



Instructions for Supplement B, Declaration of Law Enforcement Officer for Victim of Trafficking in Persons

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

USCIS
Form I-914B
OMB No. 1615-0099
Expires 01/31/2019

What Is the Purpose of Form I-914, Supplement B?

You, as a Federal, state, or local law enforcement official, use Form I-914, Supplement B, Declaration of Law Enforcement Officer for Victim of Trafficking in Persons, to provide evidence to U.S. Citizenship and Immigration Services (USCIS) that you believe an individual (the applicant) submitting Form I-914, Application for T Nonimmigrant Status, is a victim of a severe form of trafficking in persons and has cooperated with your reasonable requests for assistance in an investigation or prosecution of a crime where trafficking is at least one central reason for the commission of that crime. USCIS (not the Federal, state, or local law enforcement official) will decide if the applicant meets the eligibility requirements for T nonimmigrant status.

By signing Supplement B, you are not giving an immigration benefit. USCIS is the only agency that can approve the applicant's Form I-914. USCIS requires fingerprints and police clearances from the victim and conducts background and security checks. USCIS may contact you if we have any questions about the information provided in Supplement B.

When Should I Use Form I-914, Supplement B?

If you, the certifying Federal, state, or local law enforcement official, believe the applicant is or has been a victim of a severe form of trafficking in persons and has cooperated with your reasonable requests for assistance in your investigation or prosecution, you may complete Supplement B. The applicant will submit Supplement B to USCIS with his or her Form I-914.

You must complete Supplement B yourself based upon your knowledge of the case, including evidence developed by other law enforcement officers involved with the case.

You do not need to formally launch an investigation or file charges to complete Supplement B. You may complete Supplement B if an investigation does not lead to an arrest or a prosecution. Completing Supplement B is not contingent on the outcome of a prosecution or investigation and is at your discretion. There is no statute of limitations related to completing Supplement B.

Your agency may have its own procedures related to completing Supplement B.

To be eligible for T nonimmigrant status, the applicant must demonstrate to USCIS he or she:

1. Is or was a victim of a severe form of trafficking in persons (see Part 3. Statement of Claim of Supplement B for a definition);
2. Is present in the United States on account of a severe form of trafficking in persons (including physical presence based on having been allowed entry into the United States to participate in investigative or judicial processes associated with an act or perpetrator of trafficking);
3. Has complied with any reasonable requests from Federal, state or local law enforcement in the investigation or prosecution of the trafficking crime of which he or she was a victim; unless
 - A. The applicant is under 18 years of age; or
 - B. He or she is unable to cooperate due to physical or psychological trauma; and
4. Would suffer extreme hardship involving unusual and severe harm upon removal from the United States.

The applicant can establish these qualifying elements without submitting Supplement B, but submission of Supplement B is one piece of evidence applicants may use to demonstrate their eligibility for T nonimmigrant status. USCIS (not the certifying Federal, state, or local law enforcement official) makes the determination on whether the evidence is sufficient and whether the applicant meets each eligibility requirement

General Instructions

USCIS provides forms free of charge through the USCIS website. In order to view, print, or fill out our forms, you should use the latest version of Adobe Reader, which you can download for free at <http://get.adobe.com/reader/>. If you do not have Internet access, you may call the USCIS National Customer Service Center at 1-800-375-5283 and ask that we mail a form to you. For TTY (deaf or hard of hearing) call: 1-800-767-1833.

Signature. Each supplement must be properly signed and filed. For all signatures on this supplement, USCIS will not accept a stamped or typewritten name in place of a signature. A photocopy, fax or scan of a signed supplement is not acceptable.

Evidence. At the time of filing, you must submit all evidence and supporting documentation listed in the **Specific Instructions** section of these Instructions.

Copies. You should submit legible photocopies of documents requested, unless the Instructions specifically state that you must submit an original document. USCIS may request an original document at the time of filing or at any time during processing of an application or petition. If USCIS requests an original document from you, it will be returned to you after USCIS determines it no longer needs your original.

NOTE: If you submit original documents when not required or requested by USCIS, **your original documents may be immediately destroyed after we receive them.**

Translations. If you submit a document with information in a foreign language, you must also submit a full English translation. The translator must sign a certification that the English language translation is complete and accurate, and that he or she is competent to translate from the foreign language into English. The certification must include the translator's signature. The Department of Homeland Security (DHS) recommends the certification contain the translator's printed name, the signature date, and the translator's contact information.

How To Fill Out Form I-914, Supplement B

1. Type or print legibly in black ink.
2. If you need extra space to complete any item within this supplement, use the space provided in **Part 7. Additional Information** or attach a separate sheet of paper. Type or print the victim'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 sign and date each sheet.
3. Answer all questions fully and accurately. If a question does not apply to you or the victim (for example, if the victim has never been married and the question asks, "Provide the name of the victim's current spouse"), type or print "N/A" unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, "How many children does the victim have" or "How many times has the victim departed the United States"), type or print "None" unless otherwise directed. If you do not know the information being requested about the applicant, leave the field blank.

