

SAMPLE I-914 Filling



Important Links:

1. [USCIS](#) - Severe Forms of Trafficking
2. [USCIS I-914](#) - Instructions for Application for T Nonimmigrant Status
3. [USCIS I-914](#) - Application Form Exp. 12/31/2023
4. [USCIS I-914](#) - Instructions for Supplement B
5. [USCIS I-914](#) - Supplement B Form – Declaration of Law Enforcement Officer for Victim of Trafficking in Persons.
6. [USCIS I-914](#) – Supplement A Form – Application for Family member of T-1 Recipient
7. [USCIS G-28](#) – Notice of Entry of Appearance as Attorney Form
8. [USCIS G-28](#) - Form Instructions



DATE

Vermont Service Center
38 River Rd
Essex Junction, VT 05452

VIA FEDEX

RE: Form I-914, Application for T Nonimmigrant Status
Applicant: Lily Sample (DOB 12/12/70, A123456789)

Dear Sir or Madam:

(Content will vary case-by-case)

Our office represents Lily Sample *pro bono* in her application for a T nonimmigrant visa as a victim of trafficking. Miss Sample is applying for a T visa because she was recruited, harbored and transported from Mexico to the United States for the purposes of “**severe form of human trafficking**”. Miss Sample reported her case to the Minneapolis State Department and has complied with all reasonable requests for assistance. Additionally, she contacted the Department of State through counsel as her traffickers are foreign nationals holding U.S. visas. Moreover, Miss Sample would face extreme hardship involving severe and unusual harm if returned to Mexico. Miss Sample may be inadmissible due to acts her trafficker required of her, but she is eligible for a Waiver of Inadmissibility under INA 212(a)(d)(3) and 212(a)(d)(13).

Miss Sample is a 52-year-old Mexican woman. She was recruited by an acquaintance of her neighbors in Mexico with the promise of a well-paying job in the United States as a domestic worker. Because she lacked family support in Mexico and had a child to care for, she took the offer. Upon arrival to the United States, Miss Sample was passed between various families, all whom refused to pay her and subjected her to extreme cruelty, including physical abuse; held her official documents; and coerced her to remain through threats of police involvement and actual physical violence. Eventually Miss Sample found assistance and reported the traffickers to the local police and was able to recover her official documents. Since then, Miss Sample has undergone therapy and counseling to deal with the physical and psychological harms.

Miss Sample would suffer extreme hardship involving severe and unusual harm if returned to Mexico. Miss Sample’s recruiters are from her neighborhood and would likely retaliate against Miss Sample for escaping the situation and reporting to the police. Moreover, due to the injuries she suffered from the traffickers, she requires medical attention, which is not available in Mexico. She also has access to counseling in the U.S. and a strong support system that is allowing her to

SAMPLE I-914 Filling

recover from the trauma of her harms. Should she be forced to return to Mexico, she would lose access to these services as Mexico lacks resources for trafficking victims.

In furtherance of the application, therefore, please find the following: *(Documents will vary case-by-case)*

1. Form I-914, Application for T Nonimmigrant Status;
2. Form I-914, Supplement B, Certification by Law Enforcement Agency;
3. Form I-914, Supplement A, Application for Family Member of T-1 Recipient;
4. Form G-28, Notice of Entry of Appearance as Attorney;
5. Photocopy of Applicant's biographic page of passport;
6. Evidence that Applicant has been a victim of a severe form of trafficking in persons, including:
 - a. Police report and law enforcement certification form,
 - b. Applicant's personal statement,
 - c. Applicant's passport and US visa showing name of trafficker as sponsor/employer,
7. Evidence that the Applicant is physically present in the United States as a result of trafficking, including
 - a. Police report and law enforcement certification form,
 - b. Applicant's personal statement,
 - c. Applicant's passport and US visa showing name of trafficker as sponsor/employer and noting Applicant's status as domestic worker;
8. Evidence that Applicant has complied with any reasonable request for assistance in a federal, state, or local law enforcement investigation or prosecution of acts of trafficking, including:
 - a. Personal statement,
 - b. Police report,
 - c. Supplement B, Certification by Law Enforcement,
9. Evidence that Applicant would suffer extreme hardship involving unusual and severe harm upon removal, including:
 - a. Applicant's personal statement,
 - b. **"Country of Origin"** reports,
 - c. U.S. trafficking in persons report for **"Country of Origin"** showing no protections,
 - d. Applicant's medical report; and
10. Birth Certificate of Applicant's child, complete with Certified English Translation, as credible documentation of the claimed relationship for Form I-914 Supplement A.

Should you require further information, please contact me. Thank you in advance for your assistance with this matter.

Sincerely,

Staff Attorney

****Sample Filing****



Application for T Nonimmigrant Status

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

USCIS
Form I-914
OMB No. 1615-0099
Expires 12/31/2023

START HERE - Type or print in ink.

Part 1. Purpose for Filing This Application

Select all applicable boxes.

1. A. I am filing for T-1 nonimmigrant status and have not previously filed for such status.

B. I am filing for T-1 nonimmigrant status and have previously filed for such status. (Provide receipt number below.)

(1) Receipt Number EAC

Part 2. General Information About You (Person filing this application as a victim)

1. Your Full Legal Name

****Client's Information****

Family Name (Last Name) Given Name (First Name) Middle Name (if any)

2. Other Names Used

Provide any other names you have used since birth, including aliases, maiden names, and nicknames. If you need extra space to complete this section, use the space provided in **Part 9. Additional Information.**

Family Name (Last Name) Given Name (First Name) Middle Name (if any)

3. Physical Address

(USPS ZIP Code Lookup)

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

4. Safe Mailing Address

If you do not want U.S. Citizenship and Immigration Services (USCIS) to send notices about this application to your home address, you may provide an alternate safe mailing address.

In Care Of Name

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

For USCIS Use Only

Returned **Receipt**

Date

Date

Resubmitted

Date

Date

Reloc Sent

Date

Date

Reloc Rec'd

Date

Date

Validity Dates

From:

To:

Remarks

Conditional Approval

Stamp # Date

Action Block

Select this box if Form G-28 is attached.

Attorney State License Bar Number

Attorney or Accredited Representative USCIS Online Account Number

Part 2. General Information About You (Person filing this application as a victim) (continued)

| | |
|---|--|
| <p>5. Alien Registration Number (A-Number) (if any) ▶ A- <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="3"/></p> | <p>6. USCIS Online Account Number (if any) ▶ <input type="text"/></p> |
| <p>7. U.S. Social Security Number (SSN) (if any) ▶ <input type="text"/></p> | <p>8. Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female</p> |
| <p>9. Marital Status <input checked="" type="checkbox"/> Single/Never Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed</p> | <p>10. Date of Birth (dd/mm/yyyy) <input type="text" value="12/12/70"/></p> |
| <p>11. Place of Birth City or Town <input type="text" value="Temalac"/> Country <input type="text" value="Mexico"/></p> | <p>State or Province <input type="text" value="Guerrero"/></p> |
| <p>12. Country of Citizenship or Nationality <input type="text" value="Mexican"/></p> | <p>13. Passport or Travel Document Number (if any) <input type="text" value="6557565"/></p> |
| <p>14. Country That Issued Your Passport or Travel Document (if any) <input type="text" value="Mexico"/></p> | <p>15. Issue Date for Passport or Travel Document (if any) (mm/dd/yyyy) <input type="text" value="10/24/21"/></p> |
| <p>16. Expiration Date for Passport or Travel Document (if any) (mm/dd/yyyy) <input type="text" value="10/24/28"/></p> | |
| <p>17. Place of Your Last Entry Into the United States City or Town <input type="text" value="Minneapolis"/> State <input type="text" value="MI"/></p> | <p>19. Form I-94 Arrival-Departure Record Number (if any) ▶ <input type="text" value="This may be found at cbp.gov or in passport"/></p> |
| <p>18. Date of Your Last Entry Into the United States, On or About (mm/dd/yyyy) <input type="text" value="05/22/22"/></p> | |
| <p>20. Your Current Nonimmigrant Status <input type="text" value="UN - UNKNOWN"/></p> | |

Part 3. Additional Information About Your Application

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 addressing the eligibility requirements for T nonimmigrant status as listed in the regulations, including a description of the trafficking you experienced. If you need extra space to complete this section, use the space provided in **Part 9. Additional Information**.

1. I am or have been a victim of a severe form of trafficking in persons. Yes No
(Attach evidence to support your claim.)
2. A. I have cooperated with reasonable requests for assistance from law enforcement. Yes No
B. Due to my age or the trauma I have suffered, I am exempt from the requirement to cooperate with reasonable requests for assistance from law enforcement. Yes No

Part 3. Additional Information About Your Application (continued)

- 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 you selected "Yes," explain in detail and attach evidence and documents supporting this claim.) Yes No
- 4. I fear that I will suffer extreme hardship involving unusual and severe harm upon removal. (If you selected "Yes," explain in detail and attach evidence and documents supporting this claim.) Yes No
- 5. I have reported the trafficking crime of which I am claiming to be a victim. (If you selected "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 you selected "No," explain the circumstances.) Yes No

Law Enforcement Agency and Office

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Daytime Telephone Number Case Number

Circumstances

- 6. I am under 18 years of age. (If you selected "Yes," skip to **Item Number 8**.) Yes No
- 7. I have complied with reasonable requests from Federal, state, local, or tribal law enforcement authorities for assistance in the investigation or prosecution of acts of trafficking, or am unable to cooperate with such requests due to physical or psychological trauma. (If you selected "No," explain the circumstances.) Yes No
- 8. This is the first time I have entered the United States. (If you selected "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.) If you need extra space, use the space provided in **Part 9. Additional Information**. Yes No

(1) Date of Entry (mm/dd/yyyy)

(2) Place of Entry
City or Town State

(3) Status

- 9. My most recent entry was on account of the trafficking that forms the basis for my claim. (Explain the circumstances of your most recent arrival.) Yes No
- 10. I am requesting an Employment Authorization Document (EAD). Yes No
- 11. I am now applying for one or more eligible family members. (If you selected "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.) Yes No

Part 4. Processing Information

Answer the following questions about yourself. Responses are intended to cover any activity you have committed under your legal name or any aliases. For purposes of this application, you must answer "Yes" to the following questions, even if your records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. (If your answer is "Yes" to any one of these questions, explain in the space provided in **Part 9. Additional Information**. Additionally, explain if any of the acts or circumstances below are related to you having been a victim of a severe form of trafficking. Answering "Yes" does not necessarily mean that you will be denied T nonimmigrant status or are not entitled to adjust your status or register for permanent residence.)

