

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 08/31/2026

For USCIS Use Only

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.

Family Name (Last Name) Family Name (Last Name) Family Name (Last Name) Family Name (Last Name) Frovide 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) Family Name (Last Name) Given Name (First Name) Middle Name (if any) Date Reloc Sent Date Date Date Reloc Rec'd Date Date Obate Alien Registration Number (A-Number) (if any) At a lien Registration Number (SSN) (if any) At a lien Registration 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. Fir. Name of Certifying Official Apt. Ste. Fir. Name of Certifying Official	кесеірі
Family Name (Last Name) Family Name (Last Name) Given Name (First Name) Middle Name (if any) Date Date Date 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) Date Reloc Sent Date Date Date Date Reloc Rec'd Date Date Alien Registration Number (A-Number) (if any) A- Loss 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. Fir. Name of Certify in the complete of	
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) Reloc Rec'd Date Reloc Rec'd Date Reloc Rec'd Date Remarks Reloc Sent Date Reloc Sent Date Reloc Sent Date Reloc Sent Date Reloc Rec'd Date	
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)	
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) Date Reloc Sent Date Reloc Rec'd Date Date Remarks 4. Sex Male Female 5. Alien Registration Number (A-Number) (if any) A- Date 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. N	
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) Reloc Rec'd Date Date Remarks Reloc Sent Date Date Date Date Date Date Reloc Rec'd Date	
Section Sect	
Family Name (Last Name) Given Name (First Name) Middle Name (if any) Reloc Rec'd Date Date Alica Registration Number (A-Number) (if any) ► A- Given Name (First Name) Middle Name (if any) Date Reloc Rec'd Date Date 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. N	
Reloc Rec'd Date Jate Date Date Remarks	
3. Date of Birth (dd/mm/yyyy) 4. Sex	
3. Date of Birth (dd/mm/yyyy) 4. Sex	
4. Sex	
4. Sex Male Female 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 USPS ZIII Street Number and Name Apt. Ste. Fir. N	- 1
5. Alien Registration Number (A-Number) (if any) ▶ A- 6. U.S. Social Security Number (SSN) (if any) ▶ Same 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. N	arks
A- 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. N	
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. N	
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. N	
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. N	
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. N	
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. N	
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. N	
3. Title of Certifying Official 4. Division/Office of Certifying Official 5. Agency Mailing Address Street Number and Name Apt. Ste. Flr. N	
3. Title of Certifying Official 4. Division/Office of Certifying Official 5. Agency Mailing Address Street Number and Name Apt. Ste. Flr. N	
4. Division/Office of Certifying Official 5. Agency Mailing Address Street Number and Name Apt. Ste. Flr. N	
4. Division/Office of Certifying Official 5. Agency Mailing Address Street Number and Name Apt. Ste. Flr. N	
5. Agency Mailing Address Street Number and Name Apt. Ste. Flr. N	
Street Number and Name Apt. Ste. Flr. N	_
Street Number and Name Apt. Ste. Flr. N	
Street Number and Name Apt. Ste. Flr. N	(USPS ZIP Code Lookup)
	•
City or Town State ZI	
	ZIP Code

Pai	t 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)					
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)					
<u> </u>						
	t 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 .					
	the second was speed provided in 2 was vertically and in a second in 2 was vertically and in a second					

Par	t 5. Family Members Imp	licated 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			
		1					
Par	t 6. Attestation						
victing the bustantial status status refus	n of a severe form of traffickin est of my knowledge, and that s from U.S. Citizenship and Im	s, I certify, under penalty of perjury g in persons as defined by the VTVI I have made, and will make, no prormigration Services (USCIS), based equests for assistance in the investig	PA. I certify that the anises regarding the vious upon this certification	above information is trectim's ability to obtain. I further certify that i	rue and correct to nonimmigrant f the victim		
1.	Signature of Certifying Offici	al		Date of Signature (m	m/dd/yyyy)		
2.	Signature of Supervisor of Ce	rtifying Official		Date of Signature (m	m/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.	Fam	nily Name (Last Na	ame)		Given Name (First Name)	Middle Name
2.	A-N A. D.	Page Number	В.	Part Number C.	Item Number	
1.	A. D.	Page Number	В.	Part Number C.	Item Number	
5.	A. D.	Page Number	В.	Part Number C.	Item Number	
ó.	A. D.	Page Number	В.	Part Number C.	Item Number	