Yes/No</p> <p>If you answer "Yes" to Item Numbers 1. - 3., provide an explanation in the space below. If you need extra space to complete this section, use the space provided in Part 10. Additional Information.</p> <p>[fillable field for a narrative explanation]</p> <p>[deleted]</p>

	you would like to provide.	
<p>Page 4, Part 5. Family Members Culpable In Criminal Activity</p>	<p>[Page 4]</p> <p>Part 5. Family Members Culpable In Criminal Activity</p> <p>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</p> <p>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.)</p> <p>2.a. Family Name (Last Name) 2.b. Given Name (First Name) 2.c. Middle Name</p> <p>2.d. Relationship</p> <p>2.e. Involvement</p> <p>3.a. Family Name (Last Name) 3.b. Given Name (First Name) 3.c. Middle Name</p> <p>3.d. Relationship</p> <p>3.e. Involvement</p> <p>4.a. Family Name (Last Name) 4.b. Given Name (First Name) 4.c. Middle Name</p> <p>4.d. Relationship</p> <p>4.e. Involvement</p>	<p>[Page 6]</p> <p>Part 7. Victim's Family Members Culpable In The Qualifying Criminal Activity</p> <p>[deleted]</p> <p>If any of the victim's family members are culpable or believed to be culpable in the qualifying criminal activity perpetrated against the victim, list the family members and their criminal involvement.</p> <p>1. Family Member 1 Family Name (Last Name) Given Name (First Name) Middle Name (if known)</p> <p>2. Relationship to victim</p> <p>3. Involvement</p> <p>4. Family Member 2 Family Name (Last Name) Given Name (First Name) Middle Name (if known)</p> <p>5. Relationship to victim</p> <p>6. Involvement</p> <p>[deleted]</p>
	[new]	<p>[Page 6]</p> <p>Part 8. Supplemental Information</p> <p>1. If you would like to share any additional information you think is relevant to this certification, provide specific details. Attach all relevant documentation and records.</p> <p>[Text field - leave 3 lines.]</p>
<p>Page 4, Part 6. Certification</p>	<p>[Page 4]</p> <p>Part 6. Certification</p>	<p>[Page 6]</p> <p>Part 9. Certification</p>

	<p>I am the head of the agency listed in Part 2. 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 Part 1. is or was a victim of one or more of the crimes listed in Part 3. 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 to obtain a visa from U.S. Citizenship and Immigration Services (USCIS), based upon this certification. I further certify that if 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.</p> <p>1. Signature of Certifying Official (sign in ink)</p> <p>2. Date of Signature (mm/dd/yyyy)</p> <p>3. Daytime Telephone Number</p> <p>[new]</p> <p>4. Fax Number</p>	<p>As the head of the agency or the person designated by the head of the agency, or a person otherwise authorized by INA Section 214(p)(1) to sign certifications, I certify, under penalty of perjury, that the foregoing is true and correct.</p> <p>The individual identified in Part 1. is or was a victim of one or more of the qualifying criminal activities listed in Part 4.</p> <p>My agency has been or is involved in the detection, investigation, prosecution, conviction, sentencing of one or more of the qualifying criminal activities listed in Part 4.</p> <p>The individual has been, is being, or is likely to be helpful in the detection, investigation, prosecution, conviction, sentencing of the qualifying criminal activity.</p> <p>NOTE: If you are a designated certifying official and your name and signature has not been provided to USCIS, or if your agency needs to otherwise update its list certifying official(s), see page 2 of the Form I-918, Supplement B, "Instructions for Certifying Officials" for further guidance.</p> <p>1. Signature of Certifying Official</p> <p>2. Date of Signature (mm/dd/yyyy)</p> <p>3. Daytime Telephone Number</p> <p>4. Email Address</p> <p>5. Fax Number</p>
<p>Page 5, Part 7. Additional Information</p>	<p>[Page 5]</p> <p>Part 7. Additional Information</p> <p>If you need extra space to complete any item within this supplement, use the space below or attach a separate sheet of paper; type or print the agency's name, petitioner's name, and the 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. If you need more space than what is provided, you may also make copies of this page to complete and file with this supplement.</p> <p>1. Agency Name</p> <p>Petitioner's Name</p> <p>2.a. Family Name (Last Name) 2.b. Given Name (First Name) 2.c. Middle Name</p>	<p>[Page 7]</p> <p>Part 10. Additional Information</p> <p>If you need extra space to provide additional information within this supplement, use the space below. If you need more space than what is provided, you may make copies of this page and file with this supplement or attach a separate sheet of paper. Type or print the agency's name, victim's name, and the A-Number 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.</p> <p>[delete]</p>

	<p>3. A-Number (if any)</p> <p>4.a. Page Number 4.b. Part Number 4.c. Item Number 4.d.</p> <p>5.a. Page Number 5.b. Part Number 5.c. Item Number 5.d.</p> <p>6.a. Page Number 6.b. Part Number 6.c. Item Number 6.d.</p>	<p>1. Page Number Part Number Item Number [fillable field]</p> <p>2. Page Number Part Number Item Number [fillable field]</p> <p>3. Page Number Part Number Item Number [fillable field]</p> <p>4. Page Number Part Number Item Number [fillable field]</p> <p>5. Page Number Part Number Item Number [fillable field]</p> <p>6. Page Number Part Number Item Number [fillable field]</p> <p>7. Page Number Part Number Item Number [fillable field]</p>
--	--	--