

TABLE OF CHANGES – FORM
Form I-914, Supplement B, Declaration of Law Enforcement Officer for Victim of
Trafficking in Persons
OMB Number: 1615-0099
01/02/2018

Reason for Revision: Final T-Rule with standard language, including formatting, plain language, and consistency edits.

Legend for Proposed Text:

- Black font = Current text
- Purple font = Standard language
- Red font = Changes

Current Page Number and Section	Current Text	Proposed Text
Page 1	<p>To be completed by an Attorney or Accredited Representative (if any).</p> <p>Select this box if Form G-28 is attached to represent the applicant.</p> <p>Attorney State Bar Number (if applicable)</p> <p>Attorney or Accredited Representative USCIS Online Account Number (if any)</p>	<p>To be completed by an attorney or accredited representative (if any).</p> <p>Select this box if Form G-28 is attached.</p> <p>[no change]</p>
Page 1	<p>[Page 1]</p> <p>START HERE - Type or print in blank ink.</p> <p>This form should be completed by Federal, State, or local law enforcement authorities for victims under the Victims of Trafficking and Violence Protection Act, Public Law 106-386, as amended.</p>	<p>[Page 1]</p> <p>START HERE - Type or print in black ink.</p> <p>Federal, state, or local law enforcement authorities should complete this supplement for victims under the Victims of Trafficking and Violence Protection Act (VTVPA), Public Law 106-386, as amended.</p>
Page 1, PART A. Victim Information	<p>[Page 1]</p> <p>PART A. Victim Information</p> <p>Family Name (<i>Last Name</i>) Given Name (<i>First Name</i>) Middle Name (<i>if any</i>)</p> <p>Other Names Used (<i>include maiden name/nickname</i>)</p> <p>[Fillable field]</p>	<p>[Page 1]</p> <p>Part 1. Victim Information</p> <p>Full Legal Name of Victim 1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name</p> <p>Other Names Used by Victim Provide all other names the victim has ever used, including aliases, maiden names, and nicknames. If you need extra space to complete this section, use the space provided in Part 7. Additional Information.</p> <p>2.a. Family Name (Last Name) 2.b. Given Name (First Name) 2.c. Middle Name</p>

	<p>A # (if known)</p> <p>Social Security # (if known)</p> <p>Date of Birth (mm/dd/yyyy)</p> <p>Gender Male Female</p>	<p>3.a. Family Name (Last Name) 3.b. Given Name (First Name) 3.c. Middle Name</p> <p>Other Information About Victim 4. Alien Registration Number (A-Number) (if any) 5. USCIS Online Account Number (if any) 6. Social Security Number (SSN) (if any) 7. Date of Birth (mm/dd/yyyy) 8. Gender Male Female</p>
Page 1, Part B. Agency Information	<p>[Page 1]</p> <p>Part B. Agency Information</p> <p>Name of Certifying Official</p> <p>Name of Certifying Agency</p> <p>Title and Division/Office of Certifying Official</p> <p>Agency Address Street Number and Name Sute # City State/Province Zip/Postal Code</p> <p>Daytime Phone # (area code and/or extension)</p> <p>Fax # (with area code)</p> <p>Agency Type Federal State Local</p> <p>Certifying Agency Category Judge Law Enforcement Prosecutor</p>	<p>[Page 2]</p> <p>Part 2. Agency Information</p> <p>Information About Certifying Official 1.a. Certifying Official's Family Name (Last Name) 1.b. Certifying Official's Given Name (First Name) 2. Certifying Official's Agency or Organization Name (if any) 3.a. Certifying Official's Title 3.b. Certifying Official's Division or Office</p> <p>Certifying Official's Mailing Address 4.a. Street Number and Name 4.b. Apt./Ste./Flr. [Number] 4.c. City or Town 4.d. State 4.e. ZIP Code</p> <p>Certifying Official's Contact Information 5. Certifying Official's Daytime Telephone Number 6. Certifying Official's Mobile Telephone Number (if any) 7. Certifying Official's Email Address (if any) [Delete]</p> <p>Other Information About Agency or Organization 8. Agency Type Federal State Local 9. Agency Category Judge Law Enforcement Prosecutor</p>

