

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

I-918, Petition for U Nonimmigrant Status

START HERE - Please type or print in black ink.

Part 1. Information about you. *(Person filing this petition as a victim)*

Family Name Given Name Middle Name

Other Names Use (Include maiden name/nickname)

Home Address - Street Number and Name Apt. #

City State/Province Zip/Postal Code

Safe Mailing Address (if other than above) - Street Number and Name Apt. #

C/O (in care of):

City State/Province Zip/Postal Code

Home Telephone # Safe Daytime Phone # E-Mail Address
(with area code) (with area code) (optional)

A # (if any) U.S. Social Security # (if any) Gender

☐ Male ☐ Female

Marital Status

☐ Single ☐ Married ☐ Divorced ☐ Widowed

Date of Birth (mm/dd/yyyy) Country of Birth

Country of Citizenship Passport #

Place of Issuance Date of Issue (mm/dd/yyyy)

Place of Last Entry Date of Last Entry (mm/dd/yyyy)

I-94 # (Arrival/Departure Document) Current Immigration Status

For USCIS Use Only.

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

U.S. Embassy/Consulate:

Validity Dates

From: _____

To: _____

Remarks

Conditional Approval

Stamp #: _____ Date _____

Action Block

To Be Completed by

Attorney or Representative, if any.

☐ Fill in box if G-28 is attached to represent the applicant.

ATTY State License #



Part 2. Additional information.

Answers to the questions below require explanations and supporting documentation. Attach relevant documents in support of your claims that you are a victim of criminal activity listed in the Immigration and Nationality Act (INA), section 101(a)(15)(U). You must also attach a personal narrative statement describing the criminal activity of which you were the victim. If you are only petitioning for U derivative status for a qualifying family member(s) subsequent to your (the principal petitioner) initial filing, evidence supporting the original petition is not required to be submitted with the new Form I-918.

Attach additional sheets of paper as needed. Write your name and Alien Registration Number (A #), if any, at the top of each sheet and indicate the number of the item that refers to your answer. Include the Part and letter or number relating to the additional information you provided (example: Part 2, Z).

Check either "Yes" or "No" as appropriate to each of the following questions.

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. I am a victim of criminal activity listed in the INA at section 101(a)(15)(U). | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <hr/> | | |
| 2. I have suffered substantial physical or mental abuse as a result of having been a victim of this criminal activity. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <hr/> | | |
| 3. I possess information concerning the criminal activity of which I was a victim. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <hr/> | | |
| 4. I am submitting a certification from a certifying official on Form I-918 Supplement B, U Nonimmigrant Status Certification. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <hr/> | | |
| 5. The crime of which I am a victim occurred in the United States including Indian country and military installations) or violated the laws of the United States. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <hr/> | | |
| 6. I am under the age of 16 years. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <hr/> | | |
| 7. I want an Employment Authorization Document. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <hr/> | | |
| 8. Have you ever been in immigration proceedings? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If "Yes," what type of proceedings? (Check all that apply.)

<input type="checkbox"/> Removal Date (mm/dd/yyyy)	<input type="checkbox"/> Exclusion Date (mm/dd/yyyy)	<input type="checkbox"/> Deportation Date (mm/dd/yyyy)	<input type="checkbox"/> Recission Date (mm/dd/yyyy)	<input type="checkbox"/> Judicial Date (mm/dd/yyyy)

9. List each date, place of entry and status under which you entered the United States during the five years preceding the filing of this petition.

Date of Entry (mm/dd/yyyy)	Place of Entry	Status at Entry

Part 2. Additional information. (Continued.)

10. If you are outside the United States, give the U.S. consulate or inspection facility you want notified if this petition is approved.

Type of Office (Check one): ☐ Consulate ☐ Pre-flight inspection ☐ Port of Entry

Office Address (City)

U.S. State or Foreign Country

--	--

Safe Foreign Address Where You Want Notification Sent - Street Number and Name

Apt. #

--	--

City

State/Province

Country

Zip/Postal Code

--	--	--	--

Part 3. Processing information.

Please answer the following questions about yourself. For the purposes of this petition, you must answer "Yes" to the following questions, if applicable, even if your records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer or attorney, told you that you no longer have a record. (Answering "Yes" does not necessarily mean that you will be denied U nonimmigrant status.)

1. Have you **EVER**:

- | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| a. Committed a crime or offense for which you have not been arrested? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Been arrested, cited or detained by any law enforcement officer (including DHS, former INS and military officers) for any reason? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Been charged with committing any crime or offense? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Been convicted of a crime or offense (even if violation was subsequently expunged or pardoned)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Been placed in an alternative sentencing or a rehabilitative program (for example: diversion, deferred prosecution, withheld adjudication, deferred adjudication)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Received a suspended sentence, been placed on probation or been paroled? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Been in jail or prison? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Been the beneficiary of a pardon, amnesty, rehabilitation, or other act of clemency or similar action? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any of the above questions, complete the following table. If you need more space, use a separate sheet of paper to give the same information.

