

## **Inter-Agency Alien Witness and Informant Record**

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

USCIS Form I-854A OMB No. 1615-0046 Expires 07/31/2019

START HERE - Type or print in black ink.

| Pa  | rt 1  | . To be completed by Lav  | w Enforceme      | nt Agencies (See     | e instructi | ons for spec     | ific information.)   |
|---|---|---|------------------|----------------------|-------------|------------------|----------------------|
| ۱.  | Nan   | ne of Law Enforcement Agency  | y (LEA)/Reques   | stor                 |             |                  |                      |
|   |   |   |                  |                      |             |                  |                      |
| 2.  | Req   | uesting Agent (Special Agent in   | Charge, Chief    | of Police, etc.) Cor | trol Agent  | ţ                |                      |
|   |   |   |                  |                      |             |                  |                      |
| 3.  |   | ling Address  |                  |                      |             |                  |                      |
|   | Street Number and Name  |   |                  |                      |             | Apt. Ste. Flr.   |                      |
|   |   |   |                  |                      |             |                  |                      |
|   | City  | or Town   |                  |                      |             |                  | State ZIP Code       |
|   |   |   |                  |                      |             |                  |                      |
| 1.  |   | tact Information  | For Namelon      |                      | E mail A    | 44               |                      |
|   | Day   | time Telephone Number   | Fax Number       |                      | E-mail A    | adress           |                      |
| 5.  | Sele  | ct all applicable boxes.  |                  |                      |             |                  |                      |
| •   |   | As a result of providing information, the alien will be placed in danger: in the United States or abroad. |                  |                      |             |                  |                      |
|   | The alien poses no danger to people or property of the United States.   |   |                  |                      |             |                  |                      |
|   | If the alien poses a danger, the danger posed by the alien is outweighed by the assistance the alien will furnish.  |   |                  |                      |             |                  |                      |
| ☐ Investigation. ☐ Prosecution. ☐ United States Attorney involvement. |   |   |                  |                      |             |                  |                      |
| 5.  | Тур   | Type of Requests. (Attach legal basis for request.)   |                  |                      |             |                  |                      |
|   | S-5 S-6 S-7 Consular post at which visa will be sought:   |   |                  |                      |             |                  |                      |
|   | NOTE: Provide a clear statement of the operations that form the basis of the request (e.g., Grand Jury subpoena), the objective of  |   |                  |                      |             |                  |                      |
|   | the request, and any bargain the LEA wishes to make or has made with the alien. Attach a complete criminal history, FBI Number, and U.S. Social Security Number (if applicable). Include any security concerns and special instructions regarding security precautions. |   |                  |                      |             |                  |                      |
| 7.  |   | he space below, provide all the   | requested infor  | mation for the alie  | n for whor  | n an S classific | cation is requested. |
|   | A.  | Alien's Current Legal Name (  | do not provide a | nickname)            |             |                  | -                    |
|   |   | Family Name (Last Name)   |                  | Given Name (First    | Name)       | Mi               | ddle Name            |
|   |   |   |                  |                      |             |                  |                      |
|   | B.  | Other Names Alien Has Used  | Since Birth (inc | lude nicknames, alia | ases, and m | aiden name, if   | applicable)          |
|   |   | Family Name (Last Name)   |                  | Given Name (First    | Name)       | Mi               | ddle Name            |
|   |   |   |                  |                      |             |                  |                      |
|   |   |   |                  |                      |             |                  |                      |