Review each of these questions in full with your client. If "yes," will need to include brief explanation on last page and file a waiver.

1. Have you **EVER**:
 - A. Committed a crime or offense for which you have not been arrested? Yes No
 - B. Been arrested, cited, or detained by any law enforcement officer (including Department of Homeland Security (DHS), former Immigration and Naturalization Service (INS), and military officers) for any reason? Yes No
 - C. Been charged with committing any crime or offense? Yes No
 - D. Been convicted of a crime or offense (even if violation was subsequently expunged or pardoned)? Yes No
 - E. Been placed in an alternative sentencing or a rehabilitative program (for example: diversion, deferred prosecution, withheld adjudication, deferred adjudication)? Yes No
 - F. Received a suspended sentence, been placed on probation, or been paroled? Yes No
 - G. Been in jail or prison? Yes No
 - H. Been the beneficiary of a pardon, amnesty, rehabilitation, or other act of clemency or similar action? Yes No
 - I. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? Yes No

If you answered "Yes" to any of the above questions, complete the following table. If you need extra space, use the space provided in **Part 9. Additional Information**.

| Why were you arrested, cited, detained, or charged? | Date of arrest, citation, detention, charge (mm/dd/yyyy) | Where were you arrested, cited, detained, or charged? (City or Town, State, Country) | Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation, etc.) |
|---|--|--|--|
| | | | |
| | | | |

2. Have you:
 - A. Engaged in prostitution or procurement of prostitution or do you intend to engage in prostitution or procurement of prostitution? Yes No
 - B. **EVER** engaged in any unlawful commercialized vice, including, but not limited to illegal gambling? Yes No
 - C. **EVER** knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally? Yes No
 - D. **EVER** illicitly trafficked in any controlled substance, or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance? Yes No

Part 4. Processing Information (continued)

3. Have you **EVER** committed, planned or prepared, participated in, threatened to, attempted to, or conspired to commit, gathered information for, or solicited funds for any of the following:
- A. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? Yes No
 - B. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained? Yes No
 - C. Assassination? Yes No
 - D. 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
 - E. The use of any biological agent; chemical agent; or nuclear weapon or device; explosive; or other weapon 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
4. Have you **EVER** been a member of, solicited money or members for, provided support for, attended military training (as defined in section 2339D(c)(1) of title 18, United States Code) by or on behalf of, or been associated with an organization that is:
- A. Designated as a terrorist organization under the Immigration and Nationality Act section 219? Yes No
 - B. Any other group of two or more individuals, whether organized or not, which has engaged in or has a subgroup which has engaged in:
 - (1) Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? Yes No
 - (2) Seizing or detaining, and threatening to kill, injure, or continue to detain another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained? Yes No
 - (3) Assassination? Yes No
 - (4) 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) Soliciting money or members or otherwise providing material support to a terrorist organization? Yes No
 - (6) The use of any biological agent; chemical agent; or nuclear weapon or device; explosive, or other weapon 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
5. Do you intend to engage in the United States in:
- A. Espionage? Yes No
 - B. Any unlawful activity, or any activity the purpose of which is in opposition, to control, or overthrow of the government of the United States? Yes No
 - C. Solely, principally, or incidentally in any activity related to espionage or sabotage or to violate any law involving the export of goods, technology, or sensitive information? Yes No
6. Have you ever been or do you continue to be a member of the Communist or other totalitarian party, except when membership was involuntary? Yes No
7. Have you, during the period of March 23, 1933, to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever ordered, incited, assisted, or otherwise participated in the persecution of any person because of race, religion, nationality, membership in a particular social group, or political opinion? Yes No

Part 4. Processing Information (continued)

8. Have you **EVER** been present or nearby when any person was:
- A. Intentionally killed, tortured, beaten, or injured? Yes No
 - B. Displaced or moved from his or her residence by force, compulsion, or duress? Yes No
 - C. In any 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 removal, exclusion, rescission, or deportation proceedings **EVER** been initiated against you? Yes No
 - C. Have you **EVER** been removed, excluded, or deported from the United States? Yes No
 - D. Have you **EVER** been ordered to be removed, excluded, or deported from the United States? Yes No
 - E. Have you **EVER** been denied a visa or denied admission to the United States? (If a visa was denied, use the space provided in **Part 9. Additional Information.**) Yes No
 - F. Have you **EVER** been granted voluntary departure by an immigration officer or an immigration judge and failed to depart within the allotted time? Yes No
10. Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:
- A. Acts involving torture or genocide? Yes No
 - B. Killing any person? Yes No
 - C. Intentionally and severely injuring any person? Yes No
 - D. Engaging in any kind of sexual contact or relations with any person who was being forced or threatened? Yes No
 - E. Limiting or denying any person's ability to exercise religious beliefs? Yes No
11. Have you **EVER**:
- A. Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization? Yes No
 - B. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? Yes No
12. Have you **EVER** been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? Yes No
13. Have you **EVER** assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person? Yes No
14. Have you **EVER** received any type of military, paramilitary, or weapons training? Yes No
15. Are you under a final order or civil penalty for violating section 274C (producing and/or using false documentation to unlawfully satisfy a requirement of the Immigration and Nationality Act)? Yes No
16. Have you **EVER**, by fraud or willful misrepresentation of a material fact, sought to procure, or procured, a visa or other documentation, for entry into the United States or any immigration benefit? Yes No
17. Have you **EVER** left the United States to avoid being drafted into the U.S. Armed Forces? Yes No
18. Have you **EVER** detained, retained, or withheld the custody of a child, having a lawful claim to U.S. citizenship, outside the United States from a U.S. citizen granted custody? Yes No
19. Do you plan to practice polygamy in the United States? Yes No
20. Have you entered the United States as a stowaway? Yes No

Part 4. Processing Information (continued)

- 21. A. Do you have a communicable disease of public health significance? Yes No
- B. Do you have or have you had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated with the disorder which has posed or may pose a threat to the property, safety, or welfare of yourself or others? Yes No
- C. Are you now or have you been a drug abuser or drug addict? Yes No

Part 5. Information About Your Family Members

Provide the following information about your spouse and all of your children, if applicable. If you need extra space to complete this section, use the space provided in **Part 9. Additional Information.** **Complete for all family, even if not in the US or included in petition**

1. Your Spouse's Legal Name

| | | |
|-------------------------|-------------------------|----------------------|
| Family Name (Last Name) | Given Name (First Name) | Middle Name (if any) |
| | | |

| | |
|-------------------------------|---------------------|
| 2. Date of Birth (mm/dd/yyyy) | 3. Country of Birth |
| | |

4. Current Location

| | |
|---------------------------|----------------------|
| City or Town of Residence | Country of Residence |
| | |

5. Information About Your Children

A. Child 1

| | | |
|-------------------------|-------------------------|----------------------|
| Family Name (Last Name) | Given Name (First Name) | Middle Name (if any) |
| Sample | Mary | |

| | | |
|----------------------------|------------------|----------------------------|
| Date of Birth (mm/dd/yyyy) | Country of Birth | Relationship |
| 09/21/04 | Mexico | Biological Daughter |

Current Location

| | | |
|----------------|-------|---------------|
| City or Town | State | Country |
| Temalac | | Mexico |

B. Child 2

| | | |
|-------------------------|-------------------------|----------------------|
| Family Name (Last Name) | Given Name (First Name) | Middle Name (if any) |
| | | |

| | | |
|----------------------------|------------------|--------------|
| Date of Birth (mm/dd/yyyy) | Country of Birth | Relationship |
| | | |

Current Location

| | | |
|--------------|-------|---------|
| City or Town | State | Country |
| | | |

Part 5. Information About Your Family Members (continued)

C. Child 3

| | | |
|----------------------------|-------------------------|----------------------|
| Family Name (Last Name) | Given Name (First Name) | Middle Name (if any) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date of Birth (mm/dd/yyyy) | Country of Birth | Relationship |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Current Location | | |
| City or Town | State | Country |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Complete Form I-914, Supplement A, Application for Family Member of T-1 Recipient, for each family member listed above for whom you are now applying for derivative T nonimmigrant status, and attach it to this application.

Part 6. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-914 Instructions before completing this section.

Applicant's Statement

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

- Applicant's Statement Regarding the Interpreter
 - I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
 - The interpreter named in **Part 7.** read to me every question and instruction on this application and my answer to every question in , a language in which I am fluent, and I understood everything.
- Applicant's Statement Regarding the Preparer
 - At my request, the preparer named in **Part 8.**, , prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

- Applicant's Daytime Telephone Number
- Applicant's Safe Daytime Telephone Number
- Applicant's Email Address (if any)

Part 6. Applicant's Statement, Contact Information, Declaration, Certification, and Signature (continued)

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 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.

Part 7. Interpreter's Contact Information, Certification, and Signature (if any)

Provide the following information about the interpreter.

Interpreter's Full Name

1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

3. Street Number and Name Apt. Ste. Fl. Number
City or Town State ZIP Code
Province Postal Code Country

Part 7. Interpreter's Contact Information, Certification, and Signature (if any) (continued)

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number 5. Interpreter's Mobile Telephone Number (if any)
6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 6., Item B. in Item Number 1.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7. Interpreter's Signature Date of Signature (mm/dd/yyyy)

Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name)
2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

3. Street Number and Name Apt. Ste. Flr. Number
- City or Town State ZIP Code
- Province Postal Code Country

Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant (continued)

Preparer's Contact Information

4. Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any)
6. Preparer's Email Address (if any)

Preparer's Statement

7. A. I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
- B. I am an attorney or accredited representative and my representation of the applicant in this case extends does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

8. Preparer's Signature Date of Signature (mm/dd/yyyy)

Part 9. Additional Information

If you need extra space to provide any additional information within this application, 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 application or attach a separate sheet of paper. Type or print your name and A-Number at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers.