Specific Instructions

This form is divided into **Parts 1. - 7.** The following information will help you fill out the **Supplement B.**

Part 1. Victim Information

Item Numbers 1.a. - 1.c. Full Legal Name of Victim. Provide the legal name of the victim, as shown on his or her birth certificate or legal name change document. If the victim has two last names, include both and use a hyphen (-) between the names, if appropriate. **Type or print** the victim's last, first, and middle names in each appropriate field.

Item Numbers 2.a. - 3.c. Other Names Used by Victim. Provide **other** names the victim has used **since birth**, including maiden name, any nicknames, and any names that appear in his or her documents. If you need extra space to complete this section, use **Part 7. Additional Information** to provide other names used.

Item Number 4. Alien Registration Number (A-Number) (if any). An Alien Registration Number, otherwise known as an "A-Number," is typically issued to people who apply for, or are granted, certain immigration benefits. In addition to USCIS, U.S. Immigration and Customs Enforcement (ICE), U.S. Customs and Border Protection (CBP), the U.S. Department of Justice Executive Office for Immigration Review (EOIR), and the U.S. Department of State (DOS) may also issue an A-Number to certain foreign nationals. If the victim was issued an A-Number, type or print it in the spaces provided. If he or she has more than one A-Number, use the space provided in **Part 7. Additional Information** to provide the information. If he or she **does not have an A-Number** or if he or she cannot remember it, leave this space blank.

Item Number 5. USCIS Online Account Number (if any). If the victim has previously filed an application or petition using the USCIS online filing system (previously called USCIS Electronic Immigration System (USCIS ELIS)), provide the USCIS Online Account Number he or she was issued by the system. He or she can find his or her USCIS Online Account Number by logging in to his or her account and going to the profile page. If he or she previously filed certain applications petitions on a paper form through a USCIS Lockbox facility, he or she may have received a USCIS Online Account Access Notice issuing a USCIS Online Account Number. He or she may find his or her USCIS Online Account Number at the top of the notice. If he or she was issued a USCIS Online Account Number, enter it in the space provided. The USCIS Online Account Number is not the same as an A-Number.

Item Number 6. Social Security Number (SSN) (if any). If the Social Security Administration (SSA) ever issued a Social Security card to the victim in his or her name or in a previously used name (such as a maiden name), enter the SSN from his or her card in the space provided.

Item Number 7. Date of Birth. Enter the victim's date of birth in mm/dd/yyyy format in the space provided. For example, type or print October 5, 1967 as 10/05/1967.

Item Number 8. Gender. Select only one box that indicates whether the victim is male or female.

Part 2. Agency Information

Item Numbers 1.a. - 3.b. Information About Certifying Official. Provide your name, the name of your agency or organization, your title, and your division or office. The certifying agency or organization must be a Federal, state, or local law enforcement agency, prosecutor, judge, labor agency, children's protective services agency, or other authority with responsibility and authority for the detection, investigation, and/or prosecution of severe forms of trafficking in persons.

Item Numbers 4.a. - 4.e. Certifying Official's Mailing Address. Provide your agency or organization's mailing address.

Item Numbers 5. - 7. Certifying Official's Contact Information. Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

Item Numbers 8. - 9. Other Information About Agency or Organization. Select the appropriate boxes to describe your agency type and category.

Item Numbers 10. - 12.b. Case Information. Provide the case number, case status, and, if applicable, FBI Universal Control Number (UCN) or State Identification Number (SID).

Part 3. Statement of Claim

Item Numbers 1.a. - 1.e. Type of Trafficking. In order to qualify for T nonimmigrant status, the applicant must be or have been a victim of a severe form of trafficking in persons. Select all applicable boxes that describe the individual's victimization.

NOTE: Base your analysis on the practices to which the victim was subjected rather than on the specific violations charged, the counts on which convictions were obtained, or whether any prosecution resulted in convictions. The definitions that control this analysis are not the elements of criminal offenses, but are those in 8 CFR 214.11(a). Such as sex trafficking in which a commercial sex act was induced by force, fraud, or coercion; sex trafficking and the victim is under 18 years of age; recruiting, harboring, transporting, providing, or obtaining of a person for labor or services through the use of force, fraud, or coercion for subjection to involuntary servitude, peonage, debt bondage, or slavery; not applicable, you do not believe this individual is a victim of trafficking; or other, attach additional sheets to explain or use the space provided in Part 7. Additional Information.

Item Number 2. Victimization Description. Describe the victimization on which the applicant's claim is based and identify the relationship between that victimization and the crime under investigation or prosecution. Include relevant dates and any pertinent information. If you need extra space to complete this section, use the space provided in Part 7. Additional Information.

NOTE: Attach the results of any name or database inquiry performed in the investigation of the case, as well as any relevant reports and findings.

Item Numbers 3.a. - 3.b. Fear of Retaliation or Revenge. Indicate if the victim has expressed any fear of retaliation or revenge if he or she is removed from the United States. If you answered "Yes," provide an explanation. If you need extra space to complete this section, use the space provided in Part 7. Additional Information.

