



# Instructions for Supplement B, Declaration of Law Enforcement Officer for Victim of Trafficking in Persons

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

USCIS  
Form I-914B  
OMB No. 1615-0099  
Expires 04/30/2021

## What Is the Purpose of Form I-914 Supplement B?

Federal, **state, local, and tribal** law enforcement officials should use Form I-914, Supplement B, Declaration of Law Enforcement Officer for Victim of Trafficking in Persons, to provide evidence to United States Citizenship and Immigration Services (USCIS) that you believe an individual (the applicant) submitting Form I-914, Application for T Nonimmigrant Status, is a victim of a severe form of trafficking in persons and has cooperated with your reasonable requests for assistance in an investigation or prosecution of a crime where trafficking is at least one central reason for the commission of that crime. USCIS (not the Federal, **state, local, or tribal** law enforcement official) will **decide whether the applicant meets the eligibility requirements for T nonimmigrant status.**

By signing the Form I-914, Supplement B, you are not conferring an immigration benefit. USCIS is the only agency that can approve the applicant's Form I-914. USCIS requires fingerprints and police clearances from the victim and conducts background and security checks. The applicant must submit other evidence in addition to the Form I-914, Supplement B. USCIS may contact you if USCIS has any questions about the information provided in the supplement form.

## When Should I Use Form I-914, Supplement B?

If you, the certifying Federal, **state, local, or tribal** law enforcement official, believe that this individual is or has been a victim of a severe form of trafficking in persons and has cooperated with your reasonable requests for assistance in your investigation or prosecution, you may complete this **Supplement B.** You should complete all fields of this form yourself. Supplement B must be signed with an original signature. A photocopy of a signed application or a typewritten name in place of a signature is not acceptable. The **applicant will submit** Supplement B, to USCIS with his or her application for T nonimmigrant status.

You must complete **Supplement B** based upon your knowledge of the case, including evidence developed by other law enforcement officers involved with the case.

**You do not need to formally launch an investigation or file charges to complete Form I-914, Supplement B. You may complete Supplement B if an investigation does not lead to an arrest or a prosecution. Completing Supplement B is not contingent on the outcome of a prosecution or investigation. Completing Supplement B is at your discretion. There is no statute of limitations related to completing Supplement B.**

Your agency may have its own procedures related to **completing Supplement B.**

To be eligible for T nonimmigrant status, the applicant must demonstrate to USCIS that he or she:

1. Is or was a victim of a severe form of trafficking in persons (see **Supplement B, Part 3.** Statement of Claim, for a definition);
2. Is present in the United States as a result of being a victim of a severe form of trafficking in persons (including physical presence based on having been allowed entry into the United States to participate in investigative or judicial processes associated with an act or perpetrator of trafficking);
3. Has complied with any reasonable requests from Federal, **state, local, or tribal** law enforcement in the investigation or prosecution of the trafficking crime of which he or she was a victim; unless
  - A. The applicant is under 18 years of age; or
  - B. He or she is unable to cooperate due to physical or psychological trauma; and

4. Would suffer extreme hardship involving unusual and severe harm upon removal from the United States.

USCIS (not the certifying Federal, state, or local, and tribal law enforcement official) determines whether the evidence is sufficient and whether the applicant meets each eligibility requirement. The applicant may establish eligibility without submitting Supplement B as it is not a required form of evidence.

## General Instructions

1. Type or print legibly in black ink.
2. If extra space is needed to complete any item, attach an additional sheet of paper. **Type or print** the victim's name and **Alien Registration Number (A-Number)**, if known, at the top of each sheet of paper and indicate the part and number of the item to which the answer refers.
3. Answer all questions fully and accurately. State that an item is not applicable with "N/A." If the answer is none, **type or print** "None."

This form is divided into **Parts 1 - 6**. The following information will help you fill out the form::

### Part 1. Victim Information

1. **Full Legal Name.** Provide the legal name of the victim, as shown on his or her birth certificate or legal name change document. If the victim has two last names, include both and use a hyphen (-) between the names, if appropriate. **Type or print** the victim's last, first and middle names in each appropriate field.
2. **Other Names Used.** **You must provide** all the names **the victim has used**, including **aliases, maiden name, and nicknames, etc.** **If the victim has not used any other names, please type or print "N/A," or "none."**
3. **Date of Birth.** Use eight numbers to show the victim's date of birth (example: May 1, 1979, should be written 05/01/1979).
4. **Gender.** **Select** the appropriate box.
5. **A-Number.** Provide the USCIS (former INS) file number if there is one, and if it is known to you.
6. **Social Security Number.** Provide the Social Security Number if there is one, and if it is known to you.

### Part 2. Agency Information

1. **Name of Certifying Agency.** The certifying agency must be a Federal, **state, local, or tribal** law enforcement agency, **prosecutor, judge, labor agency, children's protective services agency, or other authority that has the responsibility and authority for the detection, investigation, and/or prosecution of severe forms of trafficking in persons.** 8 CFR 214.11.
2. **Name, Title, and Division/Office of Certifying Official.** Give your name, title, and division or office
3. **Agency Mailing Address.** Give the agency's mailing address.
4. **Daytime Telephone Number and Fax Number.** Give your phone number and fax number with area code.
5. **Agency Type.** **Select** the appropriate box.
6. **Case Information.** Provide the case status information and case identification number, if applicable.