If more space is needed, use these pages. MAKE SURE TO INCLUDE EXPLANATIONS HERE FOR ANY "YES" QUESTIONS THAT ASK FOR EXPLANATION

1. Family Name (Last Name) Given Name (First Name) Middle Name

2. A-Number ► A-

3. A. Page Number B. Part Number C. Item Number

D. _____

4. A. Page Number B. Part Number C. Item Number

D. _____

5. A. Page Number B. Part Number C. Item Number

D. _____

6. A. Page Number B. Part Number C. Item Number

D. _____



Supplement B, Declaration 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 Trafficking and Violence Protection Act, Public Law 106-386, as amended.

PART A. Victim Information

Family Name (Last Name) Given Name (First Name) Middle Name (if any)

Other Names Used (include maiden name/nickname)

Date of Birth (mm/dd/yyyy) Gender Male Female

A # (if known) Social Security # (if known)

Part B. Agency Information

Name of Certifying Agency Rochester Police Department

Name of Certifying Official Inv. Anne Johnson Title and Division/Office of Certifying Official Investigator/RPD SVU

Agency Address - Street Number and Name 101 SE 4th St. Suite Number

City Rochester State/Province MN Zip/Postal Code 55904

Daytime Phone # (area code and/or extension) (507)328-6921 Fax # (with area code) (507)328-6975

Agency Type Federal State Local

Case Status On-going Completed Local

Certifying Agency Category Judge Law Enforcement Prosecutor Other

Case Number FBI or SID 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.

| For USCIS Use Only | |
|--------------------|---------|
| Returned | Receipt |
| Date | |
| Date | |
| Resubmitted | |
| Date | |
| Date | |
| Reloc Sent | |
| Date | |
| Date | |
| Reloc Rec'd | |
| Date | |
| Date | |
| Remarks | |

Part 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 additional 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.

Victim, [REDACTED], was recruited, obtained, harbored and transported by [REDACTED] nationals into the US for purposes of obtaining labor through use of coercion and fraud for the subjection to involuntary servitude and debt bondage. The victim was initially trafficked into the [REDACTED] and was later brought as a domestic servant for such victimization in the U.S. Ms. [REDACTED] escaped and reported the crime to our office. She has remained available and complied with our requests for assistance.

3. Has the applicant expressed any fear of retaliation or revenge if removed from the United States? If yes, explain. Attach additional sheets, if necessary.

Ms. [REDACTED] expresses fear for both herself and her daughter if removed. If returned to the [REDACTED], she believes she would be forced to return to her abusers, who could continue to harm her or retaliate due to her reporting/escape. If returned to her home country, she does not know what would happen as she was recruited by an [REDACTED] person who knew her community, and she lacks a sufficient support network to ensure protection.

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) |
|-------------------|-------------------|-------------------|-------------------|
| [REDACTED] | [REDACTED] | | |

5. List the statutory citation(s) for the acts of trafficking being investigated or prosecuted, or that were investigated or prosecuted.

[REDACTED]

6. Provide the date on which the investigation or prosecution was initiated.

Date (mm/dd/yyyy)
[REDACTED]

7. Provide the date on which the investigation or prosecution was completed (if any).

Date (mm/dd/yyyy)
[REDACTED]

Part D. Cooperation of Victim *(Attach additional sheets, if necessary)*

The applicant:

- Has complied with requests for assistance in the investigation/prosecution of the crime of trafficking. *(Explain below.)*
- Has failed to comply with requests to assist in the investigation/prosecution of the crime of trafficking. *(Explain below.)*
- Has not been requested to assist in the investigation/prosecution of any crime of trafficking.
- Has not yet attained the age of 18.
- Other, specify on attached additional sheets.

Ms. [REDACTED] reported the crime to our office. She provided the location of the traffickers and went with our office to said location upon request. She has remained available.

Part E. Family Members Implicated In Trafficking

- 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. Attestation

Based upon investigation of the facts, I certify, under penalty of perjury, that the above noted individual is or has been a victim of a severe form of trafficking in persons as defined by the VTVPA. 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 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 acts of trafficking of which he/she is a victim, I will notify USCIS.

Signature of Law Enforcement Officer *(identified in Part B)* *(sign in ink)*

Date *(mm/dd/yyyy)*

Signature of Supervisor of Certifying Officer *(sign in ink)*

Date *(mm/dd/yyyy)*

Printed Name of Supervisor



Rochester Police Department

EVENT REPORT

101 4th Street SE
Rochester, MN 55904

CASE#



REVIEWED BY

| | |
|-------|--|
| EVENT | OCCURRED INCIDENT TYPE Human Trafficking Offenses |
| | DATE |

OFFENSES

| COUNTS | STATUTE / DESCRIPTION | COUNTS | STATUTE / DESCRIPTION |
|--------|-----------------------|--------|-----------------------|
| 1 | | 6 | |
| 2 | | 7 | |
| 3 | | 8 | |
| 4 | | 9 | |
| 5 | | 10 | |

SUBJECTS

| | | | | | | | |
|---------|------------------------|---|-----|---|-----------------|--|--|
| SUBJECT | SUBJECT TYPE Victim | NAME (LAST, FIRST, MIDDLE SUFFIX) Adult | | <input type="checkbox"/> NON-DISCLOSURE | | | |
| | DOB | AGE or AGE RANGE | | | | | |
| | SEX Female | HAIR | EYE | HEIGHT or RANGE | WEIGHT or RANGE | | |
| | DL NUMBER/STATE | OTHER PHONE | | | | | |
| | EMAIL | | | | | | |

| | | | | | | | |
|---------|-----------------|-----------------------------------|-----------------|---|-----------------|-----------------|--|
| SUBJECT | SUBJECT TYPE | NAME (LAST, FIRST, MIDDLE SUFFIX) | | <input type="checkbox"/> NON-DISCLOSURE | | | |
| | DOB | AGE or AGE RANGE | | ADDRESS (STREET, CITY, STATE, ZIP) | | | |
| | SEX | RACE | HAIR | EYE | HEIGHT or RANGE | WEIGHT or RANGE | |
| | DL NUMBER/STATE | PRIMARY PHONE | SECONDARY PHONE | OTHER PHONE | | | |
| | EMAIL | | | | | | |

| | | | | | | | |
|---------|-----------------|-----------------------------------|-----------------|---|-----------------|-----------------|--|
| SUBJECT | SUBJECT TYPE | NAME (LAST, FIRST, MIDDLE SUFFIX) | | <input type="checkbox"/> NON-DISCLOSURE | | | |
| | DOB | AGE or AGE RANGE | | ADDRESS (STREET, CITY, STATE, ZIP) | | | |
| | SEX | RACE | HAIR | EYE | HEIGHT or RANGE | WEIGHT or RANGE | |
| | DL NUMBER/STATE | PRIMARY PHONE | SECONDARY PHONE | OTHER PHONE | | | |
| | EMAIL | | | | | | |

| | | |
|-----------------------|----------|-------------|
| REPORTING OFFICER | DATE | REVIEWED BY |
|-----------------------|----------|-------------|



Rochester Police Department

EVENT REPORT

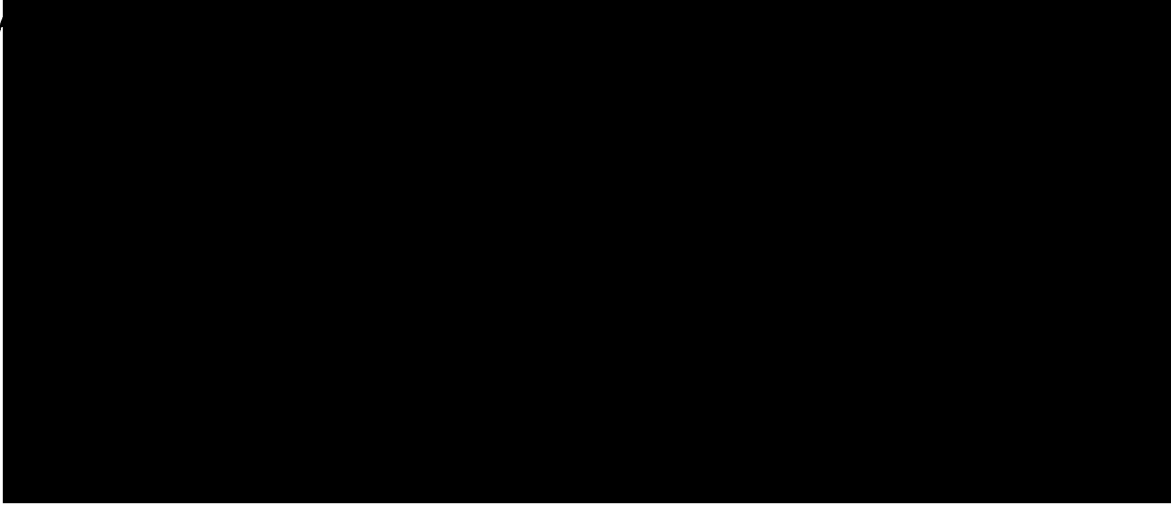
101 4th Street SE
Rochester, MN 55904

CASE#



REVIEWED BY

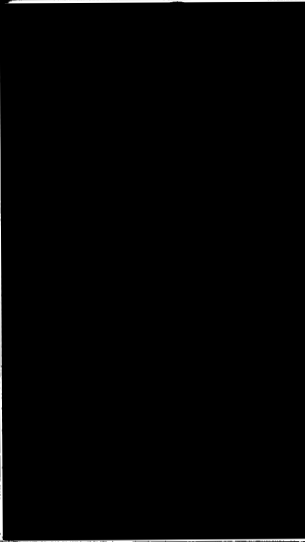
NARRATIVE



REPORTING OFFICER

REVIEWED BY

ORIGINAL



VISA



INTERNATIONAL
QUALITY

Quality Life Chiropractic & Massage
Dr. Matt M. Suntken
3249 19th St NW Ste #2
Rochester MN 55901-6793
(507) 206-6334

RE: [REDACTED]

Sex: [REDACTED]

Account: [REDACTED]

Diagnosis

- M99.01 Segmental and somatic dysfunction of cervical region
- M99.02 Segmental and somatic dysfunction of thoracic region
- M99.03 Segmental and somatic dysfunction of lumbar region
- M54.13 Radiculopathy, cervicothoracic region

History of Condition:

Examination:

| | |
|---|---|
| Antalgic-guarding of the cervical region: | present |
| Cervical rotation on the left: | decreased motion and moderately severe pain |
| Cervical rotation on the right: | decreased motion and acute pain |
| Cervical lateral flexion on the left: | decreased motion and acute pain |
| Cervical lateral flexion on the right: | decreased motion and acute pain |
| Cervical spine extension: | decreased motion and moderate pain |
| Cervical spine flexion: | decreased motion and moderately severe pain |
| Lumbar rotation on the left: | decreased motion and moderate pain |
| Lumbar rotation on the right: | decreased motion and moderately severe pain |
| Lumbar lateral flexion on the left: | decreased motion and moderate pain |
| Lumbar lateral flexion on the right: | decreased motion and acute pain |
| Lumbar extension: | decreased motion and acute pain |
| Lumbar flexion: | decreased motion and moderately severe pain |
| Biceps Reflex on the left: | normal |
| Biceps Reflex on the right: | normal |
| Brachioradialis Reflex on the left: | normal |
| Brachioradialis Reflex on the right: | normal |
| Triceps Reflex on the right: | normal |
| Triceps Reflex on the left: | normal |
| Patellar Reflex on the left: | normal |
| Patellar Reflex on the right: | normal |
| Achilles Reflex on the left: | normal |
| Achilles Reflex on the right: | normal |

CITY OF ROCHESTER)

Affidavit of Lily Sample

)

COUNTY OF OLMSTEAD)

I, Lily Seid Hussen, being first duly sworn do state and affirm the following:

Life in Mexico

1. My full name is Lily Sample. I was born on 1/1/1111 in Place, Mexico. My mother's name was X. She passed away on date. My father's name was Y. He passed away on date. I have two sisters and three brothers, one of whom is dead. My siblings' names are Z, A, B, and C.
2. My childhood was very hard. My father passed away when I was very young, and my mother had to take care of me and my five siblings. My mother tried hard to make sure that we had enough food and clothes. When I was ten and in 4th grade, I stopped going to school and began to work in other people's houses to help my mother with expenses. I would clean for them and play with their children. I did this for about five years. After five years, my mother said that she really wanted me to go back to school, so I did. I went to school until the 8th grade. I was older than all of the other children in the classroom.
3. After I finished the 8th grade, I was married off. I was married in date to Person. I did not have a good relationship with him. I had no power or say in the relationship. He had the income and would beat me up often.
4. My daughter, Tulip, was born on date. In 2003 or 2004, I divorced my husband. Since our divorce, he has never provided any support of any kind for my daughter. He only visited my daughter once since our divorce and did not communicate with me.

5. Around this time, our country also became very unstable. My brother was part of a resistance movement and the police constantly harassed our family because of it. On one occasion, they police brutally raped and beat me when I refused to tell them my brother's whereabouts.
6. The constant violence and harassment by the police continued. During this time, I was helping out on my parent's farm. I was struggling to support myself and my family. It was my duty as the oldest child. Farming was very hard, and required a lot of energy to do it. There were (and are) no jobs available in Mexico, especially for people like me who did not have much of an education. It was especially hard for me to take care of my daughter, because I did not have a husband to help pay for everything. I knew that if I stayed in Mexico, my daughter and I would starve and die.
7. In 2016, some acquaintances told me that someone in their family had already left Mexico and found work. I went to the family friend's to ask them how he had gotten the job. They gave me the number of the contractor named Don who had gotten the person their job.
8. I called Don's number to ask to meet with him. He asked me to wait for him in Calle Street and bring my passport and money. I had to pay 200,000 pesos. This is the Mexican currency. This would have been about \$1000 US dollars. I had to borrow this money. I waited for him in Calle Street. Then, he came, took the passport and money, and left.
9. Two months later, Don came back with the visa. He gave it back to me and told me about the job that I would be doing. He said it was in the COUNTRY and that I would be doing house cleaning and other domestic work. He said that the salary I would receive would be

\$300 per month. This was much more than I would ever make at home. I expected to be able to use this money to pay back those who had loaned me money.

10. I decided to trust Don and go to the US because I wanted to be able to support my family, especially my daughter. I was reluctant to leave my daughter behind, but there was no way I could take her with me, and it would be the only way to support her. I also hoped that the police would leave my family alone if I wasn't there, since I had been the main one they had harassed. I left my daughter in my sister B's care. I didn't want to leave my daughter alone, especially because I had been separated from my parents at a young age and I knew how hard it was. I didn't want my daughter to have the same experience that I had. Making that decision to leave was the hardest thing I've done in my life, but I knew it would be the only way to support my daughter.

11. When I left Mexico, I thought "let me sacrifice this for my daughter, so that she will have a better life."

Trafficking to the Country

12. In Year, I traveled to the Country to work as a babysitter on the contract promised to me by Don. I traveled by plane from the airport in Mexico to City. I was planning on working for two years, for the agreed upon amount of \$300 per month.

13. Over the three years I was there, however, I ended up working for three different families over about 2.5 years, all for no pay. At first I was confused about why I kept being moved between various families; however, I later learned that this was a scheme of the families in order to maximize the exploitation. I learned that in the Country, one must apply for a work visa within 90 days. They moved me between families because every

time I started with a new family, the 90 days started again. During this 90 day period, they could force me to work without falling within the requirements of the Country law.

14. When I got to the Country, I did not speak their language, but over the course of my time in the Country, I began to learn their language by being around the families. Since the families only communicated with me to demand and reprimand me, I learned those words quickly but did not easily gain words I would need to live or interact with others in the country.
15. As soon as I arrived in the Country, my passport was taken from me by the driver who picked me up from the airport. I never saw the passport again until I traveled to the U.S., and did not get control of it back until I had escaped and the police forced my employer to return it.
16. The first family I worked for was from date to date. The driver took me to the family's house and gave them my passport. The man of the family was named R. I am not sure what the wife's name is. I only ever called her "Madame." They had four children who at the time were eight, six, four, and two months.
17. I did all of the cooking and cleaning in the household, including doing the laundry and ironing the clothes, and all the other tasks. I only got three to four hours of sleep each night. The rest of the day and night I was working non-stop. Both R and his wife went to work every day. R was a policemen. I am not sure what sort of work his wife did. They had no empathy or any sort of consideration for me. I had to take care of the two-month-old and the four-year-old the whole day and the whole night, and the other two children when they came home from school.

18. R's wife always yelled at me, and would threaten me. She would say that if I did not do something properly or correctly, she would kill me.
19. The family never paid me any money. I asked for money, and they would say that they had already paid for my trip to the Country, so they did not have to pay me. I told them that I had paid for the trip myself, but they said that there were additional things they had paid for. I am not sure if they had paid anything or not. Maybe Don had kept my money and some of their money for himself, or maybe they were just lying to me.
20. After about a month with this family, I called Don's number, asking him for help. He said "I can't help you," then hung up. That is when I knew I was truly alone. I did try calling Don again a few times, but the phone no longer was in service.
21. One night, in the middle of the night, I was told to pack my things by someone in R's family. I was taken to another house in the same city, but quite far away. Nobody told me where we were going or why. When I got to the new house, they said that I would work for a different family now. I worked for this second family from date through date. Even though the original contract Don had promised me was two years—I could not complain about working longer because I had no one to contact and nowhere to go. The name of the man of this family was AR. His wife's name was M. This family had five children ages twelve, nine, seven, five, and two.
22. The second family was just as terrible as the first family. They worked me so hard I could only sleep three or four hours a night. They did not give me any money. M yelled at me whenever I asked her for money, and threatened to kill me. M stayed at home, but did not help with any of the housework or taking care of the children. I was forced to do everything.

23. One night, I was moved again in the middle of the night to a different house in the city, far away from the other two families. Again, I was not told why I was being moved, or where I was going until I got there.
24. I worked for the third family from date until date. The lady's name is K. Her husband's name is KA. K worked at a bank during the day. KA didn't work during the day, but would leave every night and sleep all day. I did not know what he did at night, and was too scared to ask. They had three children: J, D, and R. When I first started working for them, J was four and a half, D was two and a half, and R was eight months. I was forced to take care of them all day and all night in addition to doing all the housework and whatever other work they demanded.
25. The third family was definitely the worst family out of the three. The house was very big, and I had to clean it all. The children were all too young to go to school, which meant that I cared for them twenty four hours a day, seven days a week. This meant that I had no time to rest or even sleep, except for a couple hours each night.
26. During this time, I would meet other Mexican women who were servants in the neighborhood. Often, we met at the playground where we were allowed to take our families' children. The first question we asked each other was "What is your Madame like?" Some Madames were better than others, but none of the women were given any time off. These women told me that some of them had tried to escape the families and/or go to the police, but that the Country police would just take them back to the families or call the families to alert them. This happened to two or three women in the houses I stayed at, and around 15 women told me stories like this that had happened to them or people they knew.

27. Because of this, I never went to the police in the Country. I knew that they would just take me right back to K, and that K would be angrier than ever.
28. K and KA always wanted to make sure that everything was perfect, and they would always yell no matter what happened. I always tried to do my best, but they would always say that it wasn't good enough. They were very harsh. The family was extremely aggressive, always yelling and screaming.
29. They would wake me up suddenly in the middle of the night and tell me to go clean something. There was a very loud bell in the room I slept in, and they would ring the bell whenever they wanted me, including when I was taking showers. If it took me even a minute to go see what they wanted, they would yell at me.
30. When I asked for money, K would lose her temper. She would call her sister S who lived nearby in the same city. Her sister would come over and they would lock me in the closet.
31. They would threaten me, saying "you will never leave this country", and threatened to disable, disfigure, or kill me by pouring boiling water or oil on me. I would get very scared when she said things like this.
32. K would also pick up a hot iron and say "I will put this on your body if you don't make it straight," which meant I had to iron the clothes so that they were totally wrinkle free. They threatened me two or three times to put the iron on my body if I did not iron it perfectly.
33. K and her sister would also verbally abuse me, saying things like "you are black, you will never be civilized", and "there is nothing that you are good at."

