

I-914, Application for T Nonimmigrant Status

START HERE - Please type or print. Use black ink. See Instructions for information about eligibility and how to complete and file this application.

PART A. Purpose for Filing the Application.

Check all that apply:

- ☐ I am filing an application for T-1 nonimmigrant status, and have not previously filed for such status.
- ☐ I have a T-1 application pending. EAC # _____
- ☐ I have received T-1 status.
- ☐ I am applying to bring family member(s) to the United States.

PART B. General Information About Applicant.

Family Name	Given Name	Middle Name
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Other Names Used (If any)? (Include maiden name and aliases)

Residence in the U.S. (Street Number and Name)	Apt. No.	Home Phone
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City	State	Zip Code
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SAFE Mailing Address in the U.S., if other than above.	Apt. No.	Daytime Phone
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City	State	Zip Code
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Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
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A# (If any)	U.S. Social Security # (If any)	Date of Birth (mm/dd/yyyy)
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Country of Birth	Country of Citizenship
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Passport #	Issue Date (mm/dd/yyyy)	Place of Issuance
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I-94 #	Date of Last Entry into U.S.
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Place of Last Entry into U.S.	Current Immigration Status
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Bar Code

Date Stamp

Remarks

Bona Fide Application

Initials Stamp # Date

Waiting List

Initials Stamp # Date

Action Block

PART C. Details Related to T Nonimmigrant Status.

When answering the following questions about your claim you should explain relevant information. You should **attach documents in support of your claim that you are a victim of a severe form of trafficking in persons** and the specific facts on which you are relying to support your claim. If only applying for T derivative status subsequent to the Principal Applicant's initial filing, evidence supporting the original application is not required to be resubmitted with the Form I-914. (Attach additional sheets of paper as needed, labeling them as Part C and the question number. Refer to Instructions for further information.) Check either Yes or No, as appropriate.

- I **am** or have been a victim of a severe form of trafficking in persons. (Attach evidence to support your claim.) ☐ Yes ☐ No
- I **am** submitting a Law Enforcement Agency (LEA) declaration on Form I-914, Supplement B, Declaration of Law Enforcement Officer for Victim of Trafficking in Persons. (If No, explain why you are not submitting the LEA Certification.) ☐ Yes ☐ No
- I **am** physically present in the United States, American Samoa, or the Commonwealth of the Northern Mariana Islands, or at a port of entry, **on account of trafficking**. (If Yes, explain in detail and attach evidence and documents supporting this claim.) ☐ Yes ☐ No
- I fear that I will suffer extreme hardship involving unusual and severe harm upon removal. (If Yes, explain in detail and attach evidence and documents supporting this claim.) ☐ Yes ☐ No

PART C. T Nonimmigrant Status. (Continued)

5. I have reported the crime of which I am claiming to be a victim. (If Yes, indicate to which law enforcement agency and office you have made the report, the address and phone number of that office, and the case number assigned, if any. If No, please explain the circumstances.) ☐ Yes ☐ No

Law Enforcement Agency and Office	Address	Phone No.
		Case No.

6. I am under the age of 18 years. (If Yes, proceed to Question 8.) ☐ Yes ☐ No

7. I have complied with requests from U.S. government authorities for assistance in the investigation or prosecution of acts of trafficking. (If No, explain the circumstances. You may add additional pages if necessary, marking them Form I-914, Part C.7.) ☐ Yes ☐ No

8. This is the first time I have entered the United States. (If No, list each date, place of entry and under which status you entered the United States for the past five years, and explain the circumstances of your most recent arrival.) ☐ Yes ☐ No

Date of Entry

Place of Entry

Status

9. My most recent entry was on account of the trafficking that forms the basis for my claim. (Explain the circumstances of your most recent arrival.) ☐ Yes ☐ No

10. I want an Employment Authorization Document. ☐ Yes ☐ No

11. I am now applying for one or more eligible family members. (If Yes, complete and include a Form I-914, Supplement A, Application for Immediate Family Member of T-1 Recipient, for each family member for whom you are now applying. You may also apply to bring eligible family members to the United States at a later date.) ☐ Yes ☐ No

PART D. Processing Information.

Please answer the following questions. (If your answer is "Yes" to any one of these questions, explain on a separate piece of paper. Additionally, if any of the acts or circumstances below are related to your having been a victim of a severe form of trafficking, please explain. Answering "Yes" does not necessarily mean that you are not entitled to adjust your status or register for permanent residence.)

