



Supplement B, Petition for U Nonimmigrant Status Certification

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

USCIS
Form I-918
OMB No. 1615-0104
Expires 01/31/2016

For USCIS Use Only	Receipt	Remarks	Action Block
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▶ **START HERE - Type or print in black ink.**

Part 1. Victim Information

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

▶ A-

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

Other Names Used (Include maiden names, nicknames, etc.)

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) (if any) 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 in **blue ink**.

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

4. Date of Birth (mm/dd/yyyy) ▶

5. Gender ☐ Male ☐ Female

Part 2. Agency Information

1. Name of Certifying Agency

2. Name of Certifying Official

3. Title and Division/Office of Certifying Official

4. Name of Head of Certifying Agency

5.a. Street Number and Name

5.b. Apt. ☐ Ste. ☐ Flr. ☐

5.c. City or Town

5.d. State 5.e. ZIP Code

5.f. Province

5.g. Postal Code

5.h. Country

6. Agency Type
☐ Federal ☐ State ☐ Local

7. Case Status
☐ On-going ☐ Completed
☐ Other:

8. Certifying Agency Category
☐ Judge ☐ Law Enforcement ☐ Prosecutor
☐ Other:

9. Case Number

10. FBI Number or SID Number (if applicable)

Part 3. Criminal Acts

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 (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 **in blue ink**.

1. The petitioner is a victim of criminal activity involving or similar to violations of one of the following Federal, state, or local criminal offenses. (Select **all applicable** boxes)

- | | |
|---|---|
| <input type="checkbox"/> Abduction | <input type="checkbox"/> Obstruction of Justice |
| <input type="checkbox"/> Abusive Sexual Contact | <input type="checkbox"/> Peonage |
| <input type="checkbox"/> Attempt to Commit Any of the Named Crimes | <input type="checkbox"/> Perjury |
| <input type="checkbox"/> Blackmail | <input type="checkbox"/> Prostitution |
| <input type="checkbox"/> Conspiracy to Commit Any of the Named Crimes | <input type="checkbox"/> Rape |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Related Crime(s) |
| <input type="checkbox"/> Extortion | <input type="checkbox"/> Sexual Assault |
| <input type="checkbox"/> False Imprisonment | <input type="checkbox"/> Sexual Exploitation |
| <input type="checkbox"/> Felonious Assault | <input type="checkbox"/> Slave Trade |
| <input type="checkbox"/> Female Genital Mutilation | <input type="checkbox"/> Solicitation to Commit Any of the Named Crimes |
| <input type="checkbox"/> Hostage | <input type="checkbox"/> Torture |
| <input type="checkbox"/> Incest | <input type="checkbox"/> Trafficking |
| <input type="checkbox"/> Involuntary Servitude | <input type="checkbox"/> Unlawful Criminal Restraint |
| <input type="checkbox"/> Kidnapping | <input type="checkbox"/> Witness Tampering |
| <input type="checkbox"/> Manslaughter | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Murder | <div></div> |

Provide the date(s) on which the criminal activity occurred.

- 2.a. Date (mm/dd/yyyy) ▶
- 2.b. Date (mm/dd/yyyy) ▶
- 2.c. Date (mm/dd/yyyy) ▶
- 2.d. Date (mm/dd/yyyy) ▶

3. List the statutory citations for the criminal activity being investigated or prosecuted, or that was investigated or prosecuted.

- 4.a. 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

- 4.b. If "Yes," where did the criminal activity occur?

- 5.a. Did the criminal activity violate a Federal extraterritorial jurisdiction statute?

☐ Yes ☐ No

- 5.b. If "Yes," provide the statutory citation providing the authority for extraterritorial jurisdiction.

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.

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

Part 5. Family Members Culpable In Criminal Activity

1. 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 "Yes," list relative(s) and criminal involvement. (Attach extra reports or extra sheet(s) of paper if necessary.)

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

2.d. Relationship

2.e. Involvement

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

3.d. Relationship

3.e. Involvement

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

4.d. Relationship

4.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 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 qualifying criminal activity of which he or she is a victim, I will notify USCIS.

NOTE: Please sign in blue ink.

1. Signature of Certifying Official

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

3. Daytime Telephone Number

4. Fax Number

Part 7. Additional Information

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 and the Alien's 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 in blue ink.

1. Agency Name

Alien's Name

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

► A-

3.a. Family Name
(Last Name)

3.b. Given Name
(First Name)

3.c. Middle Name

4.a. Page Number

4.b. Part Number

4.c. Item Number

4.d.

5.a. Page Number

5.b. Part Number

5.c. Item Number

5.d.

6.a. Signature of Agency Official

6.b. Date of Signature (mm/dd/yyyy) ►