34. There were other women, all from the Philippines, who occasionally worked there, but they would never stay for long. Unlike Mexicans, the Filipinas had a community that supported them, which is why they were able to leave the house. They had cell phones provided by their agent, and when they wanted to leave their job, they were able to call someone who would come pick them up. The families knew this and had more formal arrangements, so they were more careful and threatened these ladies better. I had nobody to help me, and the families took advantage of that.
35. The Filipina women who worked for K were also paid, unlike me. Once, one of the Filipina girls came to me and said that she had just been paid, but that K told her not to tell me that she had been paid. This made me realize how difficult my situation was and how much I was being exploited, but I did not know what I could do.
36. K's brother also lived in the house. Whenever I would go to the laundry room to press clothes, he would come in and try to grab me sexually. He would also try to open my bedroom door when I was in there. One time, he opened it, grabbed me and tried to choke me. I managed to break free from him and ran to the bathroom and locked the door so that he couldn't come in. I stayed there until I heard him leave. K did not do anything to help prevent this.
37. Despite the long hours and terrible conditions, K also did not pay me any salary. She claimed that they were holding my salary as part of what they paid to sponsor me to come to the Country; however, as with the previous families, when I told her that I had in fact paid for my trip, she would dispute this. I do not know the truth, but I suspect she was lying in order to avoid paying me anything.

38. Sometimes, K would tell me that she would pay me “next time,” but she never did. A few times, I would beg her for money to send to my daughter in Mexico. Often, this resulted in beatings and threats. However, occasionally, they would send my sister some money, which is only around 50 U.S. dollars. This only happened 3 or 4 times during the year and a half that I worked for them.
39. About nine months after I started working for K and her family, K and I took the children to a waterpark, a nearby city in the Country. One of the slides opened into a deep pool. The slide was very small, since it was made for children. K ordered me to go down the slide holding the middle child, D.
40. I told the K that I wouldn’t fit on the slide, and that I couldn’t swim and was scared to go, but she forced me to go down the slide. As the child and I reached the end of the slide, K grabbed the child before he went into the pool. I fell into the pool. I tried to stay afloat but couldn’t, because I didn’t know how to swim. I almost drowned and died. K watched me, but didn’t do anything except laugh. When a bystander pulled me out, I was unconscious. Someone took me to the lifeguard, who did CPR on me. When I woke up, I realized that I had been unconscious for about half an hour. I would have drowned if a bystander hadn’t pulled me out. K knew this and this was simply another show of how little she valued my life. It was a moment that I will never forget.
41. Working for K’s family was nonstop work. I never had any breaks or any days off. It was slavery, it felt like they were my owners. In fact, they treated me like I was less than human. If I touched a glass or an item, they would touch it in a different place. If I handed a clean item to their children, they would yell if the child touched it, for fear they

would get “dirty.” I was also not allowed to talk to anybody except for K and the children.

42. I was never given time to eat. I only managed to eat once a day, whenever I had a few minutes to myself. I would just eat whatever food was available.

43. K would deliberately make messes just to make me clean it up. She would do this with clothes, dishes, toys, etc.

44. After a while, I think in April, my whole right side of my body began to hurt from all of the hard work I was doing. I had severe pain in my back, my shoulder, and down my side. The family did not help me get medicine or medical care when I got sick. Once, about four months before we came to America, they took me to a very small medical clinic, where I was given one shot of something. It did not help the pain at all. The family refused to let me have any other medical care.

45. We had bunk beds to sleep—two people in one room. The Filipina lady stayed there with me.

46. Some time into my work there, I also came to the terrifying reality that the family was spying on me with cameras everywhere in the house, including the bathroom. I did not know this when I first started working for them. The first time I realized that they had cameras was when I went to K’s sister’s house with one of her children. The child ran into a room where I noticed that everybody was watching something on a big screen and laughing. At first I thought that they were watching a movie, but then I realized they were watching videos of all of the rooms in the house. When K saw me, she took me out of the room and said, “If you ever tell anyone about this, I will hurt you.”

47. K could watch the cameras on her phone. She would watch me all the time. One time, when I came out of the shower, I saw K and her sister standing outside watching something on her phone and laughing. When I got closer, I saw that it was me on the phone that they were watching. I realized that they had been watching me while I was naked.
48. K and her family used the threat of violence to control staff. For example, they would beat up another housemaid, capture it on video, and then show it to new/other ones with the threat that the same fate would occur if they misbehaved. One time, I witnessed K and her sister beat up an Mexican servant. It was one of K's mother's servants. The servant was using the hose outside and accidentally sprayed some water onto a nearby car. When K and her sister found out, they beat the woman with a broom stick. They beat her so hard that the stick broke, and then they just got another stick and continued to beat her.
49. The servant continued to work for K's mother after that, even though she was badly injured. Her arm was the most injured—from raising it to try and protect herself from the blows. Once she was recovered, she was sent away from the house. When the next servant started working for K's mother, they showed her the video of them beating up the other servant, and warned her that they would do the same to her if she did anything wrong. I witnessed this beating and was thus even more terrified to ask for payment, leave, or make any mistakes in my work with them.

Trafficking in the USA

50. After I had been with K and her family for about one year and five months, we came to the United States. K's sister needed a kidney transplant, and decided to come to the Mayo

Clinic in Rochester, Minnesota to have it done. K, K's children, her sister Helen, her sister's husband, her sister's husband's sister, her sister's five children aged 25, 23, 20, 16, and 9, and I all came to the U.S.

51. I was the only servant who came to the United States, and I had to do the chores for both K and her sister's family. All of the children were under my care and all of the housework that needed to be done was my responsibility alone.
52. My visa to the US was organized by the family and was connected as their domestic staff. At the consulate and when we traveled, K would give me specific instructions about what to say. When we went to the embassy, K told me to say that she paid me \$2,793 a month, with overtime of \$17 per hour. She also told me to say that I only worked 40 hours a week and had two days off every week.
53. K told me that if I said all of this, she would give me all of the money I was owed once we got back to the Country. I also knew that she would beat or even kill me if I did not follow her instructions, so I complied. I had no choice but to do what she said, because I had nobody to help me, and I was worried she would hurt me if I refused. I told the embassy what she told me to say, even though it was all false.
54. K gave me my passport to get through the airport, but as soon as we got to the U.S. she took it back. I only ever saw it in the airports in the Country and U.S., and once the police forced her to return it to me after I escaped.
55. My treatment in the US was just as bad as in the Country—except that I also had additional responsibilities and no help. The families had rented two houses near the clinic, and I was responsible for all domestic tasks while in the US. Even though we were in a different country, K and her family did not seem to fear continuing the horrible

treatment I suffered in the US. They continued yelling, controlling and mistreating me. I did not have a room or bed at the places in the US. I was forced to sleep on the floor.

56. Four days after we arrived in the United States, on date, K, the children, and I were at the supermarket. The youngest child refused to go inside the supermarket. K told me to stay outside with him while she went inside with the other two children.

57. The boy began running around on the street, and I was worried that he would get hit by a car. I was worried about him, but I also could not imagine what K would do to me if something happened to him. I was worried she would kill me, like she had threatened to before. I knew I had to get out, and I knew this might be my best opportunity.

58. I told the child to go back inside the store to his mother, and then I walked out onto the street and kept walking. I had heard that there was more freedom in the United States, and thought maybe I could get help here. In the United States, I was afraid that the police would just send me back to the family. I hoped that this would be different in the US; though, I was terrified.

59. I kept walking and crying. Eventually, I heard a woman speaking my language. She asked me what the matter was. I was extremely distressed, but I remember how it felt to finally hear someone with whom I could communicate. I told her I had come to the US with a family and that I was scared they were going to hurt me. It was all so chaotic and I was very fearful and did not know who to trust. Eventually, though, the woman said that there was a women's shelter nearby and that she would take me there. I had no other choice but to trust her, so I went with her.

60. When I got to the women's shelter and told them what was going on, the shelter advocates called the police. I was terrified, but also hoped things would be different in the U.S. I also knew this was my only hope.
61. The next day, I went with the police to pick up my stuff from the house. The thought of seeing K and the family again—after I had escaped—terrified me. Having heard the stories of police in the Country returning servants to the families, I feared this would happen to me. I had originally told the shelter I did not want my things and just didn't want to see K again. However, when they explained and told me I would be safe with the police going with me, I felt a little more at ease.
62. K was terrified at the sight of the police. She complied with their demands. I was also terrified—both of K and the situation. When I left her house with my belongings, including my passport back in my possession, and having seen her so fearful, I felt better. I felt like I finally had a bit of power back and that the worst was behind me. After more than two years of terror and harm in the Country with no hope of escape and no end in sight, I was out.

Time in the US After Escape

63. Since I have escaped, I have felt a little better each day. I love that in the U.S. people treat me like a human being again. I feel I am listened to and cared for. I feel more safe.
64. The women's shelter took me to a chiropractor to help my pain on the right side of my body. I went 8 times to a chiropractic center called "Quality Life", and saw a chiropractor named Matt. These sessions have helped a lot.

65. I have also been able to see a medical doctor and am working with victim advocates to manage my stress/trauma, and they are giving me appointments for therapy/counseling.

The advocates at the shelter set up appointments for me.

66. Now, when I call my daughter, she says “Mama, you are still alive!”

The Dangers of Mexico

67. If I were to return to Mexico, I believe I would be in severe danger. I fear the authorities in Mexico as well as retribution for my escape from trafficking. Additionally, I worry that I would not be able to get adequate care for the mental and physical ailments I suffer as a result of the trafficking.

68. Don is from Mexico and connected to my community. Since I escaped from the family, I do not know if he will come after me for this. I do not know the arrangements he had with the families in other countries, but I worry that my escape might result either in angering him, or in the families demanding that he do something. As I was never paid for my two years of work, I do not have any funds with which to pay Don. I also do not have any funds to pay those who loaned me the money for my trip initially.

69. I have very little family support capable of providing protection to me in Mexico. Indeed, the only person currently able to care for my daughter is my sister, who has a family of her own. Without family to support me, I would be vulnerable to attacks and retribution by Don, K, or others.

70. In addition, Mexico is not safe for me in general. Even after I left Mexico, the police have continued to come to my family’s house to ask where my brother is. As a result, my family had to move houses to another part of the city. I have not heard anything about or

from my brother since he was disappeared after the elections. I do not know whether he is in hiding, or whether he has been captured by the police—or even killed.