Why were you arrested, cited, detained or charged?	Date of arrest, citation, detention, charge. (mm/dd/yyyy)	Where were you arrested, cited, detained or charged? (City, State, Country)	Outcome or disposition. (e.g., no charges filed, charges dismissed, jail, probation, etc.)

Part 3. Processing information. (Continued.)

2. Have you ever received public assistance in the United States from any source, including the U.S. government or any State, county, city or other municipality (other than emergency medical treatment), or are you likely to receive public assistance in the future? ☐ Yes ☐ No
-
3. Have you:
- a. Engaged in prostitution or procurement of prostitution or do you intend to engage in prostitution or procurement of prostitution? ☐ Yes ☐ No
 - b. Ever engaged in any unlawful commercialized vice, including, but not limited to illegal gambling? ☐ Yes ☐ No
 - c. Ever knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the United States illegally? ☐ Yes ☐ No
 - d. Ever illicitly trafficked in any controlled substance, or knowingly assisted, abetted or colluded in the illicit trafficking of any controlled substance? ☐ Yes ☐ No
-
4. Have you ever committed, planned or prepared, participated in, threatened to, attempted to, or conspired to commit, gathered information for, solicited funds for any of the following:
- a. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle? ☐ Yes ☐ No
 - b. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained? ☐ Yes ☐ No
 - c. Assassination? ☐ Yes ☐ No
 - d. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individual or to cause substantial damage to property? ☐ Yes ☐ No
 - e. The use of any biological agent, chemical agent, or nuclear weapon or device, or explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? ☐ Yes ☐ No
-
5. Have you ever been a member of, solicited money or members for, provided support for, attended military training (as defined in section 2339D(c)(1) of title 18, United States Code) by or on behalf of, or been associated with an organization that is:
- a. Designated as a terrorist organization under section 219 of the Immigration and Nationality Act? ☐ Yes ☐ No
 - b. Any other group of two or more individuals, whether organized or not, which has engaged in or has a subgroup which has engaged in: ☐ Yes ☐ No
 - c. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle? ☐ Yes ☐ No
 - d. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained? ☐ Yes ☐ No
 - e. Assassination? ☐ Yes ☐ No
 - f. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individual or to cause substantial damage to property? ☐ Yes ☐ No
-

Part 3. Processing information. (Continued.)

- g.** The use of any biological agent, chemical agent, or nuclear weapon or device, or explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? ☐ Yes ☐ No
- h.** Soliciting money or members or otherwise providing material support to a terrorist organization? ☐ Yes ☐ No
-

6. Do you intend to engage in the United States in:

- a.** Espionage? ☐ Yes ☐ No
- b.** Any unlawful activity, or any activity the purpose of which is in opposition to, or the control or overthrow of the government of the United States? ☐ Yes ☐ No
- c.** Solely, principally, or incidentally in any activity related to espionage or sabotage or to violate any law involving the export of goods, technology, or sensitive information? ☐ Yes ☐ No
-

7. Have you ever been or do you continue to be a member of the Communist or other totalitarian party, except when membership was involuntary? ☐ Yes ☐ No

8. Have you, during the period of March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever ordered, incited, assisted or otherwise participated in the persecution of any person because of race, religion, nationality, membership in a particular social group or political opinion? ☐ Yes ☐ No

9. Have you EVER ordered, committed, assisted, helped with, or otherwise participated in any act that involved:

- a.** Torture or genocide? ☐ Yes ☐ No
- b.** Killing, beating, or injuring any person? ☐ Yes ☐ No
- c.** Displacing or moving any persons from their residence by force, threat of force, compulsion, or duress? ☐ Yes ☐ No
- d.** Engaging in any kind of sexual contact or relations with any person who was being subjected to force, threat of force, compulsion, or duress? ☐ Yes ☐ No
- e.** Limiting or denying any person's ability to exercise religious beliefs? ☐ Yes ☐ No
- f.** The persecution of any person because of race, religion, national origin, membership in a particular social group, or political opinion? ☐ Yes ☐ No

If you answer "Yes," please describe the circumstances on a separate sheet(s) of paper.

10. Have you EVER advocated that another person commit any of the acts described in the preceding question, urged, or encouraged another person, to commit such acts? (If you answer "Yes," describe the circumstances on a separate sheet(s) of paper.) ☐ Yes ☐ No

Part 3. Processing information. (Continued.)

11. Have you EVER been present or nearby when any person was:

- | | | |
|-----------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| a. Intentionally killed, tortured, beaten, or injured? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Displaced or moved from his or her residence by force, compulsion or duress? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. In any way compelled or forced to engage in any kind of sexual contact or relations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answer "Yes," please describe the circumstances on a separate sheet(s) of paper.

12. Have you (or has any member of your family) EVER served in, been a member of, or been involved in any way with:

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| a. Any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, or insurgent organization? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Any prison, jail, prison camp, detention camp, labor camp, or any other situation that involved guarding prisoners? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Any group, unit, or organization of any kind in which you or other persons possessed, transported, or used any type of weapon? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answer "Yes," please describe the circumstances on a separate sheet(s) of paper.

13. Have your EVER received any type of military, paramilitary or weapons training? (If you answer "Yes," please describe the circumstances on a separate sheet(s) of paper.)

