

TABLE OF CHANGES-FORM I-918
Supplement B, Petition for U Nonimmigrant Status Certification,
OMB No 1615-0104
Date 04/22/2014

Reason For Revision: Reformatted form to be in 2 column format and incorporated I-94 data collections into main form, new signature language, updated Child Soldier questions.

Current Section, Page Number	Current Text	Proposed Text
Page 1. Top right corner. Header.	USCIS Form I-918 OMB No. ...	USCIS Form I-918 OMB No. ...
Format	Full page format	2 column format For USCIS Use Only block has been moved to be across the top of the form. Date fields were removed as no longer valid. Form renumbered to be in 2 column format numbering scheme
Page 1, Part 1. Victim Information	Family Name Given Name Middle Name	1. Alien Registration Number (A-Number) (if any) 2.a. Family Name (<i>Last Name</i>) 2.b. Given Name (<i>First Name</i>) 2.c. Middle Name Other Name Used (<i>Include maiden names, nicknames, etc.</i>)

	<p>Other Names Use (Include maiden name/nickname)</p> <p>Date of Birth (<i>mm/dd/yyyy</i>)</p> <p>Gender</p>	<p>If you need extra space to provide additional names, use Part 7. Additional Information; type or print your Agency Name and also include the Alien's name and Alien Registration Number (A-Number) (<i>if any</i>) at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and date and sign each sheet.</p> <p>3.a. Family Name (Last Name)</p> <p>3.b. Given Name (First Name)</p> <p>3.c. Middle Name</p> <p>4. Date of Birth (<i>mm/dd/yyyy</i>)</p> <p>5. Gender __Male __ Female</p>
Page 1, Part 2. Agency Information	<p>Name of Certifying Agency Name of Certifying Official Title and Division/Office of Certifying Official Name of Head of Certifying Agency</p> <p>Agency Address – Street Number and Name</p> <p>Suite No. City State/Province Zip/Postal Code</p>	<p>Page 1, Part 2. Agency Information</p> <p>1. Name of Certifying Agency</p> <p>2. Name of Certifying Official</p> <p>3. Title and Division/Office of Certifying Official</p> <p>4. Name of Head of Certifying Agency</p> <p><i>Agency Address</i></p> <p>5.a. Street Number and Name</p> <p>5.b. Apt. Ste. Flr.</p> <p>5.c. City or Town</p> <p>5.d. State</p> <p>5.e. ZIP Code</p>

	<p>Daytime Phone No. (<i>with area code and/or extension</i>)</p> <p>Fax No. (<i>with area code</i>)</p> <p>Agency Type Federal/State/Local</p> <p>Case Status On-going/Completed/Other:</p> <p>Certifying Agency Category Judge/Law Enforcement/Prosecutor/ Other:</p> <p>Case Number</p> <p>FBI No. or SID No. (<i>if applicable</i>)</p>	<p>5.f. Province</p> <p>5.g. Postal Code</p> <p>5.h. Country</p> <p>[Delete.]</p> <p>[Delete.]</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 (<i>if applicable</i>)</p>
<p>Pages 1-2, Part 3. Criminal Acts</p>	<p>1. The applicant is a victim of criminal activity involving or similar to violations of</p>	<p>Page 2, Part 3. Criminal Acts</p> <p>If you need extra space to complete Part 3., use Part 7. Additional Information; type or print your Agency Name and also include the Alien's name and A-Number (<i>if any</i>) 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>1. The petitioner is a victim of criminal activity involving or similar to violations of one of the</p>

	<p>one of the following Federal, State or local... (Check all that apply.)</p> <p>Abduction Abusive Sexual Contact... Felony Assault Slave Trade Torture...</p> <p>2. Provide...</p> <p>Date (mm/dd/yyyy) Date (mm/dd/yyyy) Date (mm/dd/yyyy) Date (mm/dd/yyyy)</p> <p>3. List the statutory citation(s) for...</p> <p>4. 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>a. Did the... Yes/No</p> <p>b. If "Yes," provide...</p> <p>c. Where did ...</p>	<p>following Federal, state , or local... <i>(Select all applicable boxes)</i></p> <p>Abduction Abusive Sexual Contact Attempt to Commit Any of the Named Crimes... Conspiracy to Commit Any of the Named Crimes... Solicitation to Commit Any of the Named Crimes</p> <p><i>Provide...</i></p> <p>2.a. Date (mm/dd/yyyy) 2.b. Date (mm/dd/yyyy) 2.c. Date (mm/dd/yyyy) 2.d. Date (mm/dd/yyyy)</p> <p>3. List the statutory citations for...</p> <p>4. Did the criminal activity occur in the United States <i>(including Indian country and military installations)</i> or the territories or possessions of the United States? Yes/No</p> <p>4.a. If "Yes," where did the criminal activity occur?</p>
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	<p>5. Briefly describe the criminal activity being investigated and/or prosecuted and the involvement of the individual named in Part 1. Attach copies of all relevant reports and findings.</p> <p>6. Provide a ...</p>	<p>5. a. Did the... Yes/No 5.b. If "Yes," provide...</p> <p>6. Briefly describe the criminal activity being investigated and/or prosecuted and the involvement of the individual named in Part 1. Attach copies of all relevant reports and findings.</p> <p>7. Provide a description of any known or documented injury of the victim. Attach all copies of relevant reports and findings.</p>
<p>Pages 2-3, Part 4. Helpfulness of the Victim</p>	<p>The victim (or parent, guardian or next friend, if the victim is under the age of 16, incompetent or incapacitated):</p> <p>1. Possesses...</p>	<p>Page 3,</p> <p>Part 4. Helpfulness Of the Victim</p> <p>If you answer "Yes" to ANY question in Part 4., use Part 7. Additional Information to provide additional information; type or print your Agency Name and also include the Alien's name and A-Number (<i>if any</i>) at the top of each; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet in blue ink.</p> <p>The victim (<i>or parent, guardian, or next friend, if the victim is under 16 years of age, incompetent, or incapacitated</i>):</p> <p>1. Possesses...</p>

