

Application for T Nonimmigrant Status

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. Use black ink. See Instructions for information about eligibility and how to complete and file this application.	For USCIS Use Only		
PART A. Purpose for Filing the Application	Returned	Receipt	
Check all that apply:	Date		
I am filing for T-1 nonimmigrant status and have not previously filed for such	Date		
status.	Resubmitted		
☐ I am filing for T-1 nonimmigrant status and have previously filed for such status.	Date		
Receipt Number (begins with EAC)	Date		
☐ I have received T-1 status and am applying to bring family members to the United	Reloc Sent		
States.	Date		
PART B. General Information About You (Person filing this form as a victim)	Date		
Family Name (Last Name) Given Name (First Name) Middle Name (if any)	Reloc Rec'd		
Tuming Traine (2001 Traine) Given Traine (1 1001 Traine) Traine (1 1001)	Date		
Other Names Used (Include maiden name/nickname)	Date		
	Val	idity Dates	
Home Address - Street Number and Name (USPS ZIP Code Lookup) Apt. Number	From:		
City State/Province Zip/Postal Code	То:		
State/Flovince Zap/Fostar code	I	Remarks	
Safe Mailing Address (if other than above) - Street Number and Name Apt. Number			
C/O (in care of):			
City State/Province Zip/Postal Code			
State/110vinec Zip/10starCode			
Home Telephone Number Safe Daytime Phone Number	Conditi	ional Approval	
(with area code) (with area code)	Stamp #	Date	
E Mell Address (antique)	Ac	tion Block	
E-Mail Address (optional) A-Number (if any)			
U.S. Social Security Number (if any) Gender			
Male Female			
Marital Status:			
Single/Never Married Married Divorced Widowed			
Date of Birth (mm/dd/yyyy) Country of Birth Country of Citizenship			
Passport Number Place of Issuance Date of Issue (mm/dd/yyyy)	To Be	Completed by	
		Representative, if any	
Place of Last Entry Date of Last Entry (mm/dd/yyyy)		G-28 is attached to	
	represent the ATTY State	applicant.	
Form I-94 Number (Arrival-Departure Record) Current Immigration Status	License #		

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Answers to the following questions about your claim require explanation and supporting documentation. You should attach documents in support of your claim that you are a victim of a severe form of trafficking in persons and the specific facts on which you are relying to support your claim. **You must** attach a personal narrative statement describing the trafficking. If you are only applying for T derivative status for a family member subsequent to your (the principal applicant) initial filing, evidence supporting the original application is not require to be resubmitted with the new Form I-914.

Attach additional sheets of paper as needed. Write your name and Alien Registration Number (A-Number), if any, at the top of each sheet and indicate the number of the item that you are answering. Include the Part and letter or number relating to the additional information you provided (example: Part C, 3).

		(,-						
1.	I am or have been a victim of a severe form of trafficking in persons. (Attach evidence to support your claim.) \square Yes \square No								
2.	I am submitting a law enforcement agency (LEA) declaration on Form I-914, Supplement B, Declaration of Law Enforcement Officer for Victim of Trafficking in Persons. (<i>If "No," explain why you are not submitting the LEA Certification.</i>)								
3.	I am physically present in the United States, American Samoa, or the Commonwealth of the Northern Mariana Islands, or at a port of entry, on account of trafficking, or have been allowed entry into the United States to participate in investigative or judicial processes associated with an act or perpetrator of trafficking. (If "Yes," explain in detail and attach evidence and documents supporting this claim.)								
4.	I fear that I will suffer extreme hardship involving unusual and severe harm upon removal. (If "Yes," explain Yes No in detail and attach evidence and documents supporting this claim.)								
5.	I have reported the crime of which I am claiming to be a victim. (If "Yes," indicate to which law enforcement agency and office you have made the report, the address and phone number of that office, and the case number assigned, if any. If "No," explain the circumstances.)							☐ No	
	Law Enforcement	Agency and Office	Address		Phone Number	Case Numb	er		
	Cincol								
	Circumstances:								
6.	I am under the age	of 18 years. (If "Yes,"	proceed to Question &	3.)			Yes	☐ No	
7.									
8.	This is the first time I have entered the United States. (If "No," list each date, place of entry, and under which status you entered the United States for the past five years, and explain the circumstances of your most recent arrival.)								
	Date of Entry	Place of Entry		Status					

