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.				For USCIS Use Only			
	for Filing the Applica	Bar Cod	e				
Check all that apply: I am filing an applica status. I have a T-1 application	_	status, and h	ave not previously filed for such				
I have received T-1 st				Date Stan	np		
_	g family member(s) to the U	nited States.					
PART B. General I	nformation About Ap	plicant.		Remark	s		
Family Name	Given Name		Middle Name				
Other Names Used (If any)? (Include maiden name a	ad aliases)					
Residence in the U.S. (Str	eet Number and Name)	Apt. No.	Home Phone				
City		State	Zip Code				
SAFF Mailing Address in	the U.S., if other than above	e Ant No	Daytime Phone	Bona Fide App	lication		
SAFE Maning Address in	the C.S., if other than above	C. 71pt. 110.	Daytime I none				
City		State	Zip Code	Initials Stamp #	Date		
				Waiting Li	ist		
	Marital Status		:				
	Single Married U.S Social Security #		ivorced Widowed Date of Birth (mm/dd/yyyy)	Initials Stamp #	# Date		
ixii (ij uiiy)	C.S Social Security	(I) uny)	ace of Birth (minuted yyyy)	Action Blo	ck		
Country of Birth	I	С	ountry of Citizenship				
Passport #	Issue Date (mm/dd/y)	ryy) P	lace of Issuance				
I-94 #		D	ate of Last Entry into U.S.				
Place of Last Entry into U.S.			urrent Immigration Status				
PART C. Details R	elated to T Nonimmi	grant Stat	tus.	1			
claim that you are a viction applying for T derivative are submitted with the Form	m of a severe form of traffi status subsequent to the Pri	c king in per acipal Applic heets of pap	ould explain relevant information. Yesons and the specific facts on which cant's initial filing, evidence supporter as needed, labeling them as Part	you are relying to support yo ting the original application	our claim. If only is not required to be		
1. I am or have been a v	victim of a severe form of tr	afficking in	persons. (Attach evidence to support	t your claim.)	Yes No		
			on on Form I-914, Supplement B, D No, explain why you are not submit		Yes No		
			a, or the Commonwealth of the Nor in detail and attach evidence and do		Yes No		
4. I fear that I will suffer	r extreme hardship involving locuments supporting this cl		d severe harm upon removal. (If Yes	s, explain in detail and	Yes No		

PA	ART C. T Nonimmigrant Status	(Continued)				
5.	I have reported the crime of which I am cl office you have made the report, the addre please explain the circumstances.)				Yes	No
	Law Enforcement Agency and Office	Address		Phone No.		
				Case No.		
						N
	I am under the age of 18 years. (If Yes, pro				Yes	No
7.	I have complied with requests from U.S. g of trafficking. (If No, explain the circumst Part C.7.)		Yes	No		
8.	This is the first time I have entered the Un entered the United States for the past five		Yes	No		
	Date of Entry	Place of Entry		Status		
9.	My most recent entry was on account of the your most recent arrival.)	ne trafficking that forms the	e basis for my clain	n. (Explain the circumstances of	Yes	No
10.	I want an Employment Authorization Doo	cument.			Yes	No
11.	I am now applying for one or more eligible Application for Immediate Family Member may also apply to bring eligible family me	r of T-1 Recipient, for each	n family member for	ude a Form I-914, Supplement A, whom you are now applying. You	Yes Yes	No
PA	ART D. Processing Information.					
any	ase answer the following questions. (If you of the acts or circumstances below are related enecessarily mean that you are not entitled	ated to your having been a	victim of a severe	form of trafficking, please explain.		
1.	Have you ever, in or outside the United S	tates:				
	a. knowingly committed any crime of mo	oral turpitude or a drug-rela	nted offense for whi	ch you have not been arrested?	Yes	No
	b. been arrested, cited, charged, indicted, excluding traffic violations?	-	_	·	Yes	No
	c. been the beneficiary of a pardon, amnd. exercised diplomatic immunity to avo	-	Yes Yes	No No		
2.	Have you ever received public assistance any state, country, city or municipality (c assistance in the future?				Yes Yes	No
3.	Have you ever:a. within the past ten years been a prostit activities in the future?	ute or procured anyone for	prostitution, or into	end to engage in any such	Yes	No
	b. engaged in any unlawful commercialize	ed vice, including, but not	limited to, illegal g	gambling?	Yes	No
	c. knowingly encouraged, induced, assist	ed, abetted or aided any al	ien to try to enter th	ne United States illegally?	Yes	No
d. illicitly trafficked in any controlled substance, firearms, or persons, or knowingly assisted, abetted or colluded in illegal trafficking?						