71. While I know that Mexico recently had a governmental transition, my family reports that the situation remains unstable. New elections are scheduled for next year, and I fear that our family would be vulnerable given my brother's prior activities.

72. Finally, if I was forced to return to Mexico, I know I would no longer be able to access social, medical and psychological care that is available in the US, which I need to recover from the mental and physical ailments of my trafficking. My body is recovering due to the access to medical care in the U.S. I have not yet been able to access a psychologist, but having a counselor and the support network I do here has already made me feel better. And, I have advocates who are helping me find psychological support and navigate everything. I know how much trauma I need to deal with. Mexico is a developing country with very basic medical care. Mental health care is also almost non-existent. Therefore, I fear I may not be able to recover if returned to Mexico.

73. My hope is to finally find safety and be able to support my daughter. I left to the Country to be able to take care of my daughter, and found the worst fate I could imagine. Now that I have survived, I want to be able to live a normal life.

AFFIANT SAYETH FURTHER NAUGHT.

SIGNATURE PAGE

Lily Sample

Date

Subscribed and sworn before me on this

_____ day of _____, 2019.

Notary Public



Sample I-192 Application for Advance Permission to Enter as a Nonimmigrant

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

USCIS
Form I-192
OMB No. 1615-0017
Expires 10/31/2023

| For DHS Use Only | | |
|--|---------------------|--|
| Received | Returned Trans. Out | Fee Stamp |
| Trans. In | Completed | |
| Action by the Department of Homeland Security | | |
| Ground of Inadmissibility | | Action Stamp |
| <input type="checkbox"/> INA 212(a)(1) _____ <input type="checkbox"/> INA 212(a)(2) _____ <input type="checkbox"/> INA 212(a)(3) _____ <input type="checkbox"/> INA 212(a)(4) _____ <input type="checkbox"/> INA 212(a)(6) _____ <input type="checkbox"/> INA 212(a)(7) _____ <input type="checkbox"/> INA 212(a)(8) _____ | | Benefits Category: <input type="checkbox"/> Nonimmigrant other than T or U nonimmigrant/Advance Permission under INA 212(d)(3)(A) and 8 CFR 212.4 <input type="checkbox"/> T Nonimmigrant/Advance Permission under INA 212(d)(3) and 8 CFR 212.16 <input type="checkbox"/> T Nonimmigrant/Waiver under INA 212(d)(13) and 8 CFR 212.16 <input type="checkbox"/> U Nonimmigrant/Waiver under INA 212(d)(14) and 8 CFR 212.17 <input type="checkbox"/> U Nonimmigrant/Advance Permission under INA 212(d)(3)(A) and 8 CFR 212.17 |
| <input type="checkbox"/> INA 212(a)(9) _____ <input type="checkbox"/> INA 212(a)(10) _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Granted, subject to revocation at any time, upon the following terms and conditions | | |
| Date of Action (mm/dd/yyyy) _____ DD or OIC _____ Office _____ | | |

| To be completed by an attorney or accredited representative (if any). | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> Select this box if Form G-28 or Form G-28I is attached. | Volag Number (if any) <input style="width: 100%;" type="text"/> | Attorney State Bar Number (if applicable) <input style="width: 100%; border-bottom: 1px solid black;" type="text" value="MN123456"/> | Attorney or Accredited Representative USCIS Online Account Number (if any) <input style="width: 100%; height: 20px;" type="text"/> |

▶ **START HERE - Type or print in black ink.**

Part 1. Application Type

I am applying to the Secretary of Homeland Security for permission to enter the United States temporarily under the provisions of the Immigration and Nationality Act (INA) section 212(d)(3)(A)(ii), section 212(d)(13), or section 212(d)(14).

I am seeking this permission so that I may obtain (select **only one** box):

1. Admission as a nonimmigrant (other than as a T or U nonimmigrant).
2. Status as a victim of trafficking (T nonimmigrant status) or a victim of a crime (U nonimmigrant status).

Part 2. Information About You

Your Full Name

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name

Part 2. Information About You (continued)

Other Names Used (if any)

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 8**.

Additional Information.

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

Other Information

4. Alien Registration Number (A-Number) (if any)
▶ A-

5. USCIS Online Account Number (if any)
▶

6. Date of Birth (mm/dd/yyyy)

7. Gender Male Female

Place of Birth

8.a. City or Town

8.b. State or Province

8.c. Country

9. Country of Citizenship or Nationality

Mailing Address

10.a. In Care Of Name (if any)

10.b. Street Number and Name

10.c. Apt. Ste. Flr.

10.d. City or Town

10.e. State 10.f. ZIP Code

10.g. Province

10.h. Postal Code

10.i. Country

Safe Mailing Address

If you are a T or U visa applicant, and do not want U.S. Citizenship and Immigration Services (USCIS) to send notices about this application to your home, you may provide a safe mailing address.

11.a. In Care Of Name (if any)

11.b. Organization Name (if applicable)

11.c. Street Number and Name

11.d. Apt. Ste. Flr.

11.e. City or Town

11.f. State 11.g. ZIP Code

11.h. Province

11.i. Postal Code

11.j. Country

Part 2. Information About You (continued)

Address History

Provide physical addresses for everywhere you have lived during the last five years, whether inside or outside the United States. Provide your current address first. If you need extra space to complete this section, use the space provided in Part 8. **Additional Information.**

Physical Address 1 (current address)

12.a. Street Number and Name

12.b. Apt. Ste. Flr.

12.c. City or Town

12.d. State 12.e. ZIP Code

12.f. Province

12.g. Postal Code

12.h. Country

Dates of Residence

13.a. From (mm/dd/yyyy)

13.b. To (mm/dd/yyyy)

Physical Address 2

14.a. Street Number and Name

14.b. Apt. Ste. Flr.

14.c. City or Town

14.d. State 14.e. ZIP Code

14.f. Province

14.g. Postal Code

14.h. Country

Dates of Residence

15.a. From (mm/dd/yyyy)

15.b. To (mm/dd/yyyy)

Physical Address 3

16.a. Street Number and Name

16.b. Apt. Ste. Flr.

16.c. City or Town

16.d. State 16.e. ZIP Code

16.f. Province

16.g. Postal Code

16.h. Country

Dates of Residence

17.a. From (mm/dd/yyyy)

17.b. To (mm/dd/yyyy)

Physical Address 4

18.a. Street Number and Name

18.b. Apt. Ste. Flr.

18.c. City or Town

18.d. State 18.e. ZIP Code

18.f. Province

18.g. Postal Code

18.h. Country

Dates of Residence

19.a. From (mm/dd/yyyy)

19.b. To (mm/dd/yyyy)

Part 2. Information About You (continued)

Travel Information

NOTE: If you are applying for T or U nonimmigrant status and are in the United States, you may skip **Item Numbers 20. - 25.**

Location at Which you Plan to Enter the United States (desired Port-of-Entry)

20.a. City

20.b. State

21. Name of Port-of-Entry

22. How do you plan to travel to the United States?
(For example, by plane, ship, car)

23. When do you plan to enter the United States? (mm/dd/yyyy)

24. Approximate Length of Stay in the United States

25. What is the purpose of your stay in the United States?
Explain fully below.

Immigration and Criminal History

26. Do you believe that you may be inadmissible to the United States? Yes No

If you answered "Yes" to **Item Number 26.**, explain the reasons why you believe, according to the best of your knowledge, that you may be inadmissible in **Part 8. Additional Information.** If you were told that you are inadmissible, provide the reason you were given.

27. Have you previously filed an application for advance permission to enter the United States as a nonimmigrant? Yes No

If you answered "Yes" to **Item Number 27.**, provide the details in **Item Numbers 28. - 29.e.** If you need extra space to complete this section, use the space provided in **Part 8. Additional Information.**

28. Date Application Filed (mm/dd/yyyy)

Location where you filed your application (for example, USCIS Office or Port-of-Entry).

29.a. USCIS Office or U.S. Port-of-Entry

29.b. City or Town

29.c. State or Province

29.d. Country

29.e. Receipt Number (if available)
▶

30. Have you **EVER** been in the United States for a period of six months or more? Yes No

If you answered "Yes" to **Item Number 30.**, provide the dates you were in the United States (from and to) and your immigration status at the time of entry into the United States in the space provided in **Part 8. Additional Information.**

31. Have you **EVER** filed an application or petition for immigration benefits with the U.S. Government, or has one ever been filed on your behalf? Yes No

If you answered "Yes" to **Item Number 31.**, provide the information requested in **Item Numbers 32.a. - 32.c.**

If you (or somebody else on your behalf) have filed multiple applications or petitions for immigration benefits with the U.S. Government, use the space provided in **Part 8. Additional Information** to provide the answers to **Item Numbers 32.a. - 32.c.** for each of your additional applications or petitions.

32.a. Type of Application or Petition Filed

32.b. Location Where You (or the Other Person) Filed the Application or Petition (for example, USCIS office or Port-of-Entry);

32.c. Outcome of the Application or Petition (for example, approved, denied, or is pending).

Part 2. Information About You (continued)

33. Have you **EVER** been denied or refused an immigration benefit by the U.S. Government, or had a benefit revoked or terminated (including but not limited to visas)?

Yes No

If you answered "Yes" to **Item Number 33.**, provide an explanation the information in the space provided in **Part 8. Additional Information.**

34. Have you **EVER**, in or outside the United States, been arrested, cited, charged, indicted, fined, convicted, or imprisoned for breaking or violating any law or ordinance, excluding minor traffic violations?

Yes No

If you answered "Yes" to **Item Number 34.**, describe the incidents in detail and include all offenses where impaired driving may have been an issue in the space provided in **Part 8. Additional Information.**

Part 3. Biographic Information

1. Ethnicity (Select **only one** box)

Hispanic or Latino
 Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

3. Height Feet Inches

4. Weight Pounds

5. Eye Color (Select **only one** box)

Black Blue Brown
 Gray Green Hazel
 Maroon Pink Unknown/Other

6. Hair Color (Select **only one** box)

Bald (No hair) Black Blond
 Brown Gray Red
 Sandy White Unknown/Other

Part 4. Other Information About You

Employment History

Provide your employment history for the last five years, whether inside or outside the United States. Provide the most recent employment first. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information.**

Employer 1 (current or most recent)

1. Name of Employer or Company

Unemployed

Address of Employer or Company

2.a. Street Number and Name

2.b. Apt. Ste. Flr.

