



# Instructions for Supplement B, Declaration for Trafficking Victim

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

USCIS  
**Form I-914B**  
OMB No. 1615-0099  
Expires 08/31/2026

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

You, as a Federal, State, Tribal, or local law enforcement official use Form I-914, Supplement B, Declaration for Trafficking Victim, 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 any reasonable requests for assistance in an investigation or prosecution (if opened or initiated) of a crime where trafficking is at least one central reason for the commission of that crime. USCIS (not the Federal, State, Tribal, or local law enforcement official) will decide whether the applicant meets the eligibility requirements for T nonimmigrant status. A formal investigation or prosecution is not required in order for your agency to complete this declaration.

By signing the Form I-914, Supplement B, you are not conferring an immigration benefit. Submitting this declaration does not lead to an automatic approval of the T visa application. 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, Tribal, or local law enforcement official, believe the applicant is or has been a victim of a severe form of trafficking in persons and has cooperated with any reasonable requests for assistance in your investigation or prosecution (if opened or initiated), **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 Form I-914.

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 on account 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, Tribal, or local 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, Tribal, or local law enforcement official) determines whether the evidence is sufficient and whether the applicant meets each eligibility requirement. A signed Supplement B provides valuable evidence of the victim's cooperation. However, the applicant may establish eligibility without submitting the Supplement B, as it is not a required form of evidence.

## General Instructions

**Filing Fee.** See Form G-1055, available at [www.uscis.gov/forms](http://www.uscis.gov/forms), for specific information about the fees applicable to this form.

1. Type or print legibly in black ink.
2. If extra space is needed to complete any item on the form, use the space provided in **Part 7. Additional Information** or 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; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.
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." If you do not know the answer to a question, leave the field blank.

## Specific Instructions

This form is divided into **Parts 1. - 7.** 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, passport, or other legal 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 should provide all the names the victim has used, including maiden name, nicknames, aliases, etc.
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. **Sex.** Indicate whether the victim is male or female as provided on his or her birth certificate issued at the time of birth or issued closest to the time of birth or in secondary evidence he or she provided to USCIS, if applicable.
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, Tribal, or local, law enforcement agency, prosecutor, judge, labor agency, children's protective services agency, adult 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 under any administrative, civil, criminal, or Tribal laws. 8 CFR 214.201.
2. - 4. **Name, Title, and Division/Office of Certifying Official.** Give your name, title, and division or office.
5. **Agency Mailing Address.** Give the agency's mailing address.
6. - 7. **Daytime Telephone Number and Fax Number.** Give your phone number and fax number with area code.

---

**8. Agency Type.** Select the appropriate box.

**9. - 12. Case Information.** Provide the case status information and, if applicable, the case identification number, FBI Universal Control Number (UCN), or State Identification Number (SID).

### **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 all applicable boxes that describe the applicant's victimization. It is not necessary for the victim to actually perform the labor or commercial sex act(s) to be eligible for T nonimmigrant status.

**NOTE:** Base your analysis on the practices to which the victim was subjected, rather than on the specific violations charged, the counts on which convictions were obtained, or whether any prosecution resulted in convictions. The definitions that control this analysis are not the elements of criminal offenses, but are those in 8 CFR 214.201.

**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.

**B.** Sex trafficking where the victim was under 18 years of age at the time the acts of trafficking occurred. 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.** Other. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information.**

**2.** Describe the victimization on which the applicant's claim is based and identify the relationship between that victimization and the crime investigated or prosecuted. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information.**

**3.** Explain if the individual has expressed any fear of retaliation or revenge if he or she is removed from the United States. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information.**

**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, if any.

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

In order to qualify for T nonimmigrant status, the applicant must show that he or she has complied with any reasonable requests from Federal, State, Tribal, or local law enforcement in the investigation or prosecution of the acts of trafficking of which he or she was a victim (unless he or she was under 18 years of age at the time the acts of trafficking occurred or he or she is unable to cooperate with the request due to physical or psychological trauma). It is not necessary for you to demonstrate that the cooperation of the victim led to a formal investigation, arrest, or prosecution. If the applicant is unable to cooperate with law enforcement's reasonable request due to physical or psychological trauma or age, the applicant must provide evidence to this effect.

Select the boxes that describe the individual's cooperation with the investigation or prosecution of the acts of trafficking and provide an explanation. 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**

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

**NOTE:** A victim cannot apply for derivative T nonimmigrant status for a family member who participated in the acts of trafficking that established the victim's eligibility for T nonimmigrant status, and USCIS will not grant an immigration benefit to a family member who committed trafficking.

## **Part 6. Attestation**

You, the certifying Federal, State, Tribal, or local law enforcement official filling out this form (identified in **Part 2.** of Supplement B), must sign and date the form in this section. Further, your supervisor must provide his or her name and sign and date this supplement.

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.

## **Part 7. Additional Information**

**Item Numbers 1. - 7.** If you need extra space to provide any additional information in this form, use the space provided in **Part 7. Additional Information.** If you need more space than what is provided in **Part 7.**, you may make copies of **Part 7.** to complete and file with your supplement, or attach a separate sheet of paper. Type or print the victim's 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.

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

An agency can provide further information to USCIS or formally withdraw or disavow 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. Send any written statement to USCIS at:

**USCIS**  
**Vermont Service Center**  
38 River Road  
Essex Junction, 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 withdrawing or disavowing 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 the applicant has established eligibility for temporary immigration benefits for which the applicant is filing. Department of Homeland Security (DHS) uses the information you provide to grant or deny the immigration benefit the applicant is seeking.

**CONFIDENTIALITY:** Information concerning principal applicants for T nonimmigrant status and the family members they apply for is protected under 8 U.S.C. Section 1367.

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

---

**ROUTINE USES:** DHS may, where allowable under relevant confidentiality provisions, including 8 U.S.C. Section 1367, 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

USCIS may not conduct or sponsor an information collection, and you are 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 3.58 hours 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, Office of Policy and Strategy, Regulatory Coordination Division, 5900 Capital Gateway Drive, Mail Stop #2140, Camp Springs, MD 20588-0009. OMB No. 1615-0099. **Do not mail your completed Form I-914, Supplement B to this address**