PA	RT D. Processing Infor	rmation. (Cont	inued)						
4.	Have you ever engaged in, coassassination, hijacking or an			l to engage in, sabotag	ge, kidnapping, politi	cal	Yes No		
5.	Have you ever solicited mem type of material support to, ar kidnapping, political assassin	ny person or organi	zation that has eng	aged or conspired to e		ny	Yes No		
6.	Do you intend to engage in the 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?								
	c. any activity to violate or evade any law prohibiting the export from the United States of goods, technology or sensitive information?								
7.	Have you ever been a member of, or in any way affiliated with, the Communist Party or any other totalitarian Yes No party?								
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 orgin or political opinion?								
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?								
10.	O. 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?								
11.	1. 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?								
12.	Have you ever left the United	States to avoid be	ing drafted into the	U.S. Armed Forces?			Yes No		
13.	3. 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?								
14.	Are you now withholding custody of a U.S. citizen child outside the United States from a person granted custody of the child?								
15.	So Do you plan to practice polygamy in the United States?								
PA	RT E. Information abo	out Your Famil	ly Members.				_		
Pro	vide the following information	about your spouse	and all of your son	s and daughters. If yo	ou need more space, i	use a separate	sheet of paper.		
	Full Name Family Date of Birth "A"- Number Country Current Address (if applicable) of Birth (Street, City, State and Country Country Current Address (Street, City, State and Country Country Current Address (Street, City, State and Country Country Current Address Country 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 instruction he or she must complete Part G.	ions, complete and sign below. If someone helped you prepare this application,
	on it and the evidence provided with it, and I certify, under penalty of perjury rmation in this entire application package, including the documentary evidence
benefit I am seeking, to investigate my claim and to investigate fra	U.S. Citizenship and Immigration Services needs to determine eligibility for the addulent claims. I further authorize the U.S. Citizenship and Immigration Services 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	n.
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 comple correct.	ction of this form and that to the best of my knowledge the information is true and
(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.

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.							Fo	or USCIS U	se Only
The derivative applicant is my:	Check one)	Husband/Wife	: C	hild Pa	rent			Bar Coo	de
PART B. Information Ab	out Princip	al Applicant.							
Family Name	Given N	ame	Middle Name		Date Stamp		mp		
Date of Birth (mm/dd/yyyy)		A# (If any)							
Principal applicant's application has been previously: (Check On-	Subm			Conditional App				Remark	xs
PART C. Information Abo	ut Derivati	ve Applicant.							
Family Name	Given N	ame		Middle Name				A 24' 2 Dl	a ala
A # (If any)		U. S. Social Secu	ırity # (lf any)		Action Block			ock
Other Names Used (If any)? (Inc	lude maiden	l name and aliases)							
Intended Residence in U.S. (Stre	et Number a	nd Name) Apt. N	lo.	City					
State ZIP C	Code	Home Phone		Daytime Phor	ne				
SAFE Mailing Address in the U	S., if other t	han above. Apt. N	lo.	City			State		ZIP Code
Gender Male Mari	tal Status Single	Married		Divorced	Widowed		Date of	f Birth (mm	/dd/yyyy)
Names of Prior Husband/Wives	(if any), Date	es Marriages Ende	d and C	urrent Immigra	tion Status (if a	ny)	•		
Country of Birth	Country of (Citizenship	Passpo	rt#	Issue Date	e (mm/d	d/yyyy)	Place of Is	ssuance
Is the derivative applicant curre Yes (If Yes, complete the fo (visitor, student, stowar specify.) His or her sta	llowing.) He way, without	or she last arrived		when of a does	re the derivativ consulate outsi	e applic de of th accepta	cant will of country ince for p	apply for a y of your re processing t	y <u>city</u> and <u>country</u> , visa. (Designation lative's last residenc by that consulate. d consulate.)
Has the derivative applicant pre	viously enter	ed the United State	es? Y		Yes, list each p ach additional				et five years.
Date of Entry		Place of Entry						utus	
Arrival/Departure Record (I-94) Number, da	te arrived, and date	e author	ized stay expire	ed, or will expi	re. (As s	hown on	Form I-94	or I-95)