	<p>2. Has been, is being or likely to be helpful in the investigation and/or...</p> <p>(Attach an explanation...)</p> <p>3. Has not been requested...(Attach an explanation.)</p> <p>4. Has unreasonably refused to provide assistance in a criminal investigation and/or prosecution of the crime detailed above...</p> <p>(Attach an explanation.)</p> <p>5. Other, please specify.</p>	<p>2. Was, is, or is likely to be helpful in the investigation and/or ...</p> <p>3. Was asked to provide further assistance in the investigation and/or prosecution.</p> <p>4. Has unreasonably refused to provide assistance in a criminal investigation and/or prosecution of the crime detailed in Part 3.</p> <p>5. If other, specify below. _____</p>
<p>Page 3, Part 5. Family Members Implicated in Criminal Activity</p>	<p>Part 5. Family Members Implicated in Criminal Activity</p> <p>1. Are any of the victim's family members believed to have been involved in the criminal activity of which he or she is a victim? Yes/No</p> <p>2. If "Yes," list relative(s) and criminal involvement. (Attach extra reports or extra sheet(s) of paper if necessary.)</p> <p>Full Name</p> <p>Relationship Involvement</p>	<p>Page 3, 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 he or she is a victim? Yes/No</p> <p>If "Yes," list relative(s) and criminal involvement. (Attach extra reports or extra sheet(s) of paper if necessary.)</p> <p>2.a. Family Name (<i>Last Name</i>) 2.b. Given Name (<i>First Name</i>) 2.c. Middle Name</p>

		<p>2.d. Relationship 2.e. Involvement</p> <p>3.a. Family Name (<i>Last Name</i>) 3.b. Given Name (<i>First Name</i>) 3.c. Middle Name 3.d. Relationship 3.e. Involvement</p> <p>4.a. Family Name (<i>Last Name</i>) 4.b. Given Name (<i>First Name</i>) 4.c. Middle Name 4.d. Relationship 4.e. Involvement</p>
<p>Page 3, Part 6. Certification</p>	<p>I am the head of the agency listed in Part 2 or I am the person in the agency who has been specifically designated by the head of the agency to issue U nonimmigrant status certification on behalf of the agency. Based upon investigation of the facts, I certify, under penalty of perjury, that the individual noted in Part 1 is or has been a victim of one or more of the crimes listed in Part 3. 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 above victim's ability to obtain a visa from the U.S. Citizenship and Immigration Services, based upon this certification. I further certify that if the victim unreasonably</p>	<p>Page 3, 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 Petition for U nonimmigrant status certification on behalf of the agency. Based upon investigation of the facts, I certify, under penalty of perjury, that the individual noted 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 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 the 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</p>

	<p>refuses to assist in the investigation or prosecution of the qualifying criminal activity of which he/she is a victim, I will notify USCIS.</p> <p>Signature of Certifying Official Identified in Part 2.</p> <p>Date (mm/dd/yyyy)</p>	<p>qualifying criminal activity of which he or she is a victim, I will notify USCIS.</p> <p>NOTE: Please sign in blue ink.</p> <ol style="list-style-type: none"> 1. Signature of Certifying Official 2. Date of Signature (mm/dd/yyyy) 3. Daytime Telephone Number 4. Fax Number
		<p>Page 4,</p> <p>[new]</p> <p>Part 7. Additional Information</p> <p>If you need extra space to provide any additional information within this petition, 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 petition. Include your Agency's name, Alien's Name, and Alien's A-Number (if any) in the spaces provided; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet in blue ink.</p> <ol style="list-style-type: none"> 1. Agency Name 2. Alien Registration Number (A-

		<p>Number) (if any)</p> <p>3.a. Family Name (Last Name) 3.b. Given Name (First Name) 3.c. Middle Name</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>NOTE: Please sign in blue ink.</p> <p>5.a. Signature of Agency Official</p> <p>5.b. Date of Signature (<i>mm/dd/yyyy</i>)</p>
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