Item Number 4. Statutory Citations. List the statutory citations that were or are being investigated or prosecuted.

Item Number 5. Trafficking Dates. Provide the dates the acts of trafficking occurred in mm/dd/yyyy format. For example, type or print January 5, 2007 as 01/05/2007.

Item Number 6. Date the Investigation or Prosecution Was Initiated. Provide the date the investigation or prosecution was initiated in mm/dd/yyyy format. For example, type or print January 5, 2007 as 01/05/2007.

Item Number 7. Date the Investigation or Prosecution Was Completed (if any). Provide the date the investigation or prosecution was completed, if any, in mm/dd/yyyy format. For example, type or print January 5, 2007 as 01/05/2007.

Part 4. Cooperation of Victim

In order to qualify for T nonimmigrant status, the applicant must show that he or she has complied with any reasonable requests from Federal, state, or local law enforcement in the investigation or prosecution of the acts of trafficking of which he or she was a victim (unless he or she is under 18 years of age or he or she is unable to cooperate with the request due to physical or psychological trauma).

Item Numbers 1.a. - 2. Select the boxes that describe the applicant's cooperation with the investigation or prosecution of the acts of trafficking and provide an explanation. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.

Part 5. Family Members Implicated in Trafficking

Item Numbers 1. - 5.e. Indicate if you believe any of the victim's family members have been involved in the victim's trafficking. If you select "Yes," provide each relative's full name, relationship to the victim, and involvement in trafficking in the spaces provided. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.

NOTE: A victim cannot apply for derivative T nonimmigrant status for a family member who participated in the acts of trafficking that established the victim's eligibility for T nonimmigrant status, and USCIS will not grant an immigration benefit to a family member who committed trafficking.

Part 6. Attestation

Item Numbers 1.a. - 2.d. You, the certifying Federal, state, or local law enforcement official, must sign and date this supplement. Further, your supervisor must provide his or her name and sign and date this supplement. Every Supplement B **MUST** contain the signatures of the certifying official and his or her supervisor. A stamped or typewritten name in place of a signature is not acceptable.

Part 7. Additional Information

Item Numbers 1.a - 7.d. If you need extra space to provide any additional information within this supplement, use the space provided in **Part 7. Additional Information**. If you need more space than what is provided in **Part 7.**, you may make copies of **Part 7.** to complete and file with your supplement, or attach a separate sheet of paper. Type or print the victim'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.

How Can I Provide Further Information at a Later Date?

An agency can provide further information to USCIS or formally revoke or disavow Form I-914, Supplement B, at a later date, even after the supplement is submitted to USCIS, if there is new information or if the victim is no longer cooperating with a reasonable request for assistance in an investigation or prosecution or at the agency's discretion. You should send a written statement to USCIS at:

USCIS
Vermont Service Center
75 Lower Welden St
St. Albans, VT 05479-0001

An agency should:

1. Type or print any statement or letter on official agency letterhead;
2. Describe the reasons for providing further information or revoking or disavowing Supplement B; and
3. Include the victim's name, date of birth, and A-Number (if available) on all correspondence.

USCIS will allow the victim to refute any derogatory information.

USCIS Privacy Notice

AUTHORITIES: The information requested on this benefit application, and the associated evidence, is collected under Public Law 106-386, sections 107(e) and 1513(c) and 8 U.S.C. 1101(a)(15)(T).

PURPOSE: The primary purpose for providing the requested information on this application is to determine if the applicant has established eligibility for temporary immigration benefits for which the applicant is filing. DHS uses the information you provide to grant or deny the immigration benefit the applicant is seeking.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information, including the applicant's Social Security number (if applicable), and any requested evidence, may delay a final decision or result in denial of the application.

ROUTINE USES: DHS may, where allowable under relevant confidentiality provisions, share the information you provide on this application and any additional requested evidence with other Federal, state, local, and foreign government agencies and authorized organizations. DHS follows approved routine uses described in the associated published system of records notices [DHS/USCIS-001 - Alien File, Index, and National File Tracking System and DHS/USCIS-007 - Benefits Information System] and published privacy impact assessment [DHS/USCIS/PIA-016(a) Computer Linked Application Information Management System and Associated Systems], which you can find at www.dhs.gov/privacy. DHS may also share this information, as appropriate, for law enforcement purposes or in the interest of national security.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid Office of Management and Budget (OMB) control number. The public reporting burden for law enforcement agencies for this collection of information is estimated at 3 hours and 30 minutes per response, including the time for reviewing instructions, gathering the required documentation and information, completing the supplement, preparing statements, attaching necessary documentation, and submitting the supplement. The public burden for Form I-914 respondents who will contact a law enforcement agency to request completion of Form I-914, Supplement B, is estimated at 15 minutes to make such actions. Send comments regarding these burden estimates or any other aspect of this collection of information, including suggestions for reducing these burdens, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave NW, Washington, DC 20529-2140; OMB No. 1615-0099. **Do not mail your completed Form I-914, Supplement B, to this address.**