PA	ART C. Additional Information (continued)							
9.	he Yes I	No							
10.	Yes I	No							
11. I am now applying for one or more eligible family members. (If "Yes," complete and include a Form I-914, Supplement A, Application for Immediate Family Member of T-1 Recipient, for each family member for whom you are now applying. You may also apply to bring eligible family members to the United States at a later date.)									
PA	ART D. Processing Information								
que told A <i>da</i> Ans	swer the following questions about yourself. For pastions, even if your records were sealed or otherwally you that you no longer have a record. (If your and litionally, explain if any of the acts or circumstance wering "Yes" does not necessarily mean that you wister for permanent residence.)	ise cleared or if anyon aswer is "Yes" to any c ces below are related i	ne, including a judge, law enform one of these questions, explain to you having been a victim of	rcement officer, or attorne on a separate sheet of pap a severe form of traffickin	y, oer. g.				
1.	Have you EVER :								
	a. Committed a crime or offense for which you h	nave not been arrested	?	Yes I	No				
b. Been arrested, cited, or detained by any law enforcement officer (including DHS, former INS, and military officers) for any reason?									
	c. Been charged with committing any crime or o	ffense?		Yes I	No				
	\mathbf{d} . Been convicted of a crime or offense (even if	violation was subsequ	ently expunged or pardoned)?	Yes I	No				
	e. Been placed in an alternative sentencing or a r prosecution, withheld adjudication, deferred a		(for example: diversion, defer	red Yes I	No				
	f. Received a suspended sentence, been placed o	n probation, or been p	aroled?	Yes I	No				
	g. Been in jail or prison?			Yes I	No				
	h. Been the beneficiary of a pardon, amnesty, rel	habilitation, or other a	ct of clemency or similar action	on? Yes 1	No				
	i. Exercised diplomatic immunity to avoid prose	cution for a criminal o	offense in the United States?	Yes I	No				
	If you answered "Yes" to any of the above questions, complete the following table. If you need more space, use a separate sheet of paper to give the same information.								
Why were you arrested, cited, detained, or charged? Date of arrest, citation, detention, charge (mm/dd/yyyy) Date of arrest, cited, detained, or charges filed, charged? (city, State, Country) Outcome or dispositio (e.g., no charges filed, charges dismissed, jail, probation, etc.)									

PA	RT D	Processing Information (continued)		
2.	Have y			
	_	aged in prostitution or procurement of prostitution or do you intend to engage in prostitution or curement of prostitution?	Yes	☐ No
	b. EVI	ER engaged in any unlawful commercialized vice, including, but not limited to illegal gambling?	Yes	☐ No
		ER knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States gally?	Yes	☐ No
		ER illicitly trafficked in any controlled substance, or knowingly assisted, abetted, or colluded in the it trafficking of any controlled substance?	Yes	☐ No
3.	-	ou EVER committed, planned or prepared, participated in, threatened to, attempted to, or conspired to coation for, or solicited funds for any of the following:	mmit, gat	hered
	a. Hija	cking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)?	Yes	☐ No
	com	ring or detaining, and threatening to kill, injure, or continue to detain, another individual in order to apel a third person (including a governmental organization) to do or abstain from doing any act as an licit or implicit condition for the release of the individual seized or detained?	Yes	☐ No
	c. Assa	assination?	Yes	☐ No
		use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individual or ause substantial damage to property?	Yes	☐ No
	or d	use of any biological agent; chemical agent; or nuclear weapon or device; explosive; or other weapon angerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or ause substantial damage to property?	Yes	☐ No
4.	•	ou EVER been a member of, solicited money or members for, provided support for, attended military train on 2339D(c)(1) of title 18, United States Code) by or on behalf of, or been associated with an organization	_	defined
	a. Des	ignated as a terrorist organization under section 219 of the Immigration and Nationality Act?	Yes	☐ No
	-	other group of two or more individuals, whether organized or not, which has engaged in or has a group which has engaged in:		
	1. F	Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)?	Yes	☐ No
	c	beizing or detaining, and threatening to kill, injure, or continue to detain another individual in order to ompel a third person (including a governmental organization) to do or abstain from doing any act as an applicit or implicit condition for the release of the individual seized or detained?	Yes	☐ No
	3. A	Assassination?	Yes	☐ No
		The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individual or to cause substantial damage to property?	Yes	☐ No
	5. S	oliciting money or members or otherwise providing material support to a terrorist organization?	Yes	☐ No
	v	The use of any biological agent; chemical agent; or nuclear weapon or device; explosive, or other veapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?	Yes	□ No

