

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

I-918 Supplement B, U Nonimmigrant Status Certification

START HERE - Please type or print in black ink.

Part 1. Victim information.

Family Name	Given Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Names Used (Include maiden name/nickname)		
<input type="text"/>		
Date of Birth (mm/dd/yyyy)	Gender	
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Part 2. Agency information.

Name of Certifying Agency	
<input type="text"/>	
Name of Certifying Official	Title and Division/Office of Certifying Official
<input type="text"/>	<input type="text"/>
Name of Head of Certifying Agency	
<input type="text"/>	
Agency Address - Street Number and Name	
<input type="text"/>	
City	State/Province
<input type="text"/>	<input type="text"/>
Daytime Phone # (with area code and/or extension)	Fax # (with area code)
<input type="text"/>	<input type="text"/>
Agency Type	
<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local	
Case Status	
<input type="checkbox"/> On-going <input type="checkbox"/> Completed <input type="checkbox"/> Other: _____	
Certifying Agency Category	
<input type="checkbox"/> Judge <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Prosecutor <input type="checkbox"/> Other: _____	
Case Number	FBI # or SID # (if applicable)
<input type="text"/>	<input type="text"/>

For USCIS Use Only.

Returned	Receipt
Date	
Date	
Resubmitted	
Date	
Date	
Reloc Sent	
Date	
Date	
Reloc Rec'd	
Date	
Date	

Remarks

Remarks

Part 3. Criminal acts.

1. The applicant is a victim of criminal activity involving or similar to violations of one of the following Federal, State or local criminal offenses. (Check all that apply.)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Abduction | <input type="checkbox"/> Female Genital Mutilation | <input type="checkbox"/> Obstruction of Justice | <input type="checkbox"/> Slave Trade |
| <input type="checkbox"/> Abusive Sexual Contact | <input type="checkbox"/> Hostage | <input type="checkbox"/> Peonage | <input type="checkbox"/> Torture |
| <input type="checkbox"/> Blackmail | <input type="checkbox"/> Incest | <input type="checkbox"/> Perjury | <input type="checkbox"/> Trafficking |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Involuntary Servitude | <input type="checkbox"/> Prostitution | <input type="checkbox"/> Unlawful Criminal Restraint |
| <input type="checkbox"/> Extortion | <input type="checkbox"/> Kidnapping | <input type="checkbox"/> Rape | <input type="checkbox"/> Witness Tampering |
| <input type="checkbox"/> False Imprisonment | <input type="checkbox"/> Manslaughter | <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Related Crime(s) |
| <input type="checkbox"/> Felonious Assault | <input type="checkbox"/> Murder | <input type="checkbox"/> Sexual Exploitation | <input type="checkbox"/> Other: (If more space needed, attach separate sheet of paper.) |
| <input type="checkbox"/> Attempt to commit any of the named crimes | <input type="checkbox"/> Conspiracy to commit any of the named crimes | <input type="checkbox"/> Solicitation to commit any of the named crimes | <input type="text"/> |

