

Supplement B, U Nonimmigrant Status Certification

USCIS Form I-918

Department of Homeland Security

U.S. Citizenship and Immigration Services

OMB No. 1615-0104 Expires 02/28/2026

		Remarks						
USC	CIS							
Us On								
	► START HERE - Type or print in black or blue ink.							
Par	t 1. Victim Information		e of Head of Certifying Agency					
1.	Alien Registration Number (A-Number) (if any)	4. a.	Family Name (Last Name)					
_	► A-	4.b.	Given Name (First Name)					
2.a.	Family Name (Last Name)	4.c.	Middle Name					
2.b.	Given Name (First Name)	Ασρ	ncy Address					
2.c.	Middle Name	5.a.	Street Number					
	er Names Used (Include maiden names, nicknames, and	Z.u.	and Name					
	es, if applicable.)	5.b.	Apt. Ste. Flr.					
	u need extra space to provide additional names, use the e provided in Part 7. Additional Information .	5.c.	City or Town					
3.a.	Family Name (Last Name)	5.d.	State 5.f. ZIP Code					
3.b.	Given Name (First Name)	5.g.	Province					
3.c.	Middle Name	5.h.	Postal Code					
4.	Date of Birth (mm/dd/yyyy)	5.i.	Country					
5.	Gender Male Female							
		Other Agency Information						
Par	t 2. Agency Information	6.	Agency Type					
1.	Name of Certifying Agency		Federal State Local					
		7.	Case Status					
Nam	e of Certifying Official		On-going Completed					
2.a.	Family Name (Last Name)		Other					
2.b.	Given Name (First Name)	8.	Certifying Agency Category Judge Law Enforcement Prosecutor					
2.c.	Middle Name		Other					
3.	Title and Division/Office of Certifying Official	9.	Case Number					
-•	State - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	-•						
		10.	FBI Number or SID Number (if applicable)					

Part 3. Criminal Acts				4.a.	Did the criminal activity occur in the United States (including Indian country and military installations) or the					
		extra space to complete Part 7. Additional Info				territories or possessions of the United States?				
1.	The petitioner is a victim of criminal activity involving a violation of one of the following Federal, state, or local criminal offenses (or any similar activity). (Select all applicable boxes)			ederal, state, or local	4.b.	If you answered "Yes," where did the criminal activity occur?				
		Abduction		Manslaughter						
		Abusive Sexual Contact		Murder	5.a.	Did the criminal activity violate a Federal extraterritorial				
		Attempt to Commit Any of the Named Crimes		Obstruction of Justice	jurisdiction statute?					
	A			Peonage	5.b.	If you answered "Yes," provide the statutory citation				
				Perjury		providing the authority for extraterritorial jurisdiction.				
		Being Held Hostage		Prostitution						
	_	Blackmail		Rape						
	Conspiracy to Commit Any of the Named Crimes			Sexual Assault	6.	Briefly describe the criminal activity being investigated				
					and/or prosecuted and the involvement of the petitioner named in Part 1. Attach copies of all relevant reports and					
	_	Domestic Violence Extortion		Slave Trade		findings.				
	_	False Imprisonment		Solicitation to						
		Felonious Assault		Commit Any of the Named Crimes						
		Female Genital								
		Autilation		Stalking Torture						
	□ F	Fraud in Foreign Labor		Trafficking						
	C	Contracting		Unlawful Criminal						
		ncest	Ш	Restraint						
		nvoluntary Servitude		Witness Tampering						
		Kidnapping								
Prov	ide the	dates on which the crimi	nal a	ctivity occurred.						
2.a.	Date	(mm/dd/yyyy)								
					_					
2.b.	Date	(mm/dd/yyyy)			7.	Provide a description of any known or documented injury to the victim. Attach copies of all relevant reports and				
2.c.	Date	(mm/dd/yyyy)				findings.				
2.d.	Date	(mm/dd/yyyy)								
3.	List the statutory citations for the criminal activity being investigated or prosecuted, or that was investigated or prosecuted.									

Pa	rt 4. Helpfulness Of The Victim	4.	Other. Include any additional information you would like to provide.
age,	the following questions, if the victim is under 16 years of incompetent or incapacitated, then a parent, guardian, or friend may act on behalf of the victim.		
1.	Does the victim possess information concerning the criminal activity listed in Part 3. ? Yes No		
2.	Has the victim been helpful, is the victim being helpful, or is the victim likely to be helpful in the investigation or prosecution of the criminal activity detailed above? Yes No		
3.	Since the initiation of cooperation, has the victim refused or failed to provide assistance reasonably requested in the investigation or prosecution of the criminal activity detailed above? Yes No		
	If you answer "Yes" to Item Numbers 1 3. , 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 .		
			-

Part 5. Family Members Culpable In Criminal Activity

1100	Livity								
1.	Are any of the victim's family members culpable or believed to be culpable in the criminal activity of which the petitioner is a victim? Yes No								
	If you answered "Yes," list the family members and their criminal involvement. (If you need extra space to complete this section, use the space provided in Part 7. Additional Information .)								
2.a.	Family Name (Last Name)								
2.b.	Given Name (First Name)								
2.c.	Middle Name								
2.d.	Relationship								
2.e.	Involvement								
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4.c.	Middle Name								
4.d.	Relationship								
4.e.	Involvement								

Part 6. Certification

I am the head of the agency listed in **Part 2.** or I am the person in the agency who was specifically designated by the head of the agency to issue a U Nonimmigrant Status Certification on behalf of the agency. Based upon investigation of the facts, I certify, under penalty of perjury, that the individual identified in **Part 1.** is or was a victim of one or more of the crimes listed in **Part 3.** I certify that the above information is complete, 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 (USCIS), based upon this certification. I further certify that 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, I will notify USCIS.

prosecution of the qualifying criminal activity of which he or she is a victim, I will notify USCIS.					
1.	Signature of Certifying Official (sign in ink)				
\Rightarrow					
2.	Date of Signature (mm/dd/yyyy)				
3.	Daytime Telephone Number				
4.	Fax Number				

Par	t 7. Additional Information	5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
supp pape the A of ea Item each may	u need extra space to complete any item within this lement, use the space below or attach a separate sheet of r; type or print the agency's name, petitioner's name, and Alien Registration Number (A-Number) (if any) at the top sch sheet; indicate the Page Number , Part Number , and a Number to which your answer refers; and sign and date sheet. If you need more space than what is provided, you also make copies of this page to complete and file with this lement. Agency Name	5.d.					
Dot	itioner's Name	J					
2.a.	Family Name (Last Name) Given Name (First Name) Middle Name A-Number (if any)						
	► A-		Page Number	6.b.	Part Number	6.c.	Item Number
4.a. 4.d.	Page Number 4.b. Part Number 4.c. Item Number	6.d.					
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