2.c. City or Town

2.d. State

2.e. ZIP Code

2.f. Province

2.g. Postal Code

2.h. Country

3. Your Occupation

Unemployed

Dates of Employment

4.a. From (mm/dd/yyyy)

01/01/2019

4.b. To (mm/dd/yyyy)

Part 4. Other Information About You (continued)

Employer 2

5. Name of Employer or Company

Trafficker

Address of Employer or Company

6.a. Street Number and Name various

6.b. Apt. Ste. Flr.

6.c. City or Town

6.d. State 6.e. ZIP Code

6.f. Province

6.g. Postal Code

6.h. Country

7. Your Occupation

Labor trafficking victim- domestic wor

Dates of Employment

8.a. From (mm/dd/yyyy) 05/06/2014

8.b. To (mm/dd/yyyy) 01/01/2019

Information About Your Parents

Information About Your Mother

Mother's Legal Name

9.a. Family Name (Last Name) Sample

9.b. Given Name (First Name) Mom

9.c. Middle Name

Mother's Name at Birth (if different than above)

10.a. Family Name (Last Name)

10.b. Given Name (First Name)

10.c. Middle Name

11. Date of Birth (mm/dd/yyyy) 01/01/1950

12. City or Town of Birth

Town

13. Country of Birth

Mexico

14. Current City or Town of Residence (if living)

Deceased

15. Current Country of Residence (if living)

Deceased

Information About Your Father

Father's Legal Name

16.a. Family Name (Last Name) Sample

16.b. Given Name (First Name) Dad

16.c. Middle Name

Father's Name at Birth (if different than above)

17.a. Family Name (Last Name)

17.b. Given Name (First Name)

17.c. Middle Name

18. Date of Birth (mm/dd/yyyy) 01/01/1945

19. City or Town of Birth

Town

20. Country of Birth

Mexico

21. Current City or Town of Residence (if living)

Town

22. Current Country of Residence (if living)

Mexico

Information About Your Marital History

23. What is your current marital status?

- Single, Never Married Married Divorced
- Widowed Legally Separated
- Marriage Annulled Other

24. How many times have you been married (including annulled marriages and marriages to the same person)?

▶

Part 4. Other Information About You (continued)

Information About Your Current Marriage
(including if you are legally separated)

If you are currently married, provide the following information about your current spouse.

Current Spouse's Legal Name

25.a. Family Name (Last Name)

25.b. Given Name (First Name)

25.c. Middle Name

26. A-Number (if any)
▶ A-

27. Current Spouse's Date of Birth (mm/dd/yyyy)

28. Date of Marriage to Current Spouse (mm/dd/yyyy)

Current Spouse's Place of Birth

29.a. City or Town

29.b. State or Province

29.c. Country

Place of Marriage to Current Spouse

30.a. City or Town

30.b. State or Province

30.c. Country

Information About Prior Marriages (if any)

If you have been married before, whether in the United States or in any other country, provide the information requested in **Item Numbers 31.a. - 36.c.** about your prior marriage. If you have had more than one previous marriage, use the space provided in **Part 8. Additional Information** to provide the answers to **Item Numbers 31.a. - 36.c.** for each additional marriage.

Prior Spouse's Legal Name (provide family name before marriage)

31.a. Family Name (Last Name)

31.b. Given Name (First Name)

31.c. Middle Name

32. Prior Spouse's Date of Birth (mm/dd/yyyy)

33. Date of Marriage to Prior Spouse (mm/dd/yyyy)

Place of Marriage to Prior Spouse

34.a. City or Town

34.b. State or Province

34.c. Country

35. Date Marriage with Prior Spouse Legally Ended (mm/dd/yyyy)

Place Where Marriage with Prior Spouse Legally Ended

36.a. City or Town

36.b. State or Province

36.c. Country

Part 5. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-192 Instructions before completing this section.

Applicant's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
- 1.b. The interpreter named in **Part 6.** read to me every question and instruction on this application and my answer to every question in , a language in which I am fluent, and I understood everything.
- 2. At my request, the preparer named in **Part 7.**, , prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

- 3. Applicant's Daytime Telephone Number
- 4. Applicant's Mobile Telephone Number (if any)
- 5. Applicant's Email Address (if any)

Applicant's Declaration and Certification

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

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

I understand that DHS 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.a. Applicant's Signature
- 6.b. 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.

Part 6. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

- 1.a. Interpreter's Family Name (Last Name)
- 1.b. Interpreter's Given Name (First Name)
- 2. Interpreter's Business or Organization Name (if any)

Part 6. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 5., Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature

7.b. Date of Signature (mm/dd/yyyy)

Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5. Preparer's Mobile Telephone Number (if any)

6. Preparer's Email Address (if any)

Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant
(continued)

Preparer's Statement

- 7.a. I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
- 7.b. I am an attorney or accredited representative and my representation of the applicant in this case extends does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)

Part 8. Additional Information

If you need extra space to provide any additional information within this application, 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 application 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.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 1 | 2 | 2 | 3 | 4 | 3 | 4 |
|---|---|---|---|---|---|---|---|---|

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d. I believe I may be inadmissible due to fraud in my visa application to the US, which I was forced to provide by my trafficker who I felt would harm me if I did not. I also have remained in the US without authorization since my visa expired because I cannot safely return home wish to remain to assist with LEA investigation. Any/all other grounds the government believes apply.

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d. I have been in the united states for two years. I entered and spent two weeks in the US as I was forced to do so by my traffickers who used me for forced domestic servitude. I have remained since then because I cannot safely go home, need to access resources here, and wish to assist law enforcement in prosecuting my traffickers.

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d. _____

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d. _____

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d. _____



Sample I-912 Request for Fee Waiver

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

USCIS
Form I-912
OMB No. 1615-0116
Expires: 09/30/2024

| For USCIS Use Only | Application Received At (Select only one box) | | | |
|--------------------|--|--|--|--|
| | <input type="checkbox"/> USCIS Field Office <input type="checkbox"/> Fee Waiver Approved <input type="checkbox"/> Fee Waiver Denied Date: _____ Date: _____ | <input type="checkbox"/> USCIS Service Center <input type="checkbox"/> Fee Waiver Approved <input type="checkbox"/> Fee Waiver Denied Date: _____ Date: _____ | | |

▶ **START HERE - Type or print in black ink.**

If you need extra space to complete any section of this request or if you would like to provide additional information about your circumstances, use the space provided in Part 11. Additional Information. Complete and submit as many copies of Part 11., as necessary, with your request.

Part 1. Basis for Your Request (Each basis is further explained in the **Specific Instructions** section of the Form I-912 Instructions)

Select at least one basis or more for which you may qualify and provide supporting documentation for any basis you select. You only need to qualify and provide documentation for one basis for U.S. Citizenship and Immigration Services (USCIS) to grant your fee waiver. **If you choose, you may select more than one basis; you must provide supporting documentation for each basis you want considered.**

- I am, my spouse is, or the head of household living in my household is currently receiving a means-tested benefit. (Complete **Parts 2. - 4.** and **Parts 7. - 10.**)
- My household income is at or below 150 percent of the Federal Poverty Guidelines. (Complete **Parts 2. - 3., Part 5.,** and **7. - 10.**)
- I have a financial hardship. (Complete **Parts 2. -3.** and **Parts 6. - 10.**)

Part 2. Information About You (Requestor)

Provide information about yourself if you are the person requesting a fee waiver for a petition or application you are filing. If you are the parent or legal guardian filing on behalf of a child or person with a physical disability or developmental or mental impairment, provide information about the child or person for whom you are filing this form.

1. Full Name

| Family Name (Last Name) | Given Name (First Name) | Middle Name |
|-------------------------|-------------------------|-------------|
| Sample | Lily | |

2. Other Names Used (if any)

List all other names you have used, including nicknames, aliases, and maiden name.

| Family Name (Last Name) | Given Name (First Name) | Middle Name |
|-------------------------|-------------------------|-------------|
| | | |

3. Alien Registration Number (A-Number) (if any)

▶ A-

4. USCIS Online Account Number (if any)

▶

5. Date of Birth (mm/dd/yyyy)

6. U.S. Social Security Number (if any)

▶

Part 2. Information About You (Requestor) (continued)

7. Marital Status

- Single, Never Married
 Married
 Divorced
 Widowed
 Marriage Annulled
 Separated
 Other (Explain)

Part 3. Applications and Petitions for Which You Are Requesting a Fee Waiver

1. In the table below, add the form numbers of the applications and petitions for which you are requesting a fee waiver.

| Applications or Petitions for You and Your Family Members | | | | | | | | | | | | | |
|---|-------------------|---|---|---|---|---|---|---|---|---|---------------|---------------------|-------------------|
| Full Name | A-Number (if any) | | | | | | | | | | Date of Birth | Relationship to You | Forms Being Filed |
| Lily Sample | A- | 0 | 0 | 1 | 2 | 2 | 3 | 4 | 3 | 4 | 12/12/1970 | Self | I-192 |
| | A- | | | | | | | | | | | | |
| | A- | | | | | | | | | | | | |
| | A- | | | | | | | | | | | | |
| Total Number of Forms (including self) | | | | | | | | | | | | 1 | |

Part 4. Means-Tested Benefits

If you selected **Item Number 1.** in **Part 1.**, complete this section.

1. If you, your spouse, or the head of household (including parent if the child is under 21 years of age) living with you is receiving any means-tested benefits, list the information in the table below and attach supporting documentation. If you are the parent or legal guardian filing on behalf of a child or person with a physical disability or developmental or mental impairment, provide information about the child or person for whom you are filing this form if he or she is receiving a means-tested benefit.

| Means-Tested Benefit Recipients | | | | | |
|---|---------------------|---------------------------------|-----------------|--------------------------|---|
| Full Name of Person Receiving the Benefit | Relationship to You | Name of Agency Awarding Benefit | Type of Benefit | Date Benefit was Awarded | Date Benefit Expires (or must be renewed) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part 5. Income at or Below 150 Percent of the Federal Poverty Guidelines

If you selected **Item Number 2.** in **Part 1.**, complete this section.