	<p>Other</p> <p>Case Number</p> <p>Case Status On-going Completed Local</p> <p>FBI# or</p> <p>SID# (if applicable)</p>	<p>Other</p> <p>Case Information 10. Case Number</p> <p>11. Case Status On-going Completed Local</p> <p>12.a. FBI Universal Control Number (UCN) (if applicable)</p> <p>12.b. State Identification Number (SID) (if applicable)</p>
<p>Page 1-2, Part C. Statement of Claim</p>	<p>[Page 1]</p> <p>Part C. Statement of Claim</p> <p>1. The applicant is or has been a victim of a severe form of trafficking in persons. Specifically, he or she is a victim of: <i>(Check all that apply.)</i></p> <p>Sex trafficking in which a commercial sex act was induced by force, fraud, or coercion. Sex trafficking means the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act.</p> <p>Sex trafficking and the victim is under the age of 18.</p> <p>[Page 2]</p> <p>The recruitment, harboring, transportation, provision, 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.</p> <p>Other, specify on attached additional sheets.</p> <p>Not applicable.</p> <p><i>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. Note that the definitions that control this analysis are not the elements of criminal offenses, but are those set forth at 8 CFR 214.11(a).</i></p>	<p>[Page 2]</p> <p>Part 3. Statement of Claim</p> <p>Type of Trafficking The applicant is or has been a victim of a severe form of trafficking in persons. Specifically, he or she is a victim of (select all that apply):</p> <p>1.a. Sex trafficking in which a commercial sex act was induced by force, fraud, or coercion. (Sex trafficking means the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act.)</p> <p>1.b. Sex trafficking and the victim is under 18 years of age.</p> <p>1.c. The recruitment, harboring, transportation, provision, 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.</p> <p>1.d. Other. (Describe below in Item Number 2. If you need extra space to complete this section, use the space provided in Part 7. Additional Information.)</p> <p>1.e. Not applicable. (You do not believe this individual is a victim of trafficking.)</p> <p>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).</p>

	<p>2. Please describe the victimization upon which the applicant's claim is based and identify the relationship between that victimization and the crime under investigation/prosecution. Attach the results of any name or database inquiry performed in the investigation of the case, as well as any relevant reports and findings. Include relevant dates, etc. Attach additional sheets, if necessary. [Fillable field]</p> <p>3. Has the applicant expressed any fear of retaliation or revenge if removed from the United States? If yes, explain. Attach additional sheets, if necessary. [Fillable field]</p> <p>5. List the statutory citation(s) for the acts of trafficking being investigated or prosecuted, or that were investigated or prosecuted. [Fillable field]</p> <p>4. Provide the date(s) on which the acts of trafficking occurred. Date (mm/dd/yyyy) Date (mm/dd/yyyy) Date (mm/dd/yyyy) Date (mm/dd/yyyy)</p> <p>6. Provide the date on which the investigation or prosecution was initiated. Date (mm/dd/yyyy)</p> <p>7. Provide the date on which the investigation or prosecution was completed (if any). Date (mm/dd/yyyy)</p>	<p>[Page 3]</p> <p>Additional Information</p> <p>2. Describe the victimization upon 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 item, use the space provided in Part 7. Additional Information. [Fillable field]</p> <p>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.</p> <p>3.a. Has the applicant expressed any fear of retaliation or revenge if removed from the United States? Yes No</p> <p>3.b. If you answered "Yes" to Item Number 3.a., 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. [Fillable field]</p> <p>4. List the statutory citations for the acts of trafficking that were or are being investigated or prosecuted. [Fillable field]</p> <p>5. When did the acts of trafficking occur? Date (mm/dd/yyyy) Date (mm/dd/yyyy) Date (mm/dd/yyyy) Date (mm/dd/yyyy)</p> <p>6. Date the Investigation or Prosecution Was Initiated (mm/dd/yyyy)</p> <p>7. Date the Investigation or Prosecution Was Completed (if any)</p>
<p>Page 3, Part D. Cooperation of Victim</p>	<p>[Page 3]</p> <p>Part D. Cooperation of Victim (Attach additional sheets, if necessary)</p> <p>The applicant:</p> <p>Has complied with requests for assistance in the investigation/prosecution of the crime of trafficking. (Explain below.)</p>	<p>[Page 3]</p> <p>Part 4. Cooperation of Victim</p> <p>The applicant:</p> <p>1.a. Has complied with requests for assistance in the investigation or prosecution of the crime of trafficking. (If you select this item, provide</p>