☐ Yes ☐ No

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 14. a. Are removal, exclusion, rescission or deportation proceedings pending against you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Have removal, exclusion, rescission or deportation proceedings EVER been initiated against you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Have you EVER been removed, excluded or deported from the United States? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Have you EVER been ordered to be removed, excluded or deported from the United States? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Have you EVER been denied a visa or denied admission to the United States? (If a visa was denied, explain why on a separate sheet of paper.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Have you EVER been granted voluntary departure by an immigration officer or an immigration judge and failed to depart within the allotted time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
-

15. Are you under a final order or civil penalty for violating section 274C (producing and/or using false documentation to unlawfully satisfy a requirement of the Immigration and Nationality Act)?

☐ Yes ☐ No

16. Have you ever, by fraud or willful misrepresentation of a material fact, sought to procure, or procured, a visa or other documentation, for entry into the United States or any immigration benefit?

☐ Yes ☐ No

17. Have you ever left the United States to avoid being drafted into the U.S. Armed Forces?

☐ Yes ☐ No

Part 3. Processing information. (Continued.)

18. Have you ever been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement and not yet complied with that requirement or obtained a waiver of such? ☐ Yes ☐ No

19. Have you ever detained, retained, or withheld the custody of a child, having a lawful claim to United States citizenship, outside the United States from a United States citizen granted custody? ☐ Yes ☐ No

20. Do you plan to practice polygamy in the United States? ☐ Yes ☐ No

21. Have you entered the United States as a stowaway? ☐ Yes ☐ No

22. a. Do you have a communicable disease of public health significance? ☐ Yes ☐ No

b. Do you have or have you had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated with the disorder which has posed or may pose a threat to the property, safety, or welfare of yourself or others? ☐ Yes ☐ No

c. Are you now or have you been a drug abuser or drug addict? ☐ Yes ☐ No

Part 4. Information about spouse and/or children. (Continued.)

1. ☐ Spouse

Family Name

Given Name

Middle Name

Date of Birth (mm/dd/yyyy)

Country of Birth

Relationship

Current Location

2. ☐ Children

Family Name

Given Name

Middle Name

Date of Birth (mm/dd/yyyy)

Country of Birth

Relationship

Current Location

Family Name

Given Name

Middle Name

Date of Birth (mm/dd/yyyy)

Country of Birth

Relationship

Current Location

(If more space is needed, attach additional sheet(s) of paper.)

Part 5. Filing on behalf of family members.

I am now petitioning for one or more qualifying family member(s). *(If "Yes," complete and include Form I-918, Supplement A and Supplement B, for each family member for whom you are petitioning.)*

☐ Yes

☐ No

Part 6. Attestation, release and signature. *(Read information on penalties in the instructions before completing this part.)*

I certify, under penalty of perjury under the laws of the United States of America, that the information provided with this petition is all true and correct. I certify also that I have not withheld any information that would affect the outcome of this petition.

Signature

Date *(mm/dd/yyyy)*

NOTE: *If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may not be found eligible for the benefit sought and this petition will be denied.*

Part 7. Signature of person preparing form, if other than above. *(Sign below.)*

I declare that I prepared this petition at the request of the above person, and it is based on all information of which I have knowledge. I have not knowingly withheld any material information that would affect the outcome of this petition.

Attorney or Representative: In the event of a Request for Evidence, may USCIS contact you by Fax or E-Mail? ☐ Yes ☐ No

Preparer's Signature

Date *(mm/dd/yyyy)*

Preparer's Printed Name

Preparer's Firm Name *(if applicable)*

Preparer's Address

Daytime Phone Number *(with area code)*

Fax Number *(if any)*

E-Mail Address *(if any)*

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

I-918 Supplement A, Petition for Qualifying Family Member of U-1 Recipient

START HERE - Please type or print in black ink.

(The recipient of the U-1 nonimmigrant classification is referred to as the "principal."
His or her family member(s) is referred to as a "derivative." Form I-918, Supplement A is
to be completed by the principal.)

Part 1. Family member(s) relationship to you (the principal).

The family member that I am filing for is my:

- ☐ Spouse ☐ Child
☐ Parent ☐ Unmarried sibling under 18 years of age

Part 2. Information about you.

Family Name Given Name Middle Name

Date of Birth (mm/dd/yyyy) A # (if any)

Status of your Form I-918, Petition for U Nonimmigrant Status.

- ☐ Pending ☐ Approved

Part 3. Information about your family member (the derivative).

Family Name Given Name Middle Name

Other Names Used (Include maiden name/nickname)

Date of Birth (mm/dd/yyyy) Country of Birth Country of Citizenship

Residence or Intended Residence in the U.S. - Street Number and Name Apt. #

City State/Province Zip/Postal Code

Safe Mailing Address (if other than above) - Street Number and Name Apt. #

C/O (in care of):

City State/Province Zip/Postal Code

A # (if any) U.S. Social Security # (if any) I-94 # (if any)

Home Phone # (with area code) Safe Daytime Phone # (with area code)

Marital Status Gender
☐ Single ☐ Married ☐ Male
☐ Divorced ☐ Widowed ☐ Female

For USCIS Use Only.