|    | 1. To be completed by Law Enforcement Agencies (continued)  |  |  |  |  |  |
|----|---|--|--|--|--|--|
| C. | Mailing Address   |  |  |  |  |  |
|    | Street Number and Name Apt. Ste. Flr.   |  |  |  |  |  |
|    |   |  |  |  |  |  |
|    | City or Town State ZIP Code Current Location of Alien (City, State)   |  |  |  |  |  |
|    |   |  |  |  |  |  |
| ). | Other Information   |  |  |  |  |  |
|    | Alien Registration Number   |  |  |  |  |  |
|    | S-Visa Number (A-Number) (if any) Form I-94 Number  |  |  |  |  |  |
|    |   |  |  |  |  |  |
|    | Passport Number Travel Document Number  |  |  |  |  |  |
|    |   |  |  |  |  |  |
|    | Country of Issuance for Passport or Travel Expiration Date for Passport or Date of Last Entry into the U.S  |  |  |  |  |  |
|    | Document Travel Document (mm/dd/yyyy) (mm/dd/yyyy)  |  |  |  |  |  |
|    |   |  |  |  |  |  |
|    | Place of Last Entry into the U.S. (City, State)  Date of Birth (mm/dd/yyyy)  Class of Admission   |  |  |  |  |  |
|    |   |  |  |  |  |  |
|    | Current Immigration Status  |  |  |  |  |  |
|    | Current miningration Status   |  |  |  |  |  |
|    |   |  |  |  |  |  |
|    | Place of Birth  |  |  |  |  |  |
|    |   |  |  |  |  |  |
|    | Country of Origin Country of Citizenship or Nationality   |  |  |  |  |  |
|    |   |  |  |  |  |  |
|    | Gender Marital Status   |  |  |  |  |  |
|    |   |  |  |  |  |  |
|    | Occupation Select all documents attached:   |  |  |  |  |  |
|    | Form G-325 Form FD-258 Photos   |  |  |  |  |  |
|    |   |  |  |  |  |  |
|    | u must provide the following information for each alien named in Item Number 7.   |  |  |  |  |  |
| ۱. | Has the alien ever committed, ordered, incited, assisted, or otherwise participated in genocide; the use, conscription, or                                    |  |  |  |  |  |
|    | recruitment of a child soldier; Nazi persecution; or while outside of the United States, committed torture or extrajudicial killing? If "Yes," explain below. |  |  |  |  |  |
|    |   |  |  |  |  |  |
|    | Yes No  |  |  |  |  |  |
|    |   |  |  |  |  |  |
|    |   |  |  |  |  |  |
|    |   |  |  |  |  |  |
|    |   |  |  |  |  |  |
|    |   |  |  |  |  |  |
|    |   |  |  |  |  |  |
|    |   |  |  |  |  |  |
|    |   |  |  |  |  |  |

Form I-854A 07/13/17 N Page 2 of 8

| 3. | For the above named alien, I request waivers for any ground   | s of madmissibility that may exist.   |
|----|---|---|
|    |   | nissibility. Refer to INA 212(a) for a complete list. (Specify all ed, cited, charged, indicted, convicted, fined or imprisoned, or for t with any law enforcement entity.) |
|    | ☐ Crime involving moral turpitude [212(a)(2)(A)(I)]   | Prostitute and/or procurer of prostitution [212(a)(2)(D)]   |
|    | ☐ International child abduction [212(a)(10)(C)]   | Unlawful activity related to national security  |
|    | ☐ Multiple criminal convictions [212(a)(2)(B)]  | [212(a)(3)(A)]  |
|    | ☐ Engage in unlawful commercialized vice  | Terrorist activities [212(a)(3)(B)]   |
|    | [212(a)(2)(D)]  | Communist Party member [212(a)(3)(D)]   |
|    | Involved in espionage, sabotage or laws relating to technology [212(a)(3)(A)(i)]  | Fraud/Misrepresentation [212(a)(6)(C)(i)]   |
|    | Coming to overthrow the U.S. Government   | ☐ Immigrant without a visa [212(a)(7)] ☐ Human trafficking [212(a)(2)(H)]   |
|    | [212(a)(3)(A)(iii)]  Money laundering [212(a)(2)(I)]  Previously removed-aggravated felony  | Ordered, incited, assisted or otherwise participated in the   |
|    |   | commission of acts of torture or extra judicial killing [212(a)(3)(E)]  |
|    | [212(a)(9)(A)(i)]   | Controlled substance trafficker [212(a)(2)(C)]  |
|    | Nonimmigrant without a valid passport or visas [212(a)(7)(B)(ii)]   | Engaged in conduct relating to severed violations of religious freedoms [212(a)(2)(G)]  |
|    | Previously excluded and deported or removed [212(a)(9)(A)]  | Drug abuser or addict [212(a)(1)(A)(iv)]  |
|    | Alien smuggler [212(a)(6)(E)]   | Other   |
|    | Convicted of law pertaining to controlled substance [212(a)(2)(A)(i)(II)]   | No waivers are requested/needed   |
|    | above. If you need extra space to complete this item, attach A-Number ( <i>if any</i> ) at the top of each sheet; indicate the <b>Page</b> answer refers; and sign and date each sheet. |   |
|    |   |   |
|    |   |   |
|    |   |   |
|    |   |   |
|    |   |   |
|    |   |   |
|    |   |   |
|    |   |   |
|    |   |   |
|    |   |   |
|    |   |   |
|    |   |   |
|    |   |   |
|    |   |   |
|    |   |   |