	<p>Has failed to comply with requests to assist in the investigation/prosecution of the crime of trafficking. (<i>Explain below.</i>)</p> <p>Has not been requested to assist in the investigation/prosecution of any crime of trafficking.</p> <p>Has not yet attained the age of 18.</p> <p>Other, specify on attached additional sheets.</p>	<p>an explanation in Item Number 2.)</p> <p>1.b. Has failed to comply with requests to assist in the investigation or prosecution of the crime of trafficking. (<i>If you select this item, provide an explanation in Item Number 2.)</i></p> <p>1.c. Has not been requested to assist in the investigation or prosecution of any crime of trafficking.</p> <p>1.d. Has not reached 18 years of age.</p> <p>1.e. Other (<i>If you select this item, provide an explanation in Item Number 2.)</i></p> <p>2. Provide an explanation. If you need extra space to complete this section, use the space provided in Part 7. Additional Information.</p>
<p>Page 3, Part E. Family Members Implicated In Trafficking</p>	<p>[Page 3]</p> <p>Part E. Family Members Implicated In Trafficking</p> <p>Are any of the applicant's family members believed to have been involved in his or her trafficking to the United States? If "Yes," list the relative(s) and describe the involvement. Attach additional sheets if necessary.</p> <p>Yes</p> <p>No</p> <p>[Table with four rows]</p> <p>Full Name</p> <p>Relationship</p> <p>Involvement</p>	<p>[Page 3]</p> <p>Part 5. Family Members Implicated In Trafficking</p> <p>1. Do you believe any of the applicant's family members have been involved in his or her trafficking?</p> <p>Yes</p> <p>No</p> <p>NOTE: If you answered "Yes" to Item Number 1., provide the requested information about each relative in the spaces below. If you need extra space to complete this section, use the space provided in Part 7. Additional Information.</p> <p>[Page 4]</p> <p>Relative 1</p> <p>2.a. Family Name (Last Name)</p> <p>2.b. Given Name (First Name)</p> <p>2.c. Middle Name</p> <p>2.d. Relationship to Victim</p> <p>2.e. Involvement in Trafficking</p> <p>Relative 2</p> <p>3.a. Family Name (Last Name)</p> <p>3.b. Given Name (First Name)</p> <p>3.c. Middle Name</p> <p>3.d. Relationship to Victim</p> <p>3.e. Involvement in Trafficking</p> <p>Relative 3</p> <p>4.a. Family Name (Last Name)</p> <p>4.b. Given Name (First Name)</p> <p>4.c. Middle Name</p> <p>4.d. Relationship to Victim</p> <p>4.e. Involvement in Trafficking</p> <p>Relative 4</p>

		5.a. Family Name (Last Name) 5.b. Given Name (First Name) 5.c. Middle Name 5.d. Relationship to Victim 5.e. Involvement in Trafficking
Page 3, Part F. Attestation	[Page 3] Part F. Attestation Based upon investigation of the facts, I certify, under penalty of perjury, that the above noted individual is or has been a victim of a severe form of trafficking in persons as defined by the VTVPA. 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 U.S. Citizenship and Immigration Services, based upon this certification. I further certify that if the victim unreasonably refuses to assist in the investigation or prosecution of the acts of trafficking of which he/she is a victim, I will notify USCIS. Signature of Law Enforcement Officer <i>(identified in Part B) (sign in ink)</i> Date (mm/dd/yyyy) Signature of Supervisor of Certifying Officer <i>(sign in ink)</i> Date (mm/dd/yyyy) Printed Name of Supervisor	[Page 4] Part 6. Attestation Based upon investigation of the facts, I certify, under penalty of perjury, that I believe the above noted applicant is or has been a victim of a severe form of trafficking in persons as defined by the VTVPA. 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 victim's ability to obtain nonimmigrant status from U.S. Citizenship and Immigration Services (USCIS), based upon this certification. I further certify that if the victim refuses to comply with reasonable requests for assistance in the investigation or prosecution of the acts of trafficking of which he or she is a victim, I will notify USCIS. Certifying Official's Signature 1.a. Signature of Certifying Official (Law Enforcement Officer) 1.b. Date of Signature (mm/dd/yyyy) Supervisor's Signature 2.a. Signature of Certifying Official's Supervisor 2.b. Date of Signature (mm/dd/yyyy) 2.c. Supervisor's Family Name (Last Name) 2.d. Supervisor's Given Name (First Name)
New		[Page 5] Part 7. Additional Information If you need extra space to provide any 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 to complete and file with this 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. 1.a. Victim's Family Name (Last Name) [Auto-populated field] 1.b. Victim's Given Name (First Name) [Auto-populated field] 1.c. Victim's Middle Name [Auto-populated field]

		<p>2. Victim's A-Number (if any) [Auto-populated field]</p> <p>3.a. Page Number 3.b. Part Number 3.c. Item Number 3.d. [Fillable field]</p> <p>4.a. Page Number 4.b. Part Number 4.c. Item Number 4.d. [Fillable field]</p> <p>5.a. Page Number 5.b. Part Number 5.c. Item Number 5.d. [Fillable field]</p> <p>6.a. Page Number 6.b. Part Number 6.c. Item Number 6.d. [Fillable field]</p> <p>7.a. Page Number 7.b. Part Number 7.c. Item Number 7.d. [Fillable field]</p>
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