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

U.S. Embassy/Consulate:

Validity Dates

From: _____
To: _____

Remarks

Conditional Approval

Stamp #: _____ Date _____

Action Block

To Be Completed by

Attorney or Representative, if any.

- ☐ Fill in box if G-28 is attached to
represent the applicant.

ATTY State License #

Part 4. Additional information about your family member.

1. Give the following information about your family member if he or she is currently in the United States.

Place of Last Entry	Date of Last Entry	Current Immigration Status
<input type="text"/>	<input type="text"/>	<input type="text"/>
Passport #	Place of Issuance	Date of Issue (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Give the following information about your family member if he or she has previously traveled to the United States.

Place of Entry	Date of Entry (mm/dd/yyyy)	Date Authorized Stay Expired (mm/dd/yyyy)	Immigration Status
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. If your relative was previously married, list names of prior spouses and dates of termination of marriage. Documents such as divorce decrees or death certificates must be attached.

Name of Former Spouse(s)	Date Marriage Ended (mm/dd/yyyy)	Where and How Marriage Ended
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. If your relative is outside the United States give the U.S. consulate or inspection facility you want notified if this petition is approved.

Type of Office (Check one): ☐ Consulate ☐ Pre-flight inspection ☐ Port of Entry

Office Address (City) U.S. State or Foreign Country

Foreign Address Where You Want Notification Sent.

5. Has your family member ever been in immigration proceedings? ☐ Yes ☐ No

If "Yes," what type of proceedings? (Check all that apply.)

<input type="checkbox"/> Removal Date (mm/dd/yyyy)	<input type="checkbox"/> Exclusion Date (mm/dd/yyyy)	<input type="checkbox"/> Deportation Date (mm/dd/yyyy)	<input type="checkbox"/> Recission Date (mm/dd/yyyy)	<input type="checkbox"/> Judicial Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Is your family member requesting an Employment Authorization Document? (If "Yes," submit Form I-765, Application for Employment Authorization Document, separately.) ☐ Yes ☐ No

NOTE: If your family member is living outside the United States, he or she is not eligible to receive employment authorization until he or she is lawfully admitted to the United States. Do not file an I-765 for a family member living outside the United States.

7. List your family member's spouse and children. (Attach additional sheet(s) of paper if necessary.)

Full Name	Date of Birth (mm/dd/yyyy)	Country of Birth	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 4. Additional information about your family member. (Continued.)

Please answer the following questions about your family member. For the purposes of this petition, you must answer “Yes” to the following questions, if applicable, even if the records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney, told you that your family member no longer has a record. (*Answering “Yes” does not necessarily mean that your family member will be denied U nonimmigrant status.*)

8. Has the family member for whom you are filing EVER:

- a. Committed a crime or offense for which he or she has not been arrested? ☐ Yes ☐ No
- b. Been arrested, cited, or detained by any law enforcement officer (including DHS (former INS) and military officers) for any reason? ☐ Yes ☐ No
- c. Been charged with committing any crime or offense? ☐ Yes ☐ No
- d. Been convicted of a crime or offense (even if violation was subsequently expunged or pardoned)? ☐ Yes ☐ No
- e. Been placed in an alternative sentencing or a rehabilitative program (for example: diversion, deferred prosecution, withheld adjudication, deferred adjudication)? ☐ Yes ☐ No
- f. Received a suspended sentence, been placed on probation, or been paroled? ☐ Yes ☐ No
- g. Been in jail or prison? ☐ Yes ☐ No
- h. Been the beneficiary of a pardon, amnesty, rehabilitation, or other act of clemency or similar action? ☐ Yes ☐ No
- i. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? ☐ Yes ☐ No

If the answer is “Yes” to any of the above questions, complete the following table. If you need more space, use a separate sheet(s) of paper.

Why was the family member for whom you are filing arrested, cited, detained or charged?	Date of arrest, citation, detention, charge. (mm/dd/yyyy)	Where was the family member for whom you are filing arrested, cited, detained or charged? (City, State, Country)	Outcome or disposition. (e.g., no charges filed, charges dismissed, jail, probation, etc.)

-
- 9. Has the family member for whom you are filing ever received public assistance in the United States from any source, including the U.S. government or any State, county, city or other municipality (other than emergency medical treatment), or is he or she likely to receive public assistance in the future?**

☐ Yes ☐ No

Part 4. Additional information about your family member. (Continued.)

10. Has the family member for whom you are filing:

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| a. Engaged in prostitution or procurement of prostitution or does he or she intend to engage in prostitution or procurement of prostitution? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Ever engaged in any unlawful commercialized vice, including, but not limited to illegal gambling? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Ever knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the United States illegally? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Ever illicitly trafficked in any controlled substance, or knowingly assisted, abetted or colluded in the illicit trafficking of any controlled substance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
-

11. Has the family member for whom you are filing ever committed, planned or prepared, participated in, threatened to, attempted to, or conspired to commit, gathered information for, solicited funds for any of the following:

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| a. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Assassination? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individual or to cause substantial damage to property? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. The use of any biological agent, chemical agent, or nuclear weapon or device, or explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
-

12. Has the family member for whom you are filing ever been a member of, solicited money or members for, provided support for, attended military training (as defined in section 2339D(c)(1) of title 18, United States Code) by or on behalf of, or been associated with an organization that is:

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| a. Designated as a terrorist organization under section 219 of the Immigration and Nationality Act? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Any other group of two or more individuals, whether organized or not, which has engaged in or has a subgroup which has engaged in: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Assassination? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
-

Part 4. Additional information about your family member. (Continued.)

4. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individual or to cause substantial damage to property? ☐ Yes ☐ No
5. The use of any biological agent, chemical agent, or nuclear weapon or device, or explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? ☐ Yes ☐ No
6. Soliciting money or members or otherwise providing material support to a terrorist organization? ☐ Yes ☐ No
-

13. Does the family member for whom you are filing intend to engage in the United States in:

- a. Espionage? ☐ Yes ☐ No
- b. Any unlawful activity, or any activity the purpose of which is in opposition to, or the control or overthrow of the government of the United States? ☐ Yes ☐ No
- c. Solely, principally, or incidentally in any activity related to espionage or sabotage or to violate any law involving the export of goods, technology, or sensitive information? ☐ Yes ☐ No
-

14. Has the family member for whom you are filing ever been or does her or she continue to be a member of the Communist or other totalitarian party, except when membership was involuntary? ☐ Yes ☐ No

15. Has the family member for whom you are filing, during the period of March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever ordered, incited, assisted or otherwise participated in the persecution of any person because of race, religion, nationality, membership in a particular social group or political opinion? ☐ Yes ☐ No

16. Has the family member for whom you are filing EVER ordered, committed, assisted, helped with, or otherwise participated in any act that involved:

- a. Torture or genocide? ☐ Yes ☐ No
- b. Killing, beating, or injuring any person? ☐ Yes ☐ No
- c. Displacing or moving any persons from their residence by force, threat of force, compulsion, or duress? ☐ Yes ☐ No
- d. Engaging in any kind of sexual contact or relations with any person who was being subjected to force, threat of force, compulsion, or duress? ☐ Yes ☐ No
- e. Limiting or denying any person's ability to exercise religious beliefs? ☐ Yes ☐ No
- f. The persecution of any person because of race, religion, national origin, membership in a particular social group, or political opinion? ☐ Yes ☐ No

If the answer is "Yes," please describe the circumstances on a separate sheet(s) of paper.

Part 4. Additional information about your family member. (Continued.)

17. Has the family member for whom you are filing EVER advocated that another person commit any of the acts described in the preceding question, urged, or encouraged another person, to commit such acts? (If the answer is "Yes," describe the circumstances on a separate sheet(s) of paper.) ☐ Yes ☐ No
-
18. Has the family member for whom you are filing EVER been present or nearby when any person was:
- a. Intentionally killed, tortured, beaten, or injured? ☐ Yes ☐ No
 - b. Displaced or moved from his or her residence by force, compulsion or duress? ☐ Yes ☐ No
 - c. In any way compelled or forced to engage in any kind of sexual contact or relations? ☐ Yes ☐ No
- If the answer is "Yes," please describe the circumstances on a separate sheet(s) of paper.
-
19. Has the family member for whom you are filing (or has any member of his or her family) EVER served in, been a member of, or been involved in any way with:
- a. Any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, or insurgent organization? ☐ Yes ☐ No
 - b. Any prison, jail, prison camp, detention camp, labor camp, or any other situation that involved guarding prisoners? ☐ Yes ☐ No
 - c. Any group, unit, or organization of any kind in which you or other persons possessed, transported, or used any type of weapon? ☐ Yes ☐ No
- If the answer is "Yes," please describe the circumstances on a separate sheet(s) of paper.
-
20. Has the family member for whom you are filing EVER received any type of military, paramilitary or weapons training? (If the answer is "Yes," please describe the circumstances on a separate sheet(s) of paper.) ☐ Yes ☐ No
-
21. a. Are removal, exclusion, rescission or deportation proceedings pending against the family member for whom you are filing? ☐ Yes ☐ No
- b. Have removal, exclusion, rescission or deportation proceedings **EVER** been initiated against the family member for whom you are filing? ☐ Yes ☐ No
- c. Has the family member for whom you are filing **EVER** been removed, excluded or deported from the United States? ☐ Yes ☐ No
- d. Has the family member for whom you are filing **EVER** been ordered to be removed, excluded or deported from the United States? ☐ Yes ☐ No

Part 4. Additional information about your family member. (Continued.)

e. Has the family member for whom you are filing **EVER** been denied a visa or denied admission to the United States? *(If a visa was denied, explain why on a separate sheet of paper.)* ☐ Yes ☐ No

f. Has the family member for whom you are filing **EVER** been granted voluntary departure by an immigration officer or an immigration judge and failed to depart within the allotted time? ☐ Yes ☐ No

22. Is the family member for whom you are filing under a final order or civil penalty for violating section 274C (producing and/or using false documentation to unlawfully satisfy a requirement of the Immigration and Nationality Act)? ☐ Yes ☐ No