Form I-854A 07/13/17 N Page 3 of 8

## Part 2. Certifications

## Alien Certification (S classification request)

I certify under penalty of perjury that I have reviewed with the LEA all the information in **Part 1.**, disclosed all information to the best of my ability, and disclosed all reasons for which I may be inadmissible to the United States or for which I may be removed from the United States; that I shall report at least every three months my whereabouts and activities as the LEA shall require; **that I understand I am subject to removal for any grounds of inadmissibility (conduct or condition) or removability not disclosed at this time or for conduct committed after admission to the United States;** that I shall abide by all conditions, limitations, and restrictions imposed upon my entry; that the classification I seek is temporary and will terminate within three years; that I am restricted by the terms of my admission to very specific means by which I will be able to remain permanently in the United States; that I will pay Social Security and all applicable taxes on all employment in the United States; that I understand that such ability to remain in the United States is not guaranteed or promised by the LEA; and that I hereby waive my right to a removal hearing and to contest, other than on the basis of a form for withholding of removal, any action for deportation instituted against me.

I also certify that I have read and understand all the questions and statements on this form. If I do not understand English, I further acknowledge that this has been read to me in a language I do understand. The answers I have furnished are true and correct to the best of my knowledge and belief.

| Signature  | Date (mm/dd/yyyy)              |
|--|--------------------------------|
| Name of Principal Alien  |                                |
| Signature of LEA Witness   | Date (mm/dd/yyyy)              |
| Name of LEA Witness  | Title                          |
| ☐ Interpreter Services Used (This serves to verify the alien's cer | tification of interpretation.) |
| Signature of Interpreter   | Date (mm/dd/yyyy)              |
| Name of Interpreter  | Language Used                  |

## LEA Certification

I certify the above information is true and correct to the best of my knowledge; that I may make, have made, and will make no promises regarding the above alien's ability to adjust status or stay permanently in the United States, other than those that comport with section 101(a)(15)(S) of the INA; that I will, upon approval of S nonimmigrant status and until adjustment of status is granted or the S nonimmigrant status expires or terminates, collect quarterly and annual reports, pursuant to 8 CFR section 214.2(t), which detail the above alien's whereabouts and activities, and that I will forward required information to my headquarters entity, from which point it will be forwarded to the Department of Justice, Criminal Division; that I will immediately report to my headquarters, Department of Homeland Security, U.S. Immigration and Customs Enforcement, Homeland Security Investigations, and the Department of Justice, Criminal Division if this alien fails to report quarterly or fails to comply or to cooperate with the terms and conditions of admission or if the alien commits any removable activity after the date of admission. I further certify that I assume complete law enforcement responsibility for control and continued stay in lawful status of the alien, including necessary monitoring, travel arrangements for arrival and departure, safety precautions and specified conditions of stay or departure; that I have provided a sworn declaration as to the basis of this form and checked all available databases for derogatory information on the above alien; and that I have carefully reviewed the above statements with the alien to ensure that all terms and conditions are understood.

