

Supplement B, U Nonimmigrant Status Certification

Department of Homeland Security U.S. Citizenship and Immigration Services USCIS Form I-918 OMB No. 1615-0104 Expires 02/28/2026

For USCIS	Remarks
Use Only	
► START HERE - Type or print in black or blue ink.	
Part 1. Victim Information	Name 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)	
2.c. Middle Name	Agency Address
Other Names Used (Include maiden names, nicknames, and	5.a. Street Number and Name
aliases, if applicable.)	5.b. Apt. Ste. Flr.
If you need extra space to provide additional names, use the space 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. Sex Male Female	
	Other Agency Information
Part 2. Agency Information	6. Agency Type
1. Name of Certifying Agency	Federal State Local
	7. Case Status
Name 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
	10. FBI Number or SID Number (if applicable)

Part 3. Criminal Acts

If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.

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)

Abduction	Manslaughter
Abusive Sexual Contact	Murder
Attempt to Commit	Obstruction of Justice
Any of the Named Crimes	Peonage
Being Held Hostage	Perjury
Blackmail	Prostitution
Conspiracy to Commit	Rape
Any of the Named	Sexual Assault
Crimes Domestic Violence	Sexual Exploitation
Extortion	Slave Trade
False Imprisonment	Solicitation to Commit Any of the
Felonious Assault	Named Crimes
Female Genital	Stalking
Mutilation	Torture
Fraud in Foreign Labor Contracting	Trafficking
Incest	Unlawful Criminal Restraint
Involuntary Servitude	Witness Tampering
Kidnapping	

Provide the dates on which the criminal activity occurred.

2.a. Date (mm/dd/yyyy)
2.b. Date (mm/dd/yyyy)
2.c. Date (mm/dd/yyyy)
2.d. Date (mm/dd/yyyy)

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3. List the statutory citations for the criminal activity being investigated or prosecuted, or that was investigated or prosecuted.

4. a.	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				
4.b.	If you answered "Yes," where did the criminal activity occur?				
5.a.	Did the criminal activity violate a Federal extraterritorial jurisdiction statute?				
5.b.	If you answered "Yes," provide the statutory citation providing the authority for extraterritorial jurisdiction.				
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 findings.				
7.	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	
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For the following questions, if the victim is under 16 years of age, incompetent or incapacitated, then a parent, guardian, or next 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 No
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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?

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.

4. Other. Include any additional information you would like to provide.

Part 5. Family Members Culpable In Criminal Activity

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?

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	
3.a.	Eamily Nama	
J.a.	Family Name (Last Name)	
3.b.	Given Name	
	(First Name)	
3.c.	Middle Name	
3.d.	Relationship	
3.e.	Involvement	
4. a.	Family Name (Last Name)	
4.b.	Given Name	
	(First Name)	
4.c.	Middle Name	
4.d.	Relationship	
4.e.	Involvement	
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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.

1. Signature of Certifying Official (sign in ink)

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2.	Date of Signature (mm/dd/yyyy)	
3.	Daytime Telephone Number	

4. Fax Number

Dar	t 7. Additional Information	5. a.	Page Number	5.b.	Part Number	5.c.	Item Number
L If yo	u need extra space to complete any item within this						
pape the A of ea Item each may	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 ach sheet; indicate the Page Number, Part Number , and 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.	5.d.					
1.	Agency Name	7					
Pet	itioner's Name						
2.a.	Family Name (Last Name)]					
2.b.	Given Name (First Name)]					
2.c.	Middle Name]					
3.	A-Number (if any)	7					
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