PΔ	RT C Information	About Derivative App	licant (Continued)			
_		om you are applying ever b		proceedings?		
	•		here:	noccedings:	When (<i>mm/dd/yyyy</i>):	
\Box	Exclusion	Deportation	Recission	on .	Judicial Proceeding	
므					. If family member is your spot	usa list only his or har
	dren.) Name	pouse and children. (Anac	Relationship			Country of Birth
Are	you applying for emplo	yment authorization for yo	our family member?	Yes No	(If Yes, submit a Form I-765 Employment Authorization, j	
PA	RT D. Processing Ir	nformation			1 3	
Ple	ase answer the following		er is "Yes" to any one of vill be denied T nonimmi	these questions, e	explain on a separate piece of p	aper. Answering "Yes
1.	Has the family member	er for whom you are apply	ing ever:			
	arrested?	ted any crime of moral tur				Yes No
	excluding traffic vi					Yes No
	c. been the beneficiar	y of a pardon, amnesty, rel	habilitation decree, other	act of clemency	or similar action?	Yes No
	d. exercised diplomat	ic immunity to avoid prose	ecution for a criminal off	ense in the Unite	d States?	Yes No
2.	including the U.S. gov		ntry, city or municipality		United States from any source, gency medical treatment), or is	Yes No
3.	a. within the past ten any such activities		procured anyone for pros		ne or she intend to engage in	Yes No
		ged, induced, assisted, abe	-		_	Yes No
		n any controlled substance			- ·	Yes No
4.		er for whom you are apply botage, kidnapping, politic				Yes No
5.	ever assisted or provid	er for whom you are apply led any type of material su kidnapping, political assa	pport to, any person or o	rganization that h	nas engaged or conspired	Yes No
6.	Does the family memba. espionage?	per for whom you are appl	ying intend to engage in	the United States	in:	☐ Yes ☐ No
		ose of which is opposition blence or other unlawful m		throw of, the gov	ernment of the United	Yes No
	c. any activity to violate sensitive information	ate or evade any law prohilon?	piting the export from the	e United States of	goods, technology or	Yes No
7.		er for whom you are apply ny other totalitarian party?		of, or in any way	affiliated with, the	Yes No
8.	association with either with the Nazi Governi	er for whom you are applyer the Nazi Government of onent of Germany, ever ord	Germany or any organiza ler, incite, assist or other	ation or governme	ent associated or allied	Yes No

