

# SAMPLE

OMB No. 1615-0104: Expires 08/31/2010

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

## I-918 Supplement B, U Nonimmigrant Status Certification

**START HERE - Please type or print in black ink.**

### Part 1. Victim information.

Family Name	Given Name	Middle Name
Doe	Jane	Anne

Other Names Used (Include maiden name/nickname)

N/A

Date of Birth (mm/dd/yyyy)

04/08/1969

Gender

☐ Male ☒ Female

### Part 2. Agency information.

Name of Certifying Agency

Santiago Police Department

Name of Certifying Official

Elliot Ness

Title and Division/Office of Certifying Official

Detective/Family Protection

Name of Head of Certifying Agency

Chief Steve Nash

Agency Address - Street Number and Name

12354 Main Street

City

Santiago

State/Province

CA

Zip/Postal Code

92101

Daytime Phone # (with area code and/or extension) Fax # (with area code)

619-269-9897

619-269-7986

Agency Type

☐ Federal ☐ State ☒ Local

Case Status

☒ On-going ☐ Completed ☐ Other

Certifying Agency Category

☐ Judge ☒ Law Enforcement ☐ Prosecutor ☐ Other

Case Number

99-99999

FBI # or SID # (if applicable)

### Part 3. Criminal acts.

1. The applicant is a victim of criminal activity involving or similar to violations of one of the following Federal, State or local criminal offenses. (Check all that apply.)

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Abduction  | <input type="checkbox"/> Female Genital Mutilation                    | <input type="checkbox"/> Obstruction of Justice                         | <input type="checkbox"/> Slave Trade  |
| <input type="checkbox"/> Abusive Sexual Contact                               | <input type="checkbox"/> Hostage                                      | <input type="checkbox"/> Peonage  | <input type="checkbox"/> Torture  |
| <input type="checkbox"/> Blackmail  | <input type="checkbox"/> Incest                                       | <input type="checkbox"/> Perjury  | <input type="checkbox"/> Trafficking  |
| <input checked="" type="checkbox"/> Domestic Violence                         | <input type="checkbox"/> Involuntary Servitude                        | <input type="checkbox"/> Prostitution                                   | <input type="checkbox"/> Unlawful Criminal Restraint                                    |
| <input type="checkbox"/> Extortion  | <input type="checkbox"/> Kidnapping                                   | <input type="checkbox"/> Rape   | <input checked="" type="checkbox"/> Witness Tampering                                   |
| <input type="checkbox"/> False Imprisonment                                   | <input type="checkbox"/> Manslaughter                                 | <input type="checkbox"/> Sexual Assault                                 | <input checked="" type="checkbox"/> Related Crime(s)                                    |
| <input type="checkbox"/> Felonious Assault                                    | <input type="checkbox"/> Murder                                       | <input type="checkbox"/> Sexual Exploitation                            | <input type="checkbox"/> Other: (If more space needed, attach separate sheet of paper.) |
| <input checked="" type="checkbox"/> Attempt to commit any of the named crimes | <input type="checkbox"/> Conspiracy to commit any of the named crimes | <input type="checkbox"/> Solicitation to commit any of the named crimes |   |

**Part 3. Criminal acts. (Continued.)**

2. Provide the date(s) on which the criminal activity occurred.

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

12/21/2008

3. List the statutory citation(s) for the criminal activity being investigated or prosecuted, or that was investigated or prosecuted.

CA PC: 273.5 (Corporal Injury on a Spouse); 242-3 (Battery); 136.1 (Attempt to Dissuade Witness)

4. Did the criminal activity occur in the United States, including Indian country and military installations, or the territories or possessions of the United States?

☒ Yes ☐ No

- a. Did the criminal activity violate a Federal extraterritorial jurisdiction statute?

☐ Yes ☒ No

- b. If "Yes," provide the statutory citation providing the authority for extraterritorial jurisdiction.

- c. Where did the criminal activity occur?

Santiago, CA

5. Briefly describe the criminal activity being investigated and/or prosecuted and the involvement of the individual named in Part 1. Attach copies of all relevant reports and findings.

Jane Doe was the victim of domestic violence on 12/21/2008, which she reported to the Santiago Police Department. Ms. Doe reported being punched and choked by the suspect. She also reported that he broke her phone when she attempted to call 911. As a result, the Santiago District Attorney filed a Criminal Information, Criminal Protective Order, and Arrest Warrant for the suspect. See attached police reports, protective order, and criminal court disposition.

6. Provide a description of any known or documented injury to the victim. Attach copies of all relevant reports and findings.

As a result of the 12/21/2008 incident, Ms. Doe reported pain, nausea, loss of consciousness, finger marks on her neck, redness on her left cheek, and difficulty swallowing. See attached police reports.

**Part 4. Helpfulness of the victim.**

The victim (or parent, guardian or next friend, if the victim is under the age of 16, incompetent or incapacitated.):

1. Possesses information concerning the criminal activity listed in Part 3.

☒ Yes ☐ No

2. Has been, is being or is likely to be helpful in the investigation and/or prosecution of the criminal activity detailed above. (Attach an explanation briefly detailing the assistance the victim has provided.)

☒ Yes ☐ No

3. Has not been requested to provide further assistance in the investigation and/or prosecution. (Example: prosecution is barred by the statute of limitation.) (Attach an explanation.)

☒ Yes ☐ No

4. Has unreasonably refused to provide assistance in a criminal investigation and/or prosecution of the crime detailed above. (Attach an explanation.)

☐ Yes ☒ No

**Part 4. Helpfulness of the victim. (Continued.)**

5. Other, please specify.

Ms. Doe has cooperated with law enforcement in reporting the crime and in follow-up interviews.

**Part 5. Family members implicated in criminal activity.**

1. Are any of the victim's family members believed to have been involved in the criminal activity of which he or she is a victim? ☒ Yes ☐ No


2. If "Yes," list relative(s) and criminal involvement. (Attach extra reports or extra sheet(s) of paper if necessary.)

Full Name	Relationship	Involvement
John Doe	Husband	Suspect

**Part 6. Certification.**

I am the head of the agency listed in **Part 2** or I am the person in the agency who has been specifically designated by the head of the agency to issue U nonimmigrant status certification on behalf of the agency. Based upon investigation of the facts, I certify, under penalty of perjury, that the individual noted in **Part 1** is or has been a victim of one or more of the crimes listed in **Part 3**. I certify that the above information is true and correct to the best of my knowledge, and that I have made, and will make no promises regarding the above victim's ability to obtain a visa from the U.S. Citizenship and Immigration Services, based upon this certification. I further certify that if the victim unreasonably refuses to assist in the investigation or prosecution of the qualifying criminal activity of which he/she is a victim, I will notify USCIS.

Signature of Certifying Official Identified in Part 2.



Date (mm/dd/yyyy)

09/20/2009