23. Has the family member for whom you are filing ever, by fraud or willful misrepresentation of a material fact, sought to procure, or procured, a visa or other documentation, for entry into the United States or any immigration benefit? ☐ Yes ☐ No

24. Has the family member for whom you are filing ever left the United States to avoid being drafted into the U.S. Armed Forces? ☐ Yes ☐ No

25. Has the family member for whom you are filing ever been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement and not yet complied with that requirement or obtained a waiver of such? ☐ Yes ☐ No

26. Has the family member for whom you are filing ever detained, retained, or withheld the custody of a child, having a lawful claim to United States citizenship, outside the United States from a United States citizen granted custody? ☐ Yes ☐ No

27. Does the family member for whom you are filing plan to practice polygamy in the United States? ☐ Yes ☐ No

21. Have you entered the United States as a stowaway? ☐ Yes ☐ No

22. a. Do you have a communicable disease of public health significance? ☐ Yes ☐ No

b. Do you have or have you had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated with the disorder which has posed or may pose a threat to the property, safety, or welfare of yourself or others? ☐ Yes ☐ No

c. Are you now or have you been a drug abuser or drug addict? ☐ Yes ☐ No

Part 5. Attestation, release and signature. *(Read information on penalties in the instructions before completing this part.)*

I certify, under penalty of perjury under the laws of the United States of America, that the information provided with this petition is all true and correct. I certify also that I have not withheld any information that would affect the outcome of this petition.

Signature of Principal *(you)*

Date *(mm/dd/yyyy)*

Please Note: *Your qualifying family member for whom you are filing must sign if he or she is present in the United States.*

Signature of Qualifying Family Member if in the United States

Date *(mm/dd/yyyy)*

WARNING: *Petitioners who are in the United States illegally are subject to removal if their claims are not granted. Any information provided while completing this supplementary petition may be used as a basis for the institution of, or as evidence in, removal proceedings even if the petition is withdrawn.*

Part 6. Signature of person preparing form, if other than above. *(Sign below.)*

I declare that I prepared this petition at the request of the above person, and it is based on all information of which I have knowledge. I have not knowingly withheld any material information that would affect the outcome of this petition.

Attorney or Representative: In the event of a Request for Evidence, may USCIS contact you by Fax or E-Mail? ☐ Yes ☐ No

Preparer's Signature

Date *(mm/dd/yyyy)*

Preparer's Printed Name

Preparer's Firm Name *(if applicable)*

Preparer's Address

Daytime Phone Number *(with area code)*

Fax Number *(if any)*

E-Mail Address *(if any)*

Instructions for I-918, Supplement B, U Nonimmigrant Status Certification

Instructions

Please read these instructions carefully to properly complete this form. If you need more space to complete an answer, use a separate sheet(s) of paper. Write your name and Alien Registration Number (A #), if any, at the top of each sheet of paper and indicate the part and number of the item to which the answer refers.

What Is the Purpose of This Form?

You should use Form I-918, Supplement B, to certify that an individual submitting a Form I-918, Petition for U Nonimmigrant Status, is a victim of certain qualifying criminal activity and is, has been, or is likely to be helpful in the investigation or prosecution of that activity.

When Should I Use Form I-918, Supplement B?

If you, the certifying official, determine that this individual (better known as the petitioner) is, has been, or is likely to be helpful in your investigation or prosecution, you may complete this supplement form. The **petitioner** must then submit the supplement to USCIS with his or her petition for U nonimmigrant status.

NOTE: An agency's decision to provide a certification is entirely discretionary; the agency is under no legal obligation to complete a Form I-918, Supplement B, for any particular alien. However, without a completed Form I-918, Supplement B, the alien will be ineligible for U nonimmigrant status.

To be eligible for U nonimmigrant status, the alien must be a victim of qualifying criminal activity. The term "victim" generally means an alien who has suffered direct and proximate harm as a result of the commission of qualifying criminal activity.

The alien spouse, unmarried children under 21 years of age and, if the victim is under 21 years of age, parents and unmarried siblings under 18 years of age, will be considered victims of qualifying criminal activity where:

1. The direct victim is deceased due to murder or manslaughter, or
2. Where a violent qualifying criminal activity has caused the direct victim physical harm of a kind and degree that makes the direct victim incompetent or incapacitated, and, therefore, unable to provide information concerning the criminal activity or to be helpful in the investigation or prosecution of the criminal activity.

An alien may be considered a victim of witness tampering, obstruction of justice, or perjury, including any attempt, conspiracy, or solicitation to commit one or more of those offenses if:

1. The victim has been directly and proximately harmed by the perpetrator of the witness tampering, obstruction of justice, or perjury; **and**
2. There are reasonable grounds to conclude that the perpetrator committed the witness tampering, obstruction of justice, or perjury offense, at least in principal part, as a means:
 - A. To avoid or frustrate efforts to investigate, arrest, prosecute, or otherwise bring to justice the perpetrator for other criminal activity; or
 - B. To further the perpetrator's abuse or exploitation of or undue control over the petitioner through manipulation of the legal system.

