

Supplement B, Delaration of Law Enforcement Officer for Victim of Trafficking in Persons

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-914

OMB No. 1615-0099 Expires 04/30/2021

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 US	CIS 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)	Date					
Date of Birth (mm/dd/yyyy) Gender	Date					
Male Female	Reloc Sent					
A # (if known) Social Security # (if known)	Date					
	Date					
Part B. Agency Information	Reloc Rec'd					
Name of Certifying Agency	Date					
	Date					
Name of Certifying Official Title and Division/Office of Certifying Official	R	emarks				
Agency Address - Street Number and Name Suite Number						
rigency reduces bitect (value) and (value) such (value)						
City State/Province Zip/Postal Code						
Daytime Phone # (area code and/or extension) Fax # (with area code) (USPS ZIP Code Lookup)						
Agency Type Federal Local						
Case Status On-going Completed Local						
Certifying Agency Category						
Judge Law Enforcement Prosecutor Other						
Case Number (if applicable)						
Part C. Statement of Claim						
1. The applicant is or has been a victim of a severe form of trafficking in persons. Specifically, he or she is a victim of: (Check all that apply. 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. Note that the definitions that control this analysis are not the elements of criminal offenses, but are those set forth at 8 CFR 214.11(a).)						
Sex trafficking in which a commercial sex act was induced by force, fraud, or coercion. Sex trafficking means the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act.						
Sex trafficking and the victim is under the age of 18.						

P	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 ad	lditional 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.	yes, explain. Attach additional					
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	ne acts of trafficking being invest	tigated or prosecuted, or that were	investigated or prosecuted.		
6.	Provide the date on which the inv					
	Date (mm/dd/yyyy)					
7.	Provide the date on which the inv	restigation or prosecution was co	empleted (if any).			
	Date (mm/dd/yyyy)					

Part D. Cooper	ration of Victim (Attach	additional sheets, if necessar	ry)			
Has failed t Has not bee	to comply with requests to a	ssist in the investigation/prosecution of any	ion of the crime of trafficking. (Explain below.) ution of the crime of trafficking. (Explain below.) crime of trafficking.			
D (E E 1	N. 1. Y. 1. (17	TT 66 1 0				
Part E. Family	Members Implicated In	Trafficking				
Yes No	Yes No Are any of the applicant's family members believed to have been involved in his or her trafficking to the United States? If "Yes," list the relative(s) and describe the involvement. Attach additional sheets if necessary.					
	Full Name	Relationship	Involvement			
Part F. Attesta	tion					
severe form of traff my knowledge, and Citizenship and Im the investigation or	ficking in persons as defined I that I have made, and will migration Services, based us prosecution of the acts of the	d by the VTVPA. I certify that t make, no promises regarding th	ne above noted individual is or has been a victim of a he above information is true and correct to the best of e above victim's ability to obtain a visa from U.S. certify that if the victim unreasonably refuses to assist in ictim, I will notify USCIS. Date (mm/dd/yyyy)			
Signature of Supe	Signature of Supervisor of Certifying Officer (sign in ink) Date (mm/dd/yyyy)					
Printed Name of S	Supervisor					
	•					