PA	RT D.	Processing Information (continued)		
5.	Do you	intend to engage in the United States in:		
	a. Espi	onage?	Yes	☐ No
		unlawful activity, or any activity the purpose of which is in opposition, to control, or overthrow of the ernment of the United States?	Yes	☐ No
		ly, principally, or incidentally in any activity related to espionage or sabotage or to violate any law lying the export of goods, technology, or sensitive information?	Yes	☐ No
6.	•	ou ever been or do you continue to be a member of the Communist or other totalitarian party, except embership was involuntary?	Yes	☐ No
7.	Govern	ou, during the period of March 23, 1933, to May 8, 1945, in association with either the Nazi ment of Germany or any organization or government associated or allied with the Nazi Government of y, ever ordered, incited, assisted, or otherwise participated in the persecution of any person because of igion, nationality, membership in a particular social group, or political opinion?	Yes	☐ No
8.	Have yo	ou EVER been present or nearby when any person was:		
	a. Inter	ationally killed, tortured, beaten, or injured?	Yes	☐ No
	b. Disp	laced or moved from his or her residence by force, compulsion, or duress?	Yes	☐ No
	c. In an	y way compelled or forced to engage in any kind of sexual contact or relations?	Yes	☐ No
9.	a. Are	removal, exclusion, rescission, or deportation proceedings pending against you?	Yes	☐ No
	b. Have	e removal, exclusion, rescission, or deportation proceedings EVER been initiated against you?	Yes	☐ No
	c. Have	e you EVER been removed, excluded, or deported from the United States?	Yes	☐ No
	d. Have	e you EVER been ordered to be removed, excluded, or deported from the United States?	Yes	☐ No
		e you EVER been denied a visa or denied admission to the United States? (If a visa was denied, ain why on a separate sheet of paper.)	Yes	☐ No
		you EVER been granted voluntary departure by an immigration officer or an immigration judge and I to depart within the allotted time?	Yes	☐ No
10.	Have yo	ou EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any	of the follo	owing:
	a. Acts	involving torture or genocide?	Yes	☐ No
	b. Killi	ng any person?	Yes	☐ No
	c. Inten	tionally and severely injuring any person?	Yes	☐ No
	d. Enga	aging in any kind of sexual contact or relations with any person who was being forced or threatened?	Yes	☐ No
	e. Limi	ting or denying any person's ability to exercise religious beliefs?	Yes	☐ No
11.	Have yo	ou EVER:		
		ed in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization?	Yes	☐ No
		ed in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved ning persons?	Yes	☐ No

PA	ART D. Processing Information	(continued)							
	Have you EVER been a member of, a in which you or other persons used a				•	Yes	☐ No		
	Have you EVER assisted or participal knowledge used them against another knowledge used the knowledge used them against another knowledge used the knowledge used th	er person, or in		• • •		Yes	☐ No		
14.	Have you EVER received any type o		Yes	☐ No					
	Are you under a final order or civil p documentation to unlawfully satisfy	•	•		se	Yes	☐ No		
	Have you EVER, by fraud or willful visa or other documentation, for entry	-			ocured, a	Yes	☐ No		
17.	Have you EVER left the United State	es to avoid being	ng drafted into the	e U.S. Armed Forces?		Yes	☐ No		
	Have you EVER been a J nonimmigr requirement and not yet complied wi	-			residence	Yes	☐ No		
	Have you EVER detained, retained, ocitizenship, outside the United States		•		.S.	Yes	☐ No		
20.	Do you plan to practice polygamy in	the United Sta	ates?			Yes	☐ No		
21.	Have you entered the United States a	s a stowaway?	?			Yes	☐ No		
22.	a. Do you have a communicable dise	ease of public	health significanc	e?		Yes	☐ No		
	b. Do you have or have you had a ph likely to recur) associated with the or welfare of yourself or others?	•		•		Yes	☐ No		
	c. Are you now or have you been a c	lrug abuser or	drug addict?			Yes	☐ No		
PA	RT E. Information About Your	Family Me	mbers						
	vide the following information about yet of paper.	your spouse ar	nd all of your sons	and daughters. If you need r	nore space, at	ttach an add	ditional		
1.	Spouse								
	Family Name (Last Name)	Given Name	(First Name)	Middle Name (if any)	Date of B	Birth (mm/	dd/yyyy)		
	Country of Birth		Current Locati	ion .					
	Country of Birtin		Current Locati	<u> </u>					
			1						