A person who is culpable for the qualifying criminal activity being investigated or prosecuted is excluded from being recognized as a victim.

A victim of qualifying criminal activity must provide evidence that he or she (or in the case of an alien under the age of 16 years or who is incapacitated or incompetent, the parent, guardian, or next friend of the alien) has been, is being, or is likely to be helpful to a certifying official in the investigation or prosecution of the qualifying criminal activity as listed in **Part 3** of this form. Being "helpful" means assisting law enforcement authorities in the investigation or prosecution of the qualifying criminal activity of which he or she is a victim.

General Instructions.

Fill Out the Form I-918, Supplement B

1. Type or print legibly in black ink.
2. If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and date and sign each sheet.

3. Answer all questions fully and accurately. State that an item is not applicable with "N/A." If the answer is none, write "none."

This form is divided into **Parts 1** through **7**. The following information should help you fill out the form.

Part 1 - Victim information.

- A. Family Name** (Last Name) - Give victim's legal name.
- B. Given Name** (First name) - Give victim's full first name, do not use "nicknames." (Example: If victim's name is Albert, do not use Al.)
- C. Other Names Used** - Provide all the names the victim has used that you are aware of, including maiden name if applicable, married names, nicknames, etc.
- D. Date of Birth** - Use eight numbers to show his or her date of birth (example: May 1, 1979, should be written 05/01/1979).
- E. Gender** - Check the appropriate box.

Part 2 - Agency information.

- A. Name of certifying agency** - The certifying agency must be a Federal, State, or local law enforcement agency, prosecutor, or authority, or Federal or State judge, that has responsibility for the investigation or prosecution, conviction or sentencing of the qualifying criminal activity of which the petitioner was a victim.

This includes traditional law enforcement branches within the criminal justice system, and other agencies that have criminal investigative jurisdiction in their respective areas of expertise, such as the child protective services, Equal Employment Opportunity Commission, and Department of Labor.

- B. Name of certifying official** - A certifying official is:
1. The head of the certifying agency or any person in a supervisory role, who has been specifically designated by the head of the certifying agency to issue a U Nonimmigrant Status Certification on behalf of that agency; **or**
 2. A Federal, state or local judge.

If the certification is not signed by the head of the certifying agency, please attach evidence of the agency head's written designation of the certifying official for this specific purpose.

- C. Agency address** - Give the agency's mailing address.

Part 3 - Criminal acts.

- A. Check all of the crimes of which the petitioner is a victim that your agency is investigating, prosecuting, or sentencing** - If the crime(s) of which the petitioner is a victim is not listed, please list the crime(s) and provide a written explanation regarding how it is similar to one of the listed crimes. Similar activity refers to criminal offenses in which the nature and elements of the offenses are substantially similar to the list of criminal activity found on the certification form itself.
- B. Indicate whether the qualifying criminal activity violated the laws of the United States or occurred within the United States (including in Indian country and military installations) or the territories and possessions of the United States** - Qualifying criminal activity of which the applicant is a victim had to violate U.S. law or occur within the United States.

Please indicate whether the qualifying criminal activity occurred within the United States (including in Indian country and military installations) or the territories and possessions of the United States.

1. **United States** means the continental United States, Alaska, Hawaii, Puerto Rico, Guam, and the U.S. Virgin Islands.
2. **Indian country** refers to all land within the limits of any Indian reservation under the jurisdiction of the United States Government, notwithstanding the issuance of any patent, and including rights-of-way running through the reservation; all dependent Indian communities within the borders of the United States whether within the original or subsequently acquired territory thereof, and whether within or without the limits of a state; and all Indian allotments, the Indian titles to which have not been extinguished, including rights-of-way running through such allotments.
3. **Military installation** means any facility, base, camp, post, encampment, station, yard, center, port, aircraft, vehicle, or vessel under the jurisdiction of the Department of Defense, including any leased facility, or any other location under military control.

4. Territories and possessions of the United States

means American Samoa, Bajo Nuevo (the Petrel Islands), Baker Island, Howland Island, Jarvis Island, Johnston Atoll, Kingman Reef, Midway Atoll, Navassa Island, Northern Mariana Islands, Palmyra Atoll, Serranilla Bank, and Wake Atoll.

If the qualifying criminal activity did not occur within the United States as discussed above, but was in violation of U.S. law, it must violate a Federal extraterritorial jurisdiction statute. There is no requirement that a prosecution actually occur. Please provide the statutory citation for the extraterritorial jurisdiction.

Part 4 - Helpfulness of the victim.

- A. Indicate whether the victim possesses information about the crime(s).** A petitioner must be in possession of information about the qualifying criminal activity of which he or she is a victim. A petitioner is considered to possess information concerning qualifying criminal activity of which he or she is a victim if he or she has knowledge of details concerning that criminal activity that would assist in the investigation or prosecution of the criminal activity. Victims with information about a crime of which they are not the victim will not be considered to possess information concerning qualifying criminal activities.

When the victim is under 16 years of age, incapacitated or incompetent, he or she is not required to personally possess information regarding the qualifying criminal activity. The parent, guardian, or "next friend" of the minor petitioner may provide that information. "Next friend" is a person who appears in a lawsuit to act for the benefit of an alien victim. The "next friend" is not a party to the legal proceeding and is not appointed as a guardian.