1. Have you ever, in or outside the United States:
- a. knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested? ☐ Yes ☐ No
 - b. been arrested, cited, charged, indicted, fined or imprisoned for breaking or violating any law or ordinance, excluding traffic violations? ☐ Yes ☐ No
 - c. been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action? ☐ Yes ☐ No
 - d. exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States.? ☐ Yes ☐ No
2. Have you ever received public assistance in the United States from any source, including the United States government or any state, country, city or municipality (other than emergency medical treatment), or are you likely to receive public assistance in the future? ☐ Yes ☐ No
3. Have you ever:
- a. within the past ten years been a prostitute or procured anyone for prostitution, or intend to engage in any such activities in the future? ☐ Yes ☐ No
 - b. engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? ☐ Yes ☐ No
 - c. knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the United States illegally? ☐ Yes ☐ No
 - d. illicitly trafficked in any controlled substance, firearms, or persons, or knowingly assisted, abetted or colluded in illegal trafficking? ☐ Yes ☐ No

PART D. Processing Information. (Continued)

4. Have you ever engaged in, conspired to engage in, or do you intend to engage in, sabotage, kidnapping, political assassination, hijacking or any other form of terrorist activity? ☐ Yes ☐ No
5. Have you ever solicited membership or funds for, or have you through any means ever assisted or provided any type of material support to, any person or organization that has engaged or conspired to engage in sabotage, kidnapping, political assassination, hijacking or any other form of terrorist activity? ☐ Yes ☐ No
6. Do you intend to engage in the United States in:
- a. espionage? ☐ Yes ☐ No
- b. any activity a purpose of which is opposition to, or the control or overthrow of, the government of the United States, by force, violence or other unlawful means? ☐ Yes ☐ No
- c. any activity to violate or evade any law prohibiting the export from the United States of goods, technology or sensitive information? ☐ Yes ☐ No
7. Have you ever been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party? ☐ Yes ☐ No
8. Did you, during the period from 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 order, incite, assist or otherwise participate in the persecution of any person because of race, religion, national origin or political opinion? ☐ Yes ☐ No
9. Have you ever engaged in genocide, or otherwise ordered, incited, assisted or otherwise participated in the killing of any person because of race, religion, nationality, ethnic origin or political opinion? ☐ Yes ☐ No
10. Have you ever been deported from the United States, or removed from the United States at government expense, excluded within the past year, or are you now in exclusion or deportation proceedings? ☐ Yes ☐ No
11. Are you under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act for use of fraudulent documents or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the United States or any immigration benefit? ☐ Yes ☐ No
12. Have you ever left the United States to avoid being drafted into the U.S. Armed Forces? ☐ Yes ☐ No
13. 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? ☐ Yes ☐ No
14. Are you now withholding custody of a U.S. citizen child outside the United States from a person granted custody of the child? ☐ Yes ☐ No
15. Do you plan to practice polygamy in the United States? ☐ Yes ☐ No

PART E. Information about Your Family Members.

Provide the following information about your spouse and all of your sons and daughters. If you need more space, use a separate sheet of paper.

Full Name	Family Relationship	Date of Birth (mm/dd/yyyy)	"A"- Number (if applicable)	Country of Birth	Current Address (Street, City, State and Country)

Complete Form I-914, Supplement A, Application for Immediate Family Member of T-1 Recipient, for each family member listed above for whom you are now applying to have join you in the United States, and attach it to this application.

PART F. Attestation and Release.

After reading the information regarding penalties in the instructions, complete and sign below. If someone helped you prepare this application, he or she must complete Part G.

I have read, or had read to me, this form, the information provided on it and the evidence provided with it, and I certify, under penalty of perjury under the laws of the United States of America, that all of the information in this entire application package, including the documentary evidence submitted with it, is true and correct.

I authorize the release of any information from my record that the U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking, to investigate my claim and to investigate fraudulent claims. I further authorize the U.S. Citizenship and Immigration Services to release information to law enforcement agencies and prosecutors investigating or prosecuting crimes of trafficking or related crimes.

Signature of Applicant (*the Person in Part A.*)

[_____]

(*Sign your name within the brackets*)

Date ((mm/dd/yyyy))

PART G. Preparer and/or Translator Certification.

To be completed and signed if form is prepared by a person other than the applicant.