Your Employment Status

1. Employment Status

- Employed (full-time, part-time, seasonal, self-employed)
 Unemployed or Not Employed
 Retired
 Other (Explain)

Part 5. Income at or Below 150 Percent of the Federal Poverty Guidelines (continued)

2. If you are currently unemployed, are you currently receiving unemployment benefits? Yes No

A. Date you became unemployed
(mm/dd/yyyy)

05/06/2014

Information About Your Spouse

3. If you are married or separated, does your spouse live in your household? Yes No

A. If you answered "No" to **Item Number 3.**, does your spouse provide any financial support to your household? Yes No

Your Household Size

4. Are you the person providing the primary financial support for your household? Yes No

If you answered "Yes" to **Item Number 4.**, type or print your name on the line marked "self" in the table below. If you answered "No" to **Item Number 4.**, type or print your name on the line marked "self" in the table below and add the head of household's name on the line below yours.

| Household Size | | | | | |
|--|---------------|---------------------|---|---|---|
| Full Name | Date of Birth | Relationship to You | Married | Full-Time Student | Is any income earned by this person counted towards the household income? |
| Lily Sample | 12/12/1970 | Self | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Total Household Size (including self) | | | | | 1 |

Your Annual Household Income

Provide information about your income and the income of all family members counted as part of your household. You must list all amounts in U.S. dollars.

5. Your Annual Income \$

6. Annual Income of All Family Members
Provide the annual income of all family members counted as part of your household as listed in **Item Number 4.** (Do not include the amount provided in **Item Number 5.**) \$

7. Total Additional Income or Financial Support \$

Provide the total annual amount you receive in additional income or financial support from a source outside of your household. (Do not include the amount provided in **Item Numbers 5.** or **6.**) You must add all of the additional income and financial support amounts and put the total amount in the space provided. Type or print "0" in the total box if there are none. Select the type of additional income or financial support that you receive and provide documentation.

- Parental Support
- Educational Stipends
- Unemployment Benefits
- Financial Support From Adult Children, Dependents, Other People Living in the Household
- Spousal Support (Alimony)
- Royalties
- Social Security Benefits
- Child Support
- Pensions
- Veteran's Benefits
- Other (Explain)

Part 5. Income at or Below 150 Percent of the Federal Poverty Guidelines (continued)

8. Total Household Income (add the amounts from **Item Numbers 5., 6., and 7.**) \$ **4,800.00**
9. Has anything changed since the date you filed your Federal tax returns? (For example, your marital status, income, or number of dependents.) Yes No

If you answered "Yes" to **Item Number 9.**, provide an explanation below. Provide documentation if available. You may also use this space to provide any additional information about your circumstances that you would like USCIS to consider.

Part 6. Financial Hardship

If you selected **Item Number 3.** in **Part 1.**, complete this section.

1. If you or any family members have a situation that has caused you to incur expenses, debts, or loss of income, describe the situation in the box below. Specify the amounts of the expenses, debts, and income losses in as much detail as possible. Examples may include medical expenses, job loss, eviction, and homelessness.

I am a survivor of labor trafficking. I was forced to pay for my travel on promise of a good paying job. However, I spent the last 5 years being moved between abusive families that refused to pay me despite forcing me to work in domestic servitude for nearly 24 hours per day. Since that trafficking experience, I have been unable to work as I was brought to the US by the traffickers and do not have employment authorization. I am working to recover from the trauma and physical harms I suffered, using my limited TVAP stipend to cover basic expenses and medical fees. I also have a daughter in my home country that I try to send some financial support to.

2. If you have cash or assets that you can quickly convert to cash, list those in the table below. For example, bank accounts, stocks, or bonds. (Do not include retirement accounts.)

| Assets | |
|------------------------------|----------------------|
| Type of Asset | Value (U.S. Dollars) |
| None | 0.00 |
| | |
| | |
| Total Value of Assets | 0.00 |

Part 6. Financial Hardship (continued)

3. Total Monthly Expenses and Liabilities \$

Provide the total monthly amount of your expenses and liabilities. You must add all of the expense and liability amounts and type or print the total amount in the space provided. Type or print "0" in the total box if there are none. Select the types of expenses or liabilities you have each month and provide evidence of monthly payments, where possible.

- | | | | |
|--|--|---|------------------------------------|
| <input type="checkbox"/> Rent and/or Mortgage | <input type="checkbox"/> Loans and/or Credit Cards | <input checked="" type="checkbox"/> Other | |
| <input checked="" type="checkbox"/> Food | <input type="checkbox"/> Car Payment | | <u>Financial support for child</u> |
| <input checked="" type="checkbox"/> Utilities | <input type="checkbox"/> Commuting Costs | | _____ |
| <input type="checkbox"/> Child and/or Elder Care | <input checked="" type="checkbox"/> Medical Expenses | | _____ |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> School Expenses | | _____ |

Part 7. Requestor's Statement, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-912 Instructions before completing this part.

Each person applying for a fee waiver request must complete, sign, and date Form I-912 and provide the required documentation. This includes family members identified in **Part 3**. Signature fields for family members are at the end of this part. If an individual is under 14 years of age, a parent or legal guardian may sign the request on their behalf. USCIS rejects any Form I-912 that is not signed by all individuals requesting a fee waiver and may deny a request that does not provide required documentation.

Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Requestor's Statement Regarding the Interpreter

- A. I can read and understand English, and I have read and understand every question and instruction on this request and my answer to every question.
- B. The interpreter named in **Part 9**, read to me every question and instruction on this request and my answer to every question in , a language in which I am fluent, and I understood everything.

2. Requestor's Statement Regarding the Preparer (if applicable)

- At my request, the preparer named in **Part 10**, , prepared this request for me based only upon information I provided or authorized.

Requestor's Contact Information

3. Requestor's Daytime Telephone Number
4. Requestor's Mobile Telephone Number (if any)
5. Requestor's Email Address (if any)

Requestor's 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 of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

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

I certify, under penalty of perjury, that I provided or authorized all of the information in my request, I understand all of the information contained in, and submitted with, my request, and that all of this information is complete, true, and correct.

Part 7. Requestor's Statement, Contact Information, Certification, and Signature (continued)

WARNING: If you knowingly and willfully falsify or conceal a material fact or submit a false document with your Form I-912, USCIS will deny your fee waiver request and may deny any other immigration benefit. In addition, you may face severe penalties provided by law and may be subject to criminal prosecution.

Requestor's Signature

6. Requestor's Signature Date of Signature (mm/dd/yyyy)
➔

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

Family Members' Signatures

NOTE: Each family member **must** type or print their full name and sign in the spaces below. You can find additional family members' signature spaces in **Item Numbers 7. - 10.** below. All family members identified in **Part 3.** must sign and date Form I-912.

I certify that the information provided by the requestor in **Part 7.** applies to me.

7. Family Member 1

Family Member's Name

Family Member's Signature

Date of Signature (mm/dd/yyyy)

8. Family Member 2

Family Member's Name

Family Member's Signature

Date of Signature (mm/dd/yyyy)

9. Family Member 3

Family Member's Name

Family Member's Signature

Date of Signature (mm/dd/yyyy)

10. Family Member 4

Family Member's Name

Family Member's Signature

Date of Signature (mm/dd/yyyy)

11. Family Member 5

Family Member's Name

Family Member's Signature

Date of Signature (mm/dd/yyyy)

Part 8. Family Member's Statement, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-912 Instructions before completing this part.

If the information provided by the requestor in **Part 7** is not applicable to a family member identified in **Part 3**, (for example, the family member used an interpreter or speaks a different language) that individual should complete **Part 8**. USCIS rejects any Form I-912 that is not signed by all individuals requesting a fee waiver.

Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Family Member's Statement Regarding the Interpreter for
- A. I can read and understand English, and I have read and understand every question and instruction on this request and my answer to every question.
- B. The interpreter named in **Part 9**, read to me every question and instruction on this request and my answer to every question in , a language in which I am fluent, and I understood everything.
2. Family Member's Statement Regarding the Preparer for
- At my request, the preparer named in **Part 10**, , prepared this request for me based only upon information I provided or authorized.

Family Member's Contact Information

3. Family Member's Daytime Telephone Number
4. Family Member's Mobile Telephone Number (if any)
5. Family Member's Email Address (if any)

Family Member's 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 of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

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

I certify, under penalty of perjury, that I provided or authorized all of the information in my request, I understand all of the information contained in, and submitted with, my request, and that all of this information is complete, true, and correct.

Family Member's Signature

6. Family Member's Signature Date of Signature (mm/dd/yyyy)

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

Part 9. Interpreter's Contact Information, Certification, and Signature

1. Did any person filing this request use an interpreter? Yes, (complete this section) No (skip to **Part 10.**)
2. Was the same interpreter used for all individuals requesting a fee waiver (as listed in **Part 3.**)? Yes No

NOTE for Family Members: If you used a different interpreter than the one used by the requestor, make additional copies of **Part 9.**, provide the following information, indicate the family member for whom he or she interpreted, and include the pages with your completed Form I-912.

Provide the following information about the interpreter for

Interpreter's Full Name

3. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)
4. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

[\(USPS ZIP Code Lookup\)](#)

5. Street Number and Name Apt. Ste. Flr. Number
- City or Town State ZIP Code
- Province Postal Code Country

Interpreter's Contact Information

6. Interpreter's Daytime Telephone Number
7. Interpreter's Mobile Telephone Number (if any)
8. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 7., Item B. in Item Number 1.**, and I have read to this requestor in the identified language every question and instruction on this request and his or her answer to every question. The requestor informed me that he or she understands every instruction, question, and answer on the request, including the **Applicant's Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

9. Interpreter's Signature Date of Signature (mm/dd/yyyy)

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor

1. Did any person prepare this request on your behalf? Yes, (complete this section) No, skip
2. Was the same preparer used for all individuals requesting a fee waiver (as listed in **Part 3.**)? Yes No

NOTE for Family Members: If you used a different preparer than the one used by the requestor, provide the following information, and include the pages with your completed Form I-912.

Provide the following information about the preparer for

Preparer's Full Name

3. Preparer's Family Name (Last Name) Preparer's Given Name (First Name)
4. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

5. Street Number and Name Apt. Ste. Flr. Number
- City or Town State ZIP Code
- Province Postal Code Country

Preparer's Contact Information

6. Preparer