Form I-854A 07/13/17 N Page 4 of 8

| Part 2. Certifications (continued)   |   |           |                           |                                      |  |  |
|--|---|-----------|---------------------------|--------------------------------------|--|--|
| Signature of Requesting Agent  |   |           | Date (mm/dd/yyyy)         |                                      |  |  |
| Name of Demonstrate Asset  |   | Title of  | F Doguesting Agent        |                                      |  |  |
| Name of Requesting Agent   |   |           | Title of Requesting Agent |                                      |  |  |
| Signature of Headquarters (HQ) Chie  | f of LEA                                | Date (n   | nm/dd/yyyy)               |                                      |  |  |
| Name of Headquarters (HQ) Chief of   | LEA                                     | Title of  | f Certifier               |                                      |  |  |
|  |   |           |                           |                                      |  |  |
| Office Name and Mailing Address  |   |           |                           |                                      |  |  |
| Office Name  |   |           |                           |                                      |  |  |
| Street Number and Name   |   |           |                           | Apt. Ste. Flr.                       |  |  |
| City or Town   |   |           |                           | State ZIP Code                       |  |  |
|  |   |           |                           |                                      |  |  |
| Office Contact Information   |   |           |                           |                                      |  |  |
| Daytime Telephone Number   | Fax Number                              |           | E-mail Address            |                                      |  |  |
|  |   |           |                           |                                      |  |  |
| Part 3. For U.S. Attorney Us   | , |           |                           |                                      |  |  |
| Because the alien's presence is essenti recommends the above request be gra above alien's ability to adjust status of 101(a)(15)(S). | nted and further certifies that         | there has | not been and will not b   | be any promises at all regarding the |  |  |
| Signature of U.S. Attorney   |   | Date (n   | nm/dd/yyyy)               |                                      |  |  |
| Name of U.S. Attorney  |   |           |                           |                                      |  |  |
| Name of 0.5. Automey   |   |           |                           |                                      |  |  |
| Office Name and Mailing Address  |   |           |                           |                                      |  |  |
| Office Name  |   |           |                           |                                      |  |  |
| C. AND IN IN   |   |           |                           |                                      |  |  |
| Street Number and Name   |   |           |                           | Apt. Ste. Flr.                       |  |  |
| City or Town   |   |           |                           | State ZIP Code                       |  |  |
|  |   |           |                           |                                      |  |  |

Form I-854A 07/13/17 N Page 5 of 8

| Part 3. For United States Attorney Use Only (if applicable) (continued)  |                                      |  |  |  |
|--|--------------------------------------|--|--|--|
| Office Contact Information   |                                      |  |  |  |
| Daytime Telephone Number Fax Number  | E-mail Address                       |  |  |  |
|  |                                      |  |  |  |
| Part 4. For U.S. Department of State/Rewards Con   | nmittee - S6 Classification use only |  |  |  |
| After checking all information, the U.S. Department of State:  |                                      |  |  |  |
| Certifies the alien is eligible to receive an award under 22 U.S.  | .C 2708(a).                          |  |  |  |
| Certifies the alien is not eligible for such award.  |                                      |  |  |  |
| Signature  | Date (mm/dd/yyyy)                    |  |  |  |
|  |                                      |  |  |  |
| Name   | Title                                |  |  |  |
|  |                                      |  |  |  |
| Office Name and Mailing Address  |                                      |  |  |  |
| Office Name  |                                      |  |  |  |
|  |                                      |  |  |  |
| Street Number and Name   | Apt. Ste. Flr.                       |  |  |  |
|  |                                      |  |  |  |
| City or Town   | State ZIP Code                       |  |  |  |
|  |                                      |  |  |  |
| Office Contact Information   |                                      |  |  |  |
| Daytime Telephone Number Fax Number  | E-mail Address                       |  |  |  |
|  |                                      |  |  |  |
| Part 5. For Department of Justice, Criminal Division Use Only  |                                      |  |  |  |
| After checking and evaluating all waivers and other information as   | •                                    |  |  |  |
|  |                                      |  |  |  |
| Certifies that, pursuant to INA section 101(a)(15)(S) and the request of the above LEA, the above alien is recommended for the S classification requested, that the above requests for waivers of inadmissibility appear to warrant approval, that this request falls within the numerical limitation for an S visa, and that, therefore, this request is forwarded to the Director of U.S. Citizenship and Immigration Services for approval. |                                      |  |  |  |
| Denies request.  |                                      |  |  |  |
| Signature  | Date (mm/dd/yyyy)                    |  |  |  |
|  |                                      |  |  |  |
| Name   | Title                                |  |  |  |
|  |                                      |  |  |  |