### Part 3. Statement of Claim

1. In order to qualify for T nonimmigrant status, the applicant must be or have been a victim of a severe form of trafficking in persons. **Select the box that describes the applicant's victimization.**
  - A. **Sex trafficking where the commercial sex act was induced through the use of force, fraud or coercion.** **Sex trafficking is the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of inducing a commercial sex act.**

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- B. Sex **trafficking where** the victim is under 18 years of age. **Inducing an individual under 18 years of age to perform a commercial sex act is considered sex trafficking, regardless of the use of force, fraud or coercion.**
  - C. **Labor trafficking: 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.
  - D. Not applicable. You do not believe this individual is a victim of trafficking.
  - E. Other. Attach additional sheets to explain.
2. Describe the **victimization the** applicant's claim is based **on** and identify the relationship of the victimization to the crime **investigated or prosecuted** by attaching additional sheets. Attach the results of any name or database inquiry and any relevant reports or findings. Attach additional sheets if necessary.
  3. Explain if the individual has expressed any fear of retaliation or revenge if they are removed from the United States.
  4. Provide the dates on which the acts of trafficking occurred.
  5. List the statutory citations that are or were being investigated or prosecuted.
  6. Provide the date on which the investigation or prosecution was initiated.
  7. Provide the date on which the investigation or prosecution was completed.

#### **Part 4. Cooperation of Victim**

In order to qualify for T nonimmigrant status, the individual must show that he or she has complied with any reasonable requests from Federal, **state, local, or tribal** law enforcement in the investigation or prosecution of the acts of trafficking of which he or she was a victim (unless he or she is under 18 years of age or he or she is unable to cooperate with the request due to physical or psychological trauma).

**Select** the box that describes the individual's cooperation with you and explain, attaching additional sheets if necessary.

#### **Part 5. Family Members Implicated in Trafficking**

List whether any of the victim's family members are believed to have been involved in the trafficking in **persons**.

**A principal applicant** is prohibited from filing for derivative T nonimmigrant status on behalf of a family member who participated in **the trafficking that established the principal applicant's eligibility**. Therefore, USCIS will not grant an immigration benefit to a family member who committed trafficking.

#### **Part 6. Attestation**

The law enforcement officer filling out this form (identified in **Part 2.** of **Supplement B**), and their supervisor, must sign and date the form in this section.

**Supplement B** must have an original signature. A photocopy of a signed declaration or a **typewritten** name in place of a signature is not acceptable.

### **How Can I Provide Further Information at a Later Date?**

An agency can provide further information to USCIS or formally revoke Form I-914, Supplement B, at a later date, even after this form is submitted to USCIS, if there is new information or if the victim is no longer cooperating with a reasonable request for assistance in an investigation or prosecution. You should notify USCIS by sending a written statement to:

**USCIS**  
**Vermont Service Center**  
75 Lower Welden Street  
St. Albans, VT 05479-0001

An agency should send a letter on official agency letterhead to USCIS at the address above describing the reasons for providing further information or the reasons for revoking the declaration. Include the victim's name, date of birth, and A-Number (if available) on all correspondence. USCIS will allow the victim to rebut this information.

### DHS Privacy Notice

**AUTHORITIES:** The information requested on this application, and the associated evidence, is collected under Public Law 106-386 sections 107(e) and 1513(c) and 8 USC 1101(a)(15)(T).

**PURPOSE:** The primary purpose for providing the requested information on this application is to determine if you have established eligibility for temporary immigration benefits for which you are filing. **Department of Homeland Security (DHS)** uses the information you provide to grant or deny the immigration benefit you are seeking.

**DISCLOSURE:** The information you provide is voluntary. However, failure to provide the requested information, including your Social Security number (if applicable), and any requested evidence, may delay a final decision or result in denial of your application.

**ROUTINE USES:** DHS may, where allowable under relevant confidentiality provisions, share the information you provide on this application and any additional requested evidence with other Federal, state, local, and foreign government agencies and authorized organizations. DHS follows approved routine uses described in the associated published system of records notices [DHS/USCIS-001 - Alien File, Index, and National File Tracking System and DHS/USCIS-007 - Benefits Information System] and published the privacy impact assessment [DHS/USCIS/PIA-016(a) Computer Linked Application Information Management System and Associated Systems], which you can find at [www.dhs.gov/privacy](http://www.dhs.gov/privacy). DHS may also share this information, as appropriate, for law enforcement purposes or in the interest of national security.

### Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for law enforcement agencies for this collection of information is estimated at 3 hours and 30 minutes per response, including the time for reviewing instructions and completing and submitting the form. The public burden for the Form I-914 respondents who will take the action of contacting a law enforcement agency to request that Form I-914, Supplement B, be completed is estimated to require 15 minutes to make such a request to the agency. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140. OMB No. 1615-0099. **Do not mail your completed Form I-914, Supplement B to this address.**