OMB No. 1615-0032; Expires 03/31/11 Form I-914, Supplement B, Declaration of Law Enforcement Officer for Victim of Trafficking in Persons

START HERE - Type or print in blank ink. This form should be completed by Federal, State, or local law enforcement authorities for victims under the Victims of	For USCIS Use Only	
Trafficking and Violence Protection Act, Public Law 106-386, as amended.	Returned	Receipt
PART A. Victim Information	Date	
Family Name (Last Name) Given Name (First Name) Middle Name (if any)	Date	-
	Resubmitted	
Other Names Used (include maiden name/nickname)	D .	
	Date	
Date of Birth (mm/dd/yyyy) Gender	Date	
Male Female	Reloc Sent	
A # (if known) Social Security # (if known)	Date	
Part B. Agency Information	Date	
	Reloc Rec'd	
Name of Certifying Agency	Date	
Name of Certifying Official Title and Division/Office of Certifying Official	Date	
	Remarks	
Agency Address - Street Number and Name Suite #		
City State/Province Zip/Postal Code		
Daytime Phone # (area code and/or extension)		
Agency Type Federal Local		
Case Status On-going Completed Local		
Certifying Agency Category Judge Law Enforcement Prosecutor Other		
Case Number FBI # or SID # (if applicable)		
Part C. Statement of Claim		
 The applicant is or has been a victim of a severe form of trafficking in persons. Specific that apply. Base your analysis on the practices to which the victim was subjected rather counts on which convictions were obtained, or whether any prosecution resulted in conviction this analysis are not the elements of criminal offenses, but are those set forth at a sex sex trafficking in which a commercial sex act was induced by force, fraud, or coercive recruitment, harboring, transportation, provision, or obtaining of a person for the put. Sex trafficking and the victim is under the age of 18. 	than on the specifications. Note that 8 CFR 214.11(a).	fic violations charged, the the definitions that ng means the
zerr daminetating and the victim is under the age of 10.		

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Pa	art C. Statement of Claim (Continued)
	The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force, fraud, or coercion for subjection to involuntary servitude, peonage, debt bondage, or slavery.
	Not applicable.
	Other, specify on attached additional sheets.
2.	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, as well as any relevant reports and findings. Include relevant dates, etc. Attach additional sheets, if necessary.
3.	Has the applicant expressed any fear of retaliation or revenge if removed from the United States? If yes, explain. Attach additional sheets, if necessary.
4.	Provide the date(s) on which the acts of trafficking occurred.
	Date (mm/dd/yyyy) Date (mm/dd/yyyy) Date (mm/dd/yyyy) Date (mm/dd/yyyy)
5.	List the statutory citation(s) for the acts of trafficking being investigated or prosecuted, or that were investigated or prosecuted.
6	Provide the date on which the investigation or prosecution was initiated.
••	Date (mm/dd/yyyy)
7.	Provide the date on which the investigation or prosecution was completed (<i>if any</i>). Date (<i>mm/dd/yyyy</i>)

Part D. Cooper	ation of Victim ((Attach additional sheets, if t	necessary)					
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	ne 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. (<i>Explain below</i> .)							
	Has not been requested to assist in the investigation/prosecution of any crime of trafficking.							
	t attained the age of							
Other, spec	Other, specify on attached additional sheets.							
Part E. Family	Members Implic	ated In Trafficking						
			1. 1 1					
∐ Yes ☐ No				involved in his or her trafficking to the United . Attach additional sheets if necessary.				
			vement					
	Full Name	Relationship	IIIvoiv	vement				
Part F. Attestat	tion							
Događ venom imvosti	igation of the facts	Locatify under populty of posity	um: that the abov	va noted individual is on hea hear a victim of a				
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 evere form of trafficking in persons as defined by the VTVPA. I certify that the above information is true and correct to the best of								
ny 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, based upon this certification. I further certify that if the victim unreasonably refuses to assist in he investigation or prosecution of the acts of trafficking of which he/she is a victim, I will notify USCIS.								
ne myesigarion o	r prosecution of the	ucts of trafficking of which he	sile is a victim,	1 will hotely eigers.				
Signature of Law Enforcement Officer (identified in Part B) Date (mm/dd/yyyy)								
Signature of Supervisor of Certifying Officer Date (mm/dd/yyyy)				Date (mm/dd/yyyy)				
Printed Name of	Supervisor							