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

(*Preparer's/Translator's Printed Name*)

(*Preparer's/Translator's Signature*)

Address _____

Phone Number _____

Date (mm/dd/yyyy) _____

Relationship to the Applicant _____

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

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

I-914, Supplement A-Application for Immediate Family Member of T-1 Recipient

START HERE - Please type or print. Use black ink. See Instructions for information about eligibility and how to complete and file this application. The recipient of the T nonimmigrant classification is referred to as the principal applicant. His or her family members are referred to as derivative applicants. The Form I-914, Supplement A, is to be completed by the principal applicant.

PART A. Relationship.

The derivative applicant is my: (Check one) ☐ Husband/Wife ☐ Child ☐ Parent

PART B. Information About Principal Applicant.

Family Name	Given Name	Middle Name
Date of Birth (mm/dd/yyyy)	A# (If any)	
Principal applicant's application has been previously: (Check One)		
<input type="checkbox"/> Submitted	<input type="checkbox"/> Granted Conditional Approval	
<input type="checkbox"/> Found Bona Fide	<input type="checkbox"/> Approved for T Nonimmigrant Status	

PART C. Information About Derivative Applicant.

Family Name	Given Name	Middle Name
A # (If any)	U. S. Social Security # (If any)	
Other Names Used (If any)? (Include maiden name and aliases)		
Intended Residence in U.S. (Street Number and Name)	Apt. No.	City
State	ZIP Code	Home Phone
		Daytime Phone
SAFE Mailing Address in the U.S., if other than above.	Apt. No.	City
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Names of Prior Husband/Wives (if any), Dates Marriages Ended and Current Immigration Status (if any)		

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Date Stamp

Remarks

Action Block

State ZIP Code

Date of Birth (mm/dd/yyyy)

Country of Birth	Country of Citizenship	Passport #	Issue Date (mm/dd/yyyy)	Place of Issuance
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Is the derivative applicant currently in the United States?

☐ Yes (If Yes, complete the following.) He or she last arrived as a (visitor, student, stowaway, without inspection, other, please specify.) His or her status is _____.

☐ No (If No, please list the United States consulate by city and country, where the derivative applicant will apply for a visa. (Designation of a consulate outside of the country of your relative's last residence does not guarantee acceptance for processing by that consulate. Acceptance is at the discretion of the designated consulate.)

Has the derivative applicant previously entered the United States? ☐ Yes ☐ No (If Yes, list each previous entry during the past five years. Attach additional sheets, if necessary.)

Date of Entry Place of Entry Status

Arrival/Departure Record (I-94) Number, date arrived, and date authorized stay expired, or will expire. (As shown on Form I-94 or I-95)

PART C. Information About Derivative Applicant. (Continued)

Has family member for whom you are applying ever been under immigration proceedings?

☐ Yes ☐ No If Yes, answer the following: Where: _____ When (mm/dd/yyyy): _____
☐ Exclusion ☐ Deportation ☐ Recission ☐ Judicial Proceeding

List your family member's spouse and children. (Attach additional sheets of paper, if necessary. If family member is your spouse, list only his or her children.)

Name	Relationship	Date of Birth (mm/dd/yyyy)	Country of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you applying for employment authorization for your family member? ☐ Yes ☐ No (If Yes, submit a Form I-765, Application for Employment Authorization, for the family member.)

PART D. Processing Information.

Please answer the following questions. (If your answer is "Yes" to any one of these questions, explain on a separate piece of paper. Answering "Yes" does not necessarily mean that your family member will be denied T nonimmigrant status.)

1. Has the family member for whom you are applying ever:
 - a. knowingly committed any crime of moral turpitude or a drug-related offense for which he or she have not been arrested? ☐ Yes ☐ No
 - b. been arrested, cited, charged, indicted, fined or imprisoned for breaking or violating any law or ordinance, excluding traffic violations? ☐ Yes ☐ No
 - c. been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action? ☐ Yes ☐ No
 - d. exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? ☐ Yes ☐ No
2. Has the family member for whom you are applying ever received public assistance in the United States from any source, including the U.S. government or any state, country, city or municipality (other than emergency medical treatment), or is he or she likely to receive public assistance in the future? ☐ Yes ☐ No
3. Has the family member for whom you are applying:
 - a. within the past ten years been a prostitute or procured anyone for prostitution, or does he or she intend to engage in any such activities in the future? ☐ Yes ☐ No
 - b. engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? ☐ Yes ☐ No
 - c. knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the United States illegally? ☐ Yes ☐ No
 - d. illicitly trafficked in any controlled substance, firearms, or persons, or knowingly assisted, abetted or colluded in illegal trafficking? ☐ Yes ☐ No
4. Has the family member for whom you are applying ever engaged in, conspired to engage in, or does he or she intend to engage in, sabotage, kidnapping, political assassination, hijacking or any other form of terrorist activity? ☐ Yes ☐ No
5. Has the family member for whom you are applying ever solicited membership or funds for, or through any means ever assisted or provided any type of material support to, any person or organization that has engaged or conspired to engage in sabotage, kidnapping, political assassination, hijacking or any other form of terrorist activity? ☐ Yes ☐ No
6. Does the family member for whom you are applying intend to engage in the United States in:
 - a. espionage? ☐ Yes ☐ No
 - b. any activity a purpose of which is opposition to, or the control or overthrow of, the government of the United States, by force, violence or other unlawful means? ☐ Yes ☐ No
 - c. any activity to violate or evade any law prohibiting the export from the United States of goods, technology or sensitive information? ☐ Yes ☐ No
7. Has the family member for whom you are applying ever been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party? ☐ Yes ☐ No
8. Did the family member for whom you are applying, during the period from 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 order, incite, assist or otherwise participate in the persecution of any person because of race, religion, national origin or political opinion? ☐ Yes ☐ No