Form I-854A 07/13/17 N Page 6 of 8

| Part 5. For Department of Justice, Criminal Division Use Only (continued) |                    |  |  |  |
|---|--------------------|--|--|--|
| Office Name and Mailing Address   |                    |  |  |  |
| Office Name   |                    |  |  |  |
|   |                    |  |  |  |
| Street Number and Name  | Apt. Ste. Flr.     |  |  |  |
|   |                    |  |  |  |
| City or Town  | State ZIP Code     |  |  |  |
|   |                    |  |  |  |
| Office Contact Information  |                    |  |  |  |
| Daytime Telephone Number Fax Number                                       | E-mail Address     |  |  |  |
|   |                    |  |  |  |
| Part 6. For U.S. Citizenship and Immigration Serv                         | vices Use Only     |  |  |  |
| LEA Request: Granted Forwarded to DOS/Visa C                              | Office (VO) Denied |  |  |  |
| Signature   | Date (mm/dd/yyyy)  |  |  |  |
|   |                    |  |  |  |
| Name  | Title              |  |  |  |
|   |                    |  |  |  |
| Office Name and Mailing Address   |                    |  |  |  |
| Office Name   |                    |  |  |  |
|   |                    |  |  |  |
| Street Number and Name  | Apt. Ste. Flr.     |  |  |  |
|   |                    |  |  |  |
| City or Town  | State ZIP Code     |  |  |  |
|   |                    |  |  |  |
| Office Contact Information  |                    |  |  |  |
| Daytime Telephone Number Fax Number                                       | E-mail Address     |  |  |  |
|   |                    |  |  |  |

Form I-854A 07/13/17 N Page 7 of 8

| Part 7. For Department of State/Visa Office Use Only            |   |  |  |  |
|---|---|--|--|--|
| Forwarded to Consul by VO for Visa Approval Not Fo              | Forwarded to Consul by VO for Visa Approval Not Forwarded |  |  |  |
| Signature Date (mm/dd/yyyy)                                     |   |  |  |  |
|   |   |  |  |  |
| Name  | Title   |  |  |  |
|   |   |  |  |  |
| Office Name and Mailing Address                                 |   |  |  |  |
| Office Name   |   |  |  |  |
|   |   |  |  |  |
| Street Number and Name  | Apt. Ste. Flr.  |  |  |  |
| City or Town  | State ZIP Code  |  |  |  |
| City of Town  | State ZIF Code  |  |  |  |
|   |   |  |  |  |
| Office Contact Information  Daytime Telephone Number Fax Number | E-mail Address  |  |  |  |
| Daytime Telephone Number Fax Number                             | E-man Address   |  |  |  |
|   |   |  |  |  |
| ☐ Visa Granted ☐ Visa Denied                                    |   |  |  |  |
| Signature   | Date (mm/dd/yyyy)   |  |  |  |
| Name  | Title   |  |  |  |
| Name  | Title   |  |  |  |
|   |   |  |  |  |
| Office Name and Mailing Address                                 |   |  |  |  |
| Office Name   |   |  |  |  |
| Street Number and Name  | Apt. Ste. Flr.  |  |  |  |
|   |   |  |  |  |
| City or Town  | State ZIP Code  |  |  |  |
|   |   |  |  |  |
| Office Contact Information                                      |   |  |  |  |
| Daytime Telephone Number Fax Number                             | E-mail Address  |  |  |  |
|   |   |  |  |  |

Form I-854A 07/13/17 N Page 8 of 8