Supplement B, U Nonimmigrant Status Certification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-918
OMB No. 1615-0104
Expires 12/31/2027

For Certifying Agency Use Only (Certification Tracking Information)	For USCIS Use Only

► **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**.

Part 1. General Information About the Victim

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) | Given Name (First Name) | Middle Name (if applicable)

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

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

► **A-**

5. Sex

☐ Male ☐ Female

Part 2. Information About You (Certifying Official)

☐ I am the head of the certifying agency

☐ I have been designated as the certifying official by the head of my agency

☐ I am a judge

1. Your Name (Certifying Official)

Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable)

2. Name of Your Certifying Agency

3. Your Position Title and Division or Office

If you are not the head of your agency, answer **Item Numbers 4. - 5.**

NOTE: Judges do not need to fill out **Item Numbers 4. - 5.**

4. Name of the Head of Your Certifying Agency

Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable)

5. Position Title of the Head of Your Certifying Agency

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Part 2. Information About You (Certifying Official) (continued)

6. Physical Address of Your Agency

Street Number and Name | Apt. Ste. Flr. | Number

City or Town | State | ZIP Code

Province | Postal Code | Country

Other Agency Information

7. Agency Type (select one):

☐ Federal ☐ State ☐ Local ☐ Tribal ☐ Territorial

8. Certifying Agency Category (select one):

☐ Judge ☐ Law Enforcement ☐ Prosecutor ☐ Other

Part 3. Case Information

1. Case Status (select one):

☐ Active/Ongoing Investigation ☐ Closed Investigation

2. Case Number (if any)

3. FBI Universal Control Number (UCN) (if applicable)

4. State Identification (SID) Number (if applicable)

Part 4. Qualifying Criminal Activity Perpetuated Against the Victim

If you need extra space to complete this section, use the space provided in **Part 10. Additional Information**.

Qualifying Criminal Activity Category

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.

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:

Statutory Citations for Qualifying Criminal Activity	Dates of Qualifying Criminal Activity

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Part 4. Qualifying Criminal Activity Perpetuated Against the Victim (continued)

2. Describe the qualifying criminal activity being detected, investigated, and/or prosecuted. Attach copies of all relevant reports and outcomes.

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
- ☐ 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

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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.

Culpability in Qualifying Criminal Activity

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

Part 4. Qualifying Criminal Activity Perpetuated Against the Victim (continued)

Jurisdiction

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

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

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Part 5. Known or Documented Injury to the Victim

1. Provide a description of any known or documented injury to the victim. Attach copies of all relevant reports and findings.

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Part 6. Helpfulness of the Victim

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.

1. Does the victim possess information concerning the qualifying criminal activity listed in **Part 4.**? ☐ Yes ☐ No

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

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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

If you answer "Yes" to **Items 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**.

Part 7. Victim's Family Members Culpable In The Qualifying Criminal Activity

If any of the victim's family members are culpable or believed to be culpable or believed to be culpable in the qualifying criminal activity perpetrated against the victim, list the family members and their criminal involvement.

1. Family Member 1

Family Name (Last Name) | Given Name (First Name) | Middle Name (if known)

2. Relationship to Victim

3. Involvement

4. Family Member 2

Family Name (Last Name) | Given Name (First Name) | Middle Name (if known)

5. Relationship to Victim

6. Involvement

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Part 8. Supplemental Information

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.

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Part 9. Certification

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.

The individual identified in **Part 1.** is or was a victim of one or more of the qualifying criminal activities listed in **Part 4.**

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.**

The individual has been, is being, or is likely to be helpful in the detection, investigation, prosecution, conviction, sentencing of the qualifying criminal activity.

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.

1. Signature of Certifying Official

2. Date of Signature (mm/dd/yyyy)

3. Daytime Telephone Number

4. Email Address

5. Fax Number

Part 10. Additional Information

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.

1. Page Number | Part Number | Item Number

2. Page Number | Part Number | Item Number

3. Page Number | Part Number | Item Number

4. Page Number | Part Number | Item Number

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