

TABLE OF CHANGES – FORM
Form I-854B, Inter-Agency Alien Witness and Informant Adjustment of Status
OMB Number: 1615-0046
05/17/2024

Reason for Revision: LimitedREV
Project Phase: 60-Day

Legend for Proposed Text:

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

Expires 11/30/2024
Edition Date 04/01/2024

Current Page Number and Section	Current Text	Proposed Text
Pages 1-2, Part 1. To Be Completed By Law Enforcement Agencies <i>(See instructions for specific information)</i>	<p>[Page 1]</p> <p>START HERE – Type or print in black ink.</p> <p>Part 1. To Be Completed By Law Enforcement Agencies <i>(See instructions for specific information)</i></p> <p>1. Name of Law Enforcement Agency (LEA)/Requestor</p> <p>2. Requesting Agent <i>(Special Agent in Charge, Chief of Police, etc.)</i> Control Agent</p> <p>3. Mailing Address Street Number and Name Apt. Ste. Flr. City or Town State ZIP Code</p> <p>4. Contact Information Daytime Telephone Number Fax Number E-mail Address</p> <p>5. In the space below, provide all of the requested information for the alien for which adjustment of status is requested.</p> <p>A. Alien’s Current Legal Name (do not provide a nickname) Family Name (Last Name) Given Name (First Name) Middle Name</p>	<p>[Page 1]</p> <p>START HERE – Type or print in black ink.</p> <p>Part 1. To Be Completed By Law Enforcement Agencies <i>(See instructions for specific information)</i></p> <p>1. Name of Law Enforcement Agency (LEA)/Requestor</p> <p>2. Requesting Agent <i>(Special Agent in Charge, Chief of Police, etc.)</i> Control Agent</p> <p>3. Mailing Address Street Number and Name Apt. Ste. Flr. City or Town State ZIP Code</p> <p>4. Contact Information Daytime Telephone Number Fax Number E-mail Address</p> <p>In the space below, provide all of the requested information for the alien for which adjustment of status is requested.</p> <p>5.a. Alien’s Current Legal Name (do not provide a nickname) Family Name (Last Name) Given Name (First Name) Middle Name</p>

	<p>B. Other Names Alien Has Used Since Birth (include nicknames, aliases, and maiden names, if applicable) Family Name (Last Name) Given Name (First Name) Middle Name</p> <p>C. Mailing Address Street Number and Name Apt. Ste. Flr. City or Town State ZIP Code Current Location of Alien (City, State)</p> <p>[Page 2]</p> <p>D. Other Information S-Visa Number</p> <p>Alien Registration Number (A-Number) (if any)</p> <p>Form I-94 Number</p> <p>Passport Number</p> <p>Travel Document Number</p> <p>Country of Issuance for Passport or Travel Document</p> <p>Expiration Date for Passport or Travel Document (mm/dd/yyyy)</p> <p>Date of Last Entry into the U.S. (mm/dd/yyyy)</p> <p>Place of Last Entry into the U.S. (City, State)</p> <p>Date of Birth (mm/dd/yyyy)</p> <p>Class of Admission</p> <p>Current Immigration Status</p> <p>Place of Birth</p> <p>Country of Origin</p> <p>Country of Citizenship or Nationality</p> <p>Gender Male Female</p> <p>Marital Status</p>	<p>5.b. Other Names Alien Has Used Since Birth (include nicknames, aliases, and maiden names, if applicable) Family Name (Last Name) Given Name (First Name) Middle Name</p> <p>5.c. Mailing Address Street Number and Name Apt. Ste. Flr. City or Town State ZIP Code Current Location of Alien (City, State)</p> <p>5.d. Other Information S-Visa Number</p> <p>Alien Registration Number (A-Number) (if any)</p> <p>Form I-94 Number</p> <p>Passport Number</p> <p>Travel Document Number</p> <p>[Page 2]</p> <p>Country of Issuance for Passport or Travel Document</p> <p>Expiration Date for Passport or Travel Document (mm/dd/yyyy)</p> <p>Date of Last Entry into the U.S. (mm/dd/yyyy)</p> <p>Place of Last Entry into the U.S. (City, State)</p> <p>Date of Birth (mm/dd/yyyy)</p> <p>Class of Admission</p> <p>Current Immigration Status</p> <p>Place of Birth</p> <p>Country of Origin</p> <p>Country of Citizenship or Nationality</p> <p>Gender Male Female</p> <p>Marital Status</p>
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<p>Pages 2-4, Certifications</p>	<p>[Page 2]</p> <p>Part 2. Certifications</p> <p>Attach all relevant documentation establishing (1) the information certified below and (2) the recommendations and reasons for the certified recommendations.</p> <p>LEA Certification</p> <p>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 the 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) or the INA.</p> <p>Signature of Requesting Agent Date (mm/dd/yyyy) Name of Requesting Agent Title of Requesting Agent</p> <p>Signature of Headquarters (HQ) Chief of LEA Date (mm/dd/yyyy) Name of Headquarters (HQ) Chief of LEA Title of Certifier</p> <p>[Page 3]</p> <p>Office Name and Mailing Address Office Name Street Number and Name Apt. Ste. Flr. City or Town</p>	<p>[Page 2]</p> <p>Part 2. Certifications</p> <p>Attach all relevant documentation establishing (1) the information certified below and (2) the recommendations and reasons for the certified recommendations.</p> <p>LEA Certification</p> <p>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 the 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) or the INA.</p> <p>1. Signature of Requesting Agent Date of Signature (mm/dd/yyyy) 2. Name of Requesting Agent 3. Title of Requesting Agent</p> <p>4. Signature of Headquarters (HQ) Chief of LEA Date of Signature (mm/dd/yyyy) 5. Name of Headquarters (HQ) Chief of LEA 6. Title of Certifier</p> <p>[Page 3]</p> <p>7. Office Name and Mailing Address Office Name Street Number and Name Apt. Ste. Flr. City or Town</p>

