

Supplement B, U Nonimmigrant Status Certification

USCIS Form I-918

Department of Homeland Security

U.S. Citizenship and Immigration Services

OMB No. 1615-0104 Expires 02/28/2019

Fo	r	Remark	rks				
USC Us On	e						
> 5	► START HERE - Type or print in black or blue ink.						
Par	t 1. Victim Information	Name	e of Head of Certifying Agency				
1.	Alien Registration Number (A-Number) (if any)	4.a.	Family Name (Last Name)				
	► A-	4.b.	Given Name (First Name)				
2.a.	Family Name (Last Name)	4.c.	Middle Name				
2.b.	Given Name (First Name)	100	ncy Address				
2.c.	Middle Name	Age 5.a.	Street Number				
Othe	r Names Used (Include maiden names, nicknames, and	S.a.	and Name				
	es, if applicable.)	5.b.	Apt. Ste. Flr.				
-	u need extra space to provide additional names, use the provided in Part 7. Additional Information .	5.c.	City or Town				
3.a.	Family Name (Last Name)	5.d.	State State SIP Code				
3.b.	Given Name (First Name)	5.g.	Province				
3.c.	Middle Name	5.h.	Postal Code				
4.	Date of Birth (mm/dd/yyyy)	5.i.	Country				
5.	Gender Male Female						
	Other Agency Information						
Par	t 2. Agency Information	6.	Agency Type				
1.	Name of Certifying Agency		Federal State Local				
		7.	Case Status				
Name of Certifying Official			On-going Completed				
2.a.	Family Name (Last Name)		Other				
2.b.	Given Name (First Name)	8.	Certifying Agency Category Judge Law Enforcement Prosecutor				
2.c.	Middle Name		Other Law Emolecment Prosecutor				
3.	Title and Division/Office of Certifying Official	9.	Case Number				
		·•					
		10.	FBI Number or SID Number (if applicable)				

Part 3. Criminal Acts				4.a.	Did the criminal activity occur in the United States (including Indian country and military installations) or the				
		ed extra space to complete in Part 7. Additional Info			territories or possessions of the United States?				
1. The peti violation criminal		lation of one of the followi	petitioner is a victim of criminal activity involving a tion of one of the following Federal, state, or local nal offenses (or any similar activity). (Select all cable boxes)		If you answered "Yes," where did the criminal activity occur?				
		Abduction	Manslaughter						
		Abusive Sexual Contact	Murder	5.a.	Did the criminal activity violate a Federal extraterritorial				
		Attempt to Commit	Obstruction of Justice		jurisdiction statute? Yes No				
		Any of the Named Crimes Being Held Hostage	Peonage	5.b.	7 1				
			Perjury		providing the authority for extraterritorial jurisdiction.				
		Blackmail	Prostitution						
		Conspiracy to Commit	Rape						
	Ш	Any of the Named	Sexual Assault	6.	Briefly describe the criminal activity being investigated and/or prosecuted and the involvement of the petitioner				
		Crimes Domestic Violence	Sexual Exploitation		named in Part 1. Attach copies of all relevant reports and				
		Extortion	Slave Trade		findings.				
		False Imprisonment	Solicitation to						
		Felonious Assault	Commit Any of the Named Crimes						
		Female Genital	Stalking						
	ш	Mutilation	☐ Torture						
		Fraud in Foreign Labor	Trafficking						
	_	Contracting	Unlawful Criminal						
	Ш	Incest	Restraint						
	Ш	Involuntary Servitude	☐ Witness Tampering						
		Kidnapping							
Prov	ide tł	ne dates on which the crimi	nal activity occurred.						
2.a.	Dat	e (mm/dd/yyyy)							
2 h	Dot	e (mm/dd/yyyy)		-					
2.0.	Dai	e (IIIII/dd/yyyy)		7.	Provide a description of any known or documented injury to the victim. Attach copies of all relevant reports and				
2.c.	Dat	e (mm/dd/yyyy)			findings.				
2.d.	Dat	e (mm/dd/yyyy)							
3.	List	the statutory citations for	the criminal activity being						
٠.		investigated or prosecuted, or that was investigated or prosecuted.							
	pros	secuted.							

Pa	rt 4. Helpfulness Of The Victim	4.	Other. Include any additional information you would like to provide.
age,	the following questions, if the victim is under 16 years of incompetent or incapacitated, then a parent, guardian, or friend may act on behalf of the victim.		to provide.
1.	Does the victim possess information concerning the criminal activity listed in Part 3. ? Yes No		
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		
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		
	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 .		

Part 5. Family Members Culpable In Criminal Activity

ACI	ivity						
l .	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						
	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 .)						
2.a.	Family Name (Last Name)						
2.b.	Given Name (First Name)						
2.c.	Middle Name						
2.d.	Relationship						
2.e.	Involvement						
.a.	Family Name (Last Name)						
3.b.	Given Name (First Name)						
.c.	Middle Name						
.d.	Relationship						
.e.	Involvement						
.a.	Family Name (Last Name)						
.b.	Given Name (First Name)						
.c.	Middle Name						
.d.	Relationship						
.e.	Involvement						

Part 6. Certification

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.

	cution of the qualifying criminal activity of which he or a victim, I will notify USCIS.				
1.	Signature of Certifying Official (sign in ink)				
\Rightarrow					
2.	Date of Signature (mm/dd/yyyy)				
3.	Daytime Telephone Number				
4.	Fax Number				

Par	et 7. Additional Information	5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
supple paper the A of ear Item each may	u need extra space to complete any item within this lement, use the space below or attach a separate sheet of r; type or print the agency's name, petitioner's name, and alien Registration Number (A-Number) (if any) at the top ch sheet; indicate the Page Number, Part Number, and Number to which your answer refers; and sign and date sheet. If you need more space than what is provided, you also make copies of this page to complete and file with the lement. Agency Name						
Peti	itioner's Name						
2.a.	Family Name (Last Name) Given Name (First Name) Middle Name						
3.	A-Number (if any) ► A-	6 9	Page Number	6 h	Part Number	6.0	Item Number
4.a. 4.d.	Page Number 4.b. Part Number 4.c. Item Numb						
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