PA	RT D. Processing Information.(Continued)		
9.	Has the family member for whom you are applying ever engaged assisted or otherwise participated in the killing of any person bed political opinion?		Yes No
10.	Has the family member for whom you are applying ever been de the United States at government expense, excluded within the pa deportation proceedings?		Yes No
11.	Is the family member for whom you are applying under a final of the Immigration and Nationality Act for use of fraudulent docum misrepresentation of a material fact, ever sought to procure, or pro- United States or any immigration benefit?	nents or has he or she, by fraud or willful	Yes No
12.	Has the family member for whom you are applying ever left the United States Armed Forces?	United States to avoid being drafted into the	Yes No
13.	Has the family member for whom you are applying ever been a J to the two-year foreign residence requirement and not yet compliance.		Yes No
14.	Is the family member for whom you are applying now withholding United States. from a person granted custody of the child?	ng custody of a U.S. citizen child outside the	Yes No
15.	Does the family member for whom you are applying plan to prac-	ctice polygamy in the United States?	Yes No
PA	RT E. Attestation and Release.		
	Derivative Applicant, the family member for whom you are apple cone helped you prepare this supplementary application, he or s.		United States. If
und and I au bene the	we read, or had read to me, this form, the information provided on the release of the United States of America, that the information of correct. The release of any information from the record that the U.S fit I am seeking for the family member for whom I am applying, U.S.Citizenship and Immigration Services to release information the soft trafficking or related crimes.	n this supplementary application and the evidence sub c. Citizenship and Immigration Services needs to deter- to investigate my claim and to investigate fraudulent c	mitted with it are true mine eligibility for the laims. I further authorize
Г	es of trafficking of feraled crimes.	ī	
	nature of Derivative Applicant (The family member for whom you applying.)	JDate	e (mm/dd/yyyy)
ſ		1	
_	Signature of Principal (Sign your name within the brackets)	Date	e (mm/dd/yyyy)
PA	RT F. Preparer and/or Translator Certification.		
To	pe completed and signed if this form is prepared by a person other	r than the applicant.	
I att	est, under penalty of perjury, that I have assisted in the completion ect.	n of this form and that to the best of my knowledge the	e information is true and
	(Preparer's/Translator's Printed Name)	(Preparer's/Translator's Sig	gnature)
Ado	ress	Phone Number	
Dat	e (mm/dd/yyyy)	Relationship to the Applicant	

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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 appliant is responsible for additional charges, as detailed in the instructions 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 members
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.

OMB No. 1615-0032; Expires 01/31/09

Department of Homeland SecurityU.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	on.							
Name of Government Agency:	U.S. Marshal's Service, DOJ			U.S. Attorney's Office, DOJ			Date (mm/dd/yyyy)	
U.S. Citizenship and Immigration Services, DHS		ederal Burea vestigation,		Diplomatic Security, DOS				
Civil Rights Division, DOJ	Cı	riminal Divi	sion, DOJ		Other			
Address of Agency/Official				Name a	nd Title of Ce	rtifying Office	er or (Official
City	State ZIP Code		ZIP Code	Phone I	No.		Fax	No.
Victim's Name		Other Nan	nes Used		Gender Male Female		Date of Birth (mm/dd/yyyy)	
Date of Crime(mm/dd/yyyy)	Charges	1			'		Case	e No.
Date Initiated (mm/dd/yyyy)	Case Status On-going Completed			Date Completed (mm/dd/yyyy) N/A			y)	FBI Identification No., if any
PART B. Statement of Clair	n.							
convictions were obtained, or elements of criminal offenses, Sex trafficking in which transportation, provision Sex trafficking and the v	the practice whether as but are the but are the a commerce, or obtaining ictim is under the action of subjection attached addition upon we secution.	es to which my prosecution ial sex act v mg of a perso der the age of rtation, provo on to involute ditional she hich the app	the victim was suction resulted in correct at 8 CFR 214.11() was induced by for on for the purpose of 18. Vision, or obtaining intary servitude, posets. Delicant's claim is be sults of any name	bjected ra victions. (a).) rce, fraud of a com g of a perseonage, do	or coercion. Somercial sex action for labor of the bondage, of	he specific vio definitions the Sex trafficking et. or services threor slavery.	olationat con g mea	ns charged, the counts on which atrol this analysis are not the ans the recruitment, harboring, the use of force, fraud or that victimization and the
3. Has the applicant expressed a sheets, if necessary.	ny fear of r	etaliation or	revenge if remov	ed from t	he United Stat	tes? If yes, pl	ease o	explain. Attach additional

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. Has failed to comply with requests to assist in the investigation/prosecution of the crime of trafficking. 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.	
PART E. Attestation.	
Based upon investigation of the facts, I certify, under penalty of perjury, that the above noted individual is or has trafficking in persons as defined by the VTVPA. I certify that the above information is true and correct to the be made, and will make, no promises regarding the above victim's ability to obtain a visa from the U.S. Citizenship upon this certification.	est of my knowledge, and that I have
(Signature of Law Enforcement Officer identified in Box A above)	Date (mm/dd/yyyy)
ī l	
(Signature of Supervisor of Certifying Officer) (Printed Name of Supervisor)	Date (mm/dd/yyyy)