PA	RT	TE. Information About Your	Family Me	embers (continue	ed)				
2.	2. Children								
	a.	Family Name (Last Name)	Given Nam	ne (First Name)	Middle Na	me (if any)	Date of Birth (mm/dd/yyyy)		
		Country of Birth		Relationship		Current Loca	tion		
	b.	Family Name (Last Name)	Given Nam	ne (First Name)	Middle Na	me (if any)	Date of Birth (mm/dd/yyyy)		
		C 4 PP 4		D.L.C. I.		G 41	4.		
		Country of Birth		Relationship		Current Loca	tion		
			T		T				
	c.	Family Name (Last Name)	Given Nam	ne (First Name)	Middle Na	me (if any)	Date of Birth (mm/dd/yyyy)		
		Country of Birth		Relationship		Current Loca	tion		
		Country of Birth		Retutionship		Current Eoca			
who	m y	ete Form I-914, Supplement A, Ap you are now applying to have join	you in the Ur	nited States, and at	tach it to this	application.			
		Γ F. Applicant's Statement	•	•		•	on, and Signature		
NO'	TE:	Read the Penalties section of the	e Form I-914	Instructions befor	e completing	this part.			
Ap_{j}	pli	cant's Statement							
NO'	TE:	Select the box for either Item A .	or B. in Iten	n Number 1. If a	oplicable, sele	ect the box for I	tem Number 2.		
1.	Ap	plicant's Statement Regarding the	Interpreter						
	A.	I can read and understand En and my answer to every que		have read and und	erstand every	question and in	struction on this application		
	B. The interpreter named in Part G. read to me every question and instruction on this application and my answer to every question in,						cation and my answer to every		
2.	۸r	a language in which I am flu oplicant's Statement Regarding the		derstood everythir	ıg.				
4.	₼	At my request, the preparer name	•						
	Ш	prepared this application for me		•	provided or a	uthorized.	,		

(cc	ontinued)		
Ap	plicant's Contact Information		
3.	Applicant's Daytime Telephone Number	4.	Applicant's Mobile Telephone Number (if any)
5.	Applicant's Email Address (if any)		

PART F. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I authorize the release of any information from my record that USCIS needs to determine eligibility for the benefit I am seeking to investigate my claim, and to investigate fraudulent claims. I further authorize USCIS to release information to law enforcement agencies and prosecutors investigating crimes of trafficking or related crimes. I further authorize USCIS to release information to Federal, State, and local public and private agencies providing benefits, to be used solely in making determinations of eligibility for benefits pursuant to 8 USC 1641(c).

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

Applicant's Signature									
6. Applicant's Signature (sign in ink)	Date of Signature (mm/dd/yyyy)								
•									

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

PA	RT G. Interpreter's Contact Information, Cert	ificati	ion, and Signat	ture		
Pro	vide the following information about the interpreter.					
In	terpreter's Full Name					
1.	Interpreter's Family Name (Last Name)	Inte	rpreter's Given Nai	me (First	Name)
2.	Interpreter's Business or Organization Name (if any)					
In	terpreter's Mailing Address					
3.	Street Number and Name			Apt. Ste	. Flr.	Number
	City or Town			State		ZIP Code
	Province Postal Code		Country			
In	terpreter's Contact Information					
4.	Interpreter's Daytime Telephone Number	5.	Interpreter's Mob	oile Telep	hone l	Number (if any)
6.	Interpreter's Email Address (if any)					
In	terpreter's Certification					
I ce	rtify, under penalty of perjury, that:					
I an	n fluent in English and		, which is the sam	e languag	ge spec	cified in Part F., Item B. in
	n Number 1. , and I have read to this applicant in the identifie					
	ter answer to every question. The applicant informed me that lication, including the Applicant's Declaration and Certific					
In	terpreter's Signature					
7.	Interpreter's Signature (sign in ink)				Date	of Signature (mm/dd/yyyy)

PART H. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Provide the following information about the preparer.

Pr	Preparer's Full Name			
1.	Preparer's Family Name (Last Name)	Preparer's Given Nam	ne (First Name	e)
2.	Preparer's Business or Organization Name (if any)			
Pr	Preparer's Mailing Address			
3.	Street Number and Name	A	Apt. Ste. Flr.	Number
	City or Town		State	ZIP Code
	Province Postal Code	Country		
Pr	Preparer's Contact Information			
4.	Preparer's Daytime Telephone Number 5.	Preparer's Mobile	Telephone Nu	ımber (if any)
6.	Preparer's Email Address (if any)			
Pr	Preparer's Statement			
7.	• A. I am not an attorney or accredited representative but have the applicant and with the applicant's consent.	prepared this applica	ation on behal	f of
	B. I am an attorney or accredited representative and my representative.		licant in this c	ase
	extends does not extend beyond the preparation of	of this application.		
	NOTE: If you are an attorney or accredited representative Notice of Entry of Appearance as Attorney or Accredited			1
Pr	Preparer's Certification			
revi his	by my signature, I certify, under penalty of perjury, that I prepared this eviewed this completed application and informed me that he or she und is or her application, including the Applicant's Declaration and Certi correct. I completed this application based only on information that the	lerstands all of the infification, and that all	formation con of this inform	tained in, and submitted with, nation is complete, true, and
Pr	Preparer's Signature			
8.	Preparer's Signature (sign in ink)		Date	of Signature (mm/dd/yyyy)