PART D. Processing Information. (Continued)

9. Has the family member for whom you are applying ever engaged in genocide, or otherwise ordered, incited, assisted or otherwise participated in the killing of any person because of race, religion, nationality, ethnic origin or political opinion? ☐ Yes ☐ No
10. Has the family member for whom you are applying ever been deported from the United States, or removed from the United States at government expense, excluded within the past year, or is he or she now in exclusion or deportation proceedings? ☐ Yes ☐ No
11. Is the family member for whom you are applying under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act for use of fraudulent documents or has he or she, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the United States or any immigration benefit? ☐ Yes ☐ No
12. Has the family member for whom you are applying ever left the United States to avoid being drafted into the United States Armed Forces? ☐ Yes ☐ No
13. Has the family member for whom you are applying 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? ☐ Yes ☐ No
14. Is the family member for whom you are applying now withholding custody of a U.S. citizen child outside the United States. from a person granted custody of the child? ☐ Yes ☐ No
15. Does the family member for whom you are applying plan to practice polygamy in the United States? ☐ Yes ☐ No
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PART E. Attestation and Release.

The Derivative Applicant, the family member for whom you are applying, must sign below if he or she is presently in the United States. If someone helped you prepare this supplementary application, he or she must complete Part F.

I have read, or had read to me, this form, the information provided on it, and the evidence provided with it, and certify, under penalty of perjury under the laws of the United States of America, that the information on this supplementary application and the evidence submitted with it are true and correct.

I authorize the release of any information from the record that the U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking for the family member for whom I am applying, to investigate my claim and to investigate fraudulent claims. I further authorize the U.S. Citizenship and Immigration Services to release information to law enforcement agencies and prosecutors investigating or prosecuting crimes of trafficking or related crimes.

[_____]

Signature of Derivative Applicant (*The family member for whom you are applying.*)

Date (mm/dd/yyyy)

[_____]

Signature of Principal (*Sign your name within the brackets*)

Date (mm/dd/yyyy)

PART F. Preparer and/or Translator Certification.

To be completed and signed if this form is prepared by a person other than the applicant.

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

(Preparer's/Translator's Printed Name)

(Preparer's/Translator's Signature)

Address _____

Phone Number _____

Date (mm/dd/yyyy) _____

Relationship to the Applicant _____

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

PART G. Checklist.

- ☐ I completely filled out and signed the form.
- ☐ I have attached evidence that:
- a.** I am or have been a victim of a severe form of trafficking;
 - b.** I am physically present in the United States on account of trafficking;
 - c.** I am cooperating with the government in the investigation/prosecution of the traffickers (unless under age 18); and
 - d.** I would suffer extreme hardship involving unusual and severe harm upon removal from the United States.
- ☐ I have included three photographs of myself.
- ☐ I have attached a check or money order for the required fees.

The required fees include:

- a.** The fee for filing this application;
- b.** The biometric services fee for fingerprinting the applicant, if the applicant is between the ages of 14 and 79 years, inclusive, and
- c.** If the applicant is also currently filing for family members, the applicant is responsible for additional charges, as detailed in the instructions to Form I-914, Supplement A.

If I am applying for one or more family members:

- ☐ I have completed a Form I-914, Supplement A for each member for whom I am now applying and, if he or she is in the United States, each family member has signed that Form I-914, Supplement A.
- ☐ I have submitted the required evidence, including evidence of:
- a.** My relationship to the family member for whom I am applying;
 - b.** My age, if I am applying for my parent;
 - c.** My child's age, if I am applying for my child; and
 - d.** The extreme hardship that either I or my family member will suffer, if my family member is not permitted to join me in the United States.