	<p>State ZIP Code</p> <p>Office Contact Information Daytime Telephone Number Fax Number E-mail Address</p> <p><i>The Department of Justice, Criminal Division (Assistant Attorney General) Certifications</i></p> <p>I certify that the alien, [fillable field], has -</p> <p>If S-5, S-6, or S-7: <input type="checkbox"/> Abided by all terms and conditions of the S classification.</p> <p>If S-5: <input type="checkbox"/> Substantially contributed information to the success of an authorized criminal investigation or the prosecution of an individual as per terms of entry. <input type="checkbox"/> Supplied the information that formed the basis of entry.</p> <p>If S-6: <input type="checkbox"/> 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. <input type="checkbox"/> Supplied the information that formed the basis of entry. <input type="checkbox"/> Received a reward under section 36(a) of the State Department Basic Authorities Act of 1956. <input type="checkbox"/> Abided by all specific 22 U.S.C. 2708(a) limitations of the S classification.</p> <p>If S-7: <input type="checkbox"/> 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.</p> <p>Other Comments: Signature Title Name Date (mm/dd/yyyy)</p> <p>[Page 4]</p> <p>Office Name and Mailing Address Office Name Street Number and Name Apt. Ste. Flr. City or Town State ZIP Code</p>	<p>State ZIP Code</p> <p>8. Office Contact Information Daytime Telephone Number Fax Number E-mail Address</p> <p><i>The Department of Justice, Criminal Division (Assistant Attorney General) Certifications</i></p> <p>I certify that the alien, [fillable field], has -</p> <p>If S-5, S-6, or S-7: <input type="checkbox"/> Abided by all terms and conditions of the S classification.</p> <p>If S-5: <input type="checkbox"/> Substantially contributed information to the success of an authorized criminal investigation or the prosecution of an individual as per terms of entry. <input type="checkbox"/> Supplied the information that formed the basis of entry.</p> <p>If S-6: <input type="checkbox"/> 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. <input type="checkbox"/> Supplied the information that formed the basis of entry. <input type="checkbox"/> Received a reward under section 36(a) of the State Department Basic Authorities Act of 1956. <input type="checkbox"/> Abided by all specific 22 U.S.C. 2708(a) limitations of the S classification.</p> <p>If S-7: <input type="checkbox"/> 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.</p> <p>Other Comments: 9. Signature Date of Signature (mm/dd/yyyy) 10. Name 11. Title</p> <p>[Page 4]</p> <p>12. Office Name and Mailing Address Office Name Street Number and Name Apt. Ste. Flr. City or Town State ZIP Code</p>
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	<p>Office Contact Information Daytime Telephone Number Fax Number E-mail Address</p> <p><i>For U.S. Citizenship and Immigration Services Use Only</i></p> <p><input type="checkbox"/> Adjustment Granted <input type="checkbox"/> Adjustment Denied</p> <p>Signature Date (mm/dd/yyyy) Name Title</p> <p>Office Contact Mailing Information Office Name Street Number and Name Apt. Ste. Flr. City or Town State ZIP Code</p> <p>Office Contact Information Daytime Telephone Number Fax Number E-mail Address</p>	<p>13. Office Contact Information Daytime Telephone Number Fax Number E-mail Address</p> <p><i>For U.S. Citizenship and Immigration Services Use Only</i></p> <p><input type="checkbox"/> Adjustment Granted <input type="checkbox"/> Adjustment Denied</p> <p>14. Signature Date of Signature (mm/dd/yyyy) 15. Name 16. Title</p> <p>17. Office Contact Mailing Information Office Name Street Number and Name Apt. Ste. Flr. City or Town State ZIP Code</p> <p>18. Office Contact Information Daytime Telephone Number Fax Number E-mail Address</p>
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