- B. Provide an explanation of the victim's helpfulness to the investigation or prosecution of the criminal activity.** A victim must provide evidence to USCIS that he or she (or, in the case of an alien child under the age of 16 or who is incapacitated or incompetent, the parent, guardian, or next friend of the alien) has been, is being, or is likely to be helpful to a certifying law enforcement official in the investigation or prosecution of the qualifying criminal activity.

Being "helpful" means assisting law enforcement authorities in the investigation or prosecution of the qualifying criminal activity of which he or she is a victim. Alien victims who, after initiating cooperation, refuse to provide continuing assistance when needed will not meet the helpfulness requirement. There is an ongoing responsibility on the part of the victim to be helpful, assuming there is an ongoing need for the victim's assistance.

You, the certifying official, will make the initial determination as to the helpfulness of the petitioner. USCIS will give a properly executed Supplement B, U Nonimmigrant Status Certification significant weight, but it will not be considered conclusory evidence that the victim has met the eligibility requirements. USCIS will look at the totality of the circumstances surrounding the alien's involvement with your agency and all other information known to USCIS in determining whether the alien meets the elements of eligibility.

Part 5 - Family members implicated in criminal activity.

List whether any of the victim's family members are believed to have been involved in the criminal activity of which he or she is a victim. An alien victim is prohibited from petitioning for derivative U nonimmigrant status on behalf of a qualifying family member who committed battery or extreme cruelty or trafficking against the alien victim which established his or her eligibility for U nonimmigrant status. Therefore, USCIS will not grant an immigration benefit to a qualifying family member who committed qualifying criminal activities in a family violence or trafficking context.

Part 6 - Certification.

Please read the certification block carefully. **NOTE:** 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, even after this form is submitted to USCIS, you **must** notify USCIS by sending a written statement to: USCIS - Vermont Service Center, 75 Lower Welden Street, St. Albans, VT 05479-0001. Please include the victim's name, date of birth, and A-number (if available) on all correspondence.

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

Other Names Used (Include maiden name/nickname)

Date of Birth (mm/dd/yyyy)

Gender

☐

Male

☐

Female

Part 2. Agency information.

Name of Certifying Agency

Name of Certifying Official

Title and Division/Office of Certifying Official

Name of Head of Certifying Agency

Agency Address - Street Number and Name

Suite #

City

State/Province

Zip/Postal Code

Daytime Phone # (with area code and/or extension)

Fax # (with area code)

Agency Type

☐

Federal

☐

State

☐

Local

Case Status

☐

On-going

☐

Completed

☐

Other

Certifying Agency Category

☐

Judge

☐

Law Enforcement

☐

Prosecutor

☐

Other

Case Number

FBI # or SID # (if applicable)

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.)

☐ Abduction

☐ Female Genital Mutilation

☐ Obstruction of Justice

☐ Slave Trade

☐ Abusive Sexual Contact

☐ Hostage

☐ Peonage

☐ Torture

☐ Blackmail

☐ Incest

☐ Perjury

☐ Trafficking

☐ Domestic Violence

☐ Involuntary Servitude

☐ Prostitution

☐ Unlawful Criminal Restraint

☐ Extortion

☐ Kidnapping

☐ Rape

☐ Witness Tampering

☐ False Imprisonment

☐ Manslaughter

☐ Sexual Assault

☐ Related Crime(s)

☐ Felonious Assault

☐ Murder

☐ Sexual Exploitation

☐ Other: (If more space needed, attach separate sheet of paper.)

☐ Attempt to commit any of the named crimes

☐ Conspiracy to commit any of the named crimes

☐ Solicitation to commit any of the named crimes

Part 3. Criminal acts. (Continued.)

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

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

3. List the statutory citation(s) for the criminal activity being investigated or prosecuted, or that was investigated or prosecuted.

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

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

☐ Yes

☐ No

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

- c. Where did the criminal activity occur?

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.

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

Part 4. Helpfulness of the victim.

The victim (or parent, guardian or next friend, if the victim is under the age of 16, incompetent or incapacitated.):

1. Possesses information concerning the criminal activity listed in **Part 3**.

☐ Yes

☐ No

2. Has been, is being or is likely to be helpful in the investigation and/or prosecution of the criminal activity detailed above. (Attach an explanation briefly detailing the assistance the victim has provided.)

☐ Yes

☐ No

3. Has not been requested to provide further assistance in the investigation and/or prosecution. (Example: prosecution is barred by the statute of limitation.) (Attach an explanation.)

☐ Yes

☐ No

4. Has unreasonably refused to provide assistance in a criminal investigation and/or prosecution of the crime detailed above. (Attach an explanation.)

☐ Yes

☐ No

Part 4. Helpfulness of the victim. *(Continued.)*

Part 5. Family members implicated in criminal activity.

☐ Yes ☐ No

Full Name	Relationship	Involvement

Part 6. Certification.

Signature of Certifying Official Identified in Part 2. <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>	Date (mm/dd/yyyy) <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
----------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------