



Supplement B, Declaration for Trafficking Victim

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

USCIS
Form I-914
OMB No. 1615-0099
Expires 03/31/2027

START HERE - Type or print in ink. Federal, State, Tribal, or local law enforcement agencies should complete this form for victims under the Victims of Trafficking and Violence Protection Act (VTVPA), Public Law 106-386, as amended.

PART 1. Victim Information

1. Full Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if any)
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Other Names Used

Provide any other names the victim has used since birth, including aliases, maiden names, and nicknames. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information.**

Family Name (Last Name)	Given Name (First Name)	Middle Name (if any)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Date of Birth (dd/mm/yyyy)

4. Gender

Male Female Another Gender Identity

5. Alien Registration Number (A-Number) (if any)

▶ A-

6. U.S. Social Security Number (SSN) (if any)

▶

Part 2. Agency Information

1. Name of Certifying Agency

2. Name of Certifying Official

3. Title of Certifying Official

4. Division/Office of Certifying Official

5. Agency Mailing Address

Street Number and Name

Apt.	Ste.	Flr.	Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

City or Town

State	ZIP Code
<input type="text"/>	<input type="text"/>

For USCIS Use Only

Returned	Receipt
Date	
Date	
Resubmitted	
Date	
Date	
Reloc Sent	
Date	
Date	
Reloc Rec'd	
Date	
Date	

Remarks

Part 2. Agency Information (continued)

6. Daytime Telephone Number 7. Fax Number
8. Agency Type
 Federal State Local Tribal
9. Case Status
 On-going Completed
10. Certifying Agency Category
 Judge Law Enforcement Prosecutor Other _____
11. Case Number (if applicable) 12. FBI Universal Control Number (UCN) or State Identification Number (SID) Number (if applicable)

Part 3. Statement of Claim

1. The applicant is or has been a victim of a severe form of trafficking in persons. Specifically, they are a victim of: (Select all that apply. Base your analysis on the victimization the applicant experienced rather than on the specific violations charged, the counts on which convictions were obtained, or whether any prosecution resulted in convictions. Note that the definitions that control this analysis are not the elements of criminal offenses, but are those set forth at 8 CFR 214.201.)
- Sex trafficking in which a commercial sex act was induced by force, fraud, or coercion. Sex trafficking means the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act.
 - Sex trafficking and the victim is under 18 years of age.
 - 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.
 - Other. (Describe below in **Item Number 2**. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**).
2. Describe the victimization the applicant's claim is based on and identify the relationship between that victimization and the crime investigated or prosecuted. Include relevant dates and any other pertinent information. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.

Part 3. Statement of Claim (Continued)

3. Has the applicant expressed any fear of retaliation or revenge if removed from the United States? If yes, explain. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.

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)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

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.

Date (mm/dd/yyyy)

Part 4. Cooperation of Victim

1. The applicant:

- A. Has complied with requests for assistance in the investigation/prosecution of the crime of trafficking. (If you select **Item A.**, provide an explanation below in **Item Number 2.**)
- B. Has failed to comply with requests to assist in the investigation/prosecution of the crime of trafficking. (If you select **Item B.**, provide an explanation below in **Item Number 2.**)
- C. Has not been requested to assist in the investigation/prosecution of any crime of trafficking.
- D. Had not yet attained 18 years of age at the time of the trafficking.
- E. Other. (If you select this Item, provide an explanation below in **Item Number 2.**)

2. If you selected **Item A.**, **Item B.**, or **Item E.** above, provide an explanation for your selection. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.

Part 5. Family Members Implicated In Trafficking

1. Do you believe any of the applicant's family members have been involved in the applicant's trafficking? Yes No

If you answered "Yes" to **Item Number 1.**, list the relative(s) and describe the involvement. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information.**

Full Name	Relationship	Involvement

Part 6. Attestation

Based upon investigation of the facts, I certify, under penalty of perjury, that I believe that the above noted applicant is or has been a victim of a severe form of trafficking in persons as defined by the VTVPA. I certify that the above information is true and correct to the best of my knowledge, and that I have made, and will make, no promises regarding the victim's ability to obtain nonimmigrant status from U.S. Citizenship and Immigration Services (USCIS), based upon this certification. I further certify that if the victim refuses to comply with reasonable requests for assistance in the investigation or prosecution of the acts of trafficking of which they are a victim, I will notify USCIS.

1. Signature of Certifying Official Date of Signature (mm/dd/yyyy)
2. Signature of Supervisor of Certifying Official Date of Signature (mm/dd/yyyy)
3. Printed Name of Supervisor

Part 7. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name) Given Name (First Name) Middle Name

2. A-Number ► A-

3. A. Page Number B. Part Number C. Item Number

D.

4. A. Page Number B. Part Number C. Item Number

D.

5. A. Page Number B. Part Number C. Item Number

D.

6. A. Page Number B. Part Number C. Item Number

D.
