

Supplement B, Declaration for Trafficking Victim

Department of Homeland Security

U.S. Citizenship and Immigration Services

START HERE - Type or print in ink. Federal, State, Tribal, or local law enforcement

USCIS Form I-914

OMB No. 1615-0099 Expires 08/31/2026

	acies should complete this form for victims under the Victims of Trafficking and	For U	USCIS Use Only
	ence 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)	Resubmitte	d
		Date	
2.	Other Names Used	Date	
	Provide any other names the victim has used since birth, including aliases, maiden names, and nicknames. If you need extra space to complete this section, use the	Reloc Sent	
	space provided in Part 7. Additional Information .	Date	
	Family Name (Last Name) Given Name (First Name) Middle Name (if any)	Date	TAT
		Reloc Rec'o	,
		Date	7 1 7
3.	Date of Birth (dd/mm/yyyy)	Date	
			Remarks
4.	Sex	1)5	
	Male Female		
5.	Alien Registration Number (A-Number) (if any)		
	► A-		
6.	U.S. Social Security Number (SSN) (if any)		
Pa	rt 2. Agency Information		
1.	Name of Certifying Agency		
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	A _I	ot. Ste. Flr. Number
	City or Town	Sta	ate ZIP Code

Federal State Case Status On-going Cor Certifying Agency Categor Judge Law E Law E Case Number (if applicable) Part 3. Statement of Claim The applicant is or has been that apply. Base your ana counts on which conviction control this analysis are not sex trafficking in which	Inforcement Prosecutor Other 12. FBI Universal Control Number (UCN) or State Identification Number (SID) Number (if applicable) en a victim of a severe form of trafficking in persons. Specifically, he or she is a victim of: (Select all alysis on the victimization the applicant experienced rather than on the specific violations charged, the ons were obtained, or whether any prosecution resulted in convictions. Note that the definitions that ot the elements of criminal offenses, but are those set forth at 8 CFR 214.201.) ich a commercial sex act was induced by force, fraud, or coercion. Sex trafficking means the
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recruitment, harboring	
commercial sex act.	g, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a
Sex trafficking and th	ne victim is under 18 years of age.
I I	oring, transportation, provision, or obtaining of a person for labor or services through the use of force, subjection to involuntary servitude, peonage, debt bondage, or slavery.
Other. (Describe belo Part 7. Additional In	ow in Item Number 2. If you need extra space to complete this section, use the space provided in information).
crime investigated or pros	n the applicant's claim is based on and identify the relationship between that victimization and the secuted. Include relevant dates and any other pertinent information. If you need extra space to the space provided in Part 7. Additional Information .

Par	Part 3. Statement of Claim (Continued)				
3.	Has the applicant expressed any fear of retaliation or revenge if removed from the United States? If yes, explain. If you need				
	extra space to complete this section, use the space provided in Part 7. Additional Information .				
	IJKACI				
1 .	Provide the date(s) on which the acts of trafficking occurred.				
	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.				
	DDODITOTION				
5.	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)				
Par	t 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. Had not yet attained 18 years of age at the time of the trafficking.				
	E. Other. (If you select this Item, provide an explanation below in Item Number 2.)				
2.	If you selected Item A. , Item B. , or Item E. above, provide an explanation for your selection. If you need extra space to				
	complete this section, use the space provided in Part 7. Additional Information.				

Don	t 5 Family Mambang Impl	licated In Trafficking						
	art 5. Family Members Implicated In Trafficking							
1.	Do you believe any of the applicant's family members have been involved in the applicant's trafficking? Yes No							
	If you answered "Yes" to Item Number 1., list the relative(s) and describe the involvement. If you need extra space to							
	complete this section, use the space provided in Part 7. Additional Information.							
	Full Name Relationship			Involvement				
INUL FUR								
Par	t 6. Attestation							
Base	d upon investigation of the facts	s, I certify, under penalty of perjury	y, that I believe that t	he above noted applicant 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 victim's ability to obtain nonimmigrant								
status 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 or she is a victim, I will notify USCIS.								
SHC IS								
1. Signature of Certifying Official Date of Signature (m			Date of Signature (mm/dd/yyyy)					
2.	Signature of Supervisor of Cer	rtifying Official		Date of Signature (mm/dd/yyyy)				
3.	Printed Name of Supervisor							

Part 7. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name and 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.

1.	Fam	ily Name (Last Name)		Given Name (First Name)	Middle Name
 3. 	A-N A.	rumber ► A- Page Number B. Page Number	art Number C.	Item Number	R
	D	PR(UCT	ION
4.	A. D.	Page Number B. Page Number	art Number C.	Item Number	25
5.	A. D.	Page Number B. P.	art Number C. I	tem Number	
6.	A. D.	Page Number B. P.	art Number C. I	tem Number	