I have included three photographs of each family member for whom I am now applying.

I have included a Form I-765 Application for Employment Authorization, if I am requesting employment authorization for my family member.

I have attached a check or money order for the required fees, or a request for a fee waiver.

The required fees include:

- a.** The fee for filing this supplementary application;
- b.** The biometric services fee for the applicant, if the applicant is between 14 and 79 years, inclusive, and must be fingerprinted, or if the USCIS must also photograph the applicant or take his or her signature; and
- c.** The filing fee for Form I-765, Application for Employment Authorization, if the family member is requesting employment authorization.

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

I-914, Supplement B-Declaration of Law Enforcement Officer for Victim of Trafficking in Persons

INSTRUCTIONS TO CERTIFYING OFFICER: This applicant is applying for immigration benefits based upon a claim of having been a victim of a severe form of trafficking in persons. Please complete the form below based upon your knowledge of the case, including evidence developed by other law enforcement officers investigating the case.

In order to be granted immigration benefits, the applicant must demonstrate that he or she is present in the United States as a result of being a victim of a severe form of trafficking in persons. Unless the applicant is less than 18 years old, the applicant must also demonstrate that he or she is cooperating with law enforcement in the investigation and prosecution of the trafficking crime of which he or she was a victim.

To be completed by Federal Law Enforcement Officers for victims under the Victims of Trafficking and Violence Protection Act, Public Law 106-386.

PART A. General Information.

Name of Government Agency:		<input type="checkbox"/> U.S. Marshal's Service, DOJ	<input type="checkbox"/> U.S. Attorney's Office, DOJ	Date (mm/dd/yyyy)
<input type="checkbox"/> U.S. Citizenship and Immigration Services, DHS	<input type="checkbox"/> Federal Bureau of Investigation, DOJ	<input type="checkbox"/> Diplomatic Security, DOS		
<input type="checkbox"/> Civil Rights Division, DOJ	<input type="checkbox"/> Criminal Division, DOJ	<input type="checkbox"/> Other _____		
Address of Agency/Official			Name and Title of Certifying Officer or Official	
City	State	ZIP Code	Phone No.	Fax No.
Victim's Name		Other Names Used	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)
Date of Crime (mm/dd/yyyy)	Charges			Case No.
Date Initiated (mm/dd/yyyy)	Case Status <input type="checkbox"/> On-going <input type="checkbox"/> Completed <input type="checkbox"/> N/A		Date Completed (mm/dd/yyyy)	FBI Identification No., if any

PART B. Statement of Claim.

- The applicant is or has been a victim of a severe form of trafficking in persons. Specifically, he or she is a victim of: *(Please check all that apply. 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).)*
 - ☐ 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.
 - ☐ Sex trafficking and the victim is under the age of 18.
 - ☐ The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force, fraud or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.
 - ☐ Not applicable.
 - ☐ Other, please specify on attached additional sheets.
- 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. Please include relevant dates, etc. Attach additional sheets, if necessary.
- Has the applicant expressed any fear of retaliation or revenge if removed from the United States? If yes, please explain. Attach additional sheets, if necessary.

PART C. Cooperation of Victim. *(Attach additional sheets, if necessary.)*

The applicant:

- ☐ Has complied with requests for assistance in the investigation/prosecution of the crime of trafficking. *(Explain below.)*
- ☐ Has failed to comply with requests to assist in the investigation/prosecution of the crime of trafficking. *(Explain below.)*
- ☐ Has not been requested to assist in the investigation/prosecution of any crime of trafficking.
- ☐ Has not yet attained the age of 18.
- ☐ Other, please specify on attached additional sheets.

PART D. Family Members.

- ☐ Yes ☐ No Are any of the applicant's relatives believed to have been involved in his or her trafficking to the United States? If Yes, list the relatives and describe that relative's involvement in the applicant's trafficking.

PART E. 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 VTPA. I certify that the above information is true and correct to the best of my knowledge, and that I have made, and will make, no promises regarding the above victim's ability to obtain a visa from the U.S. Citizenship and Immigration Services, based upon this certification.

[_____]
*(Signature of Law Enforcement Officer
identified in Box A above)*

Date (mm/dd/yyyy)

[_____]
(Signature of Supervisor of Certifying Officer)

(Printed Name of Supervisor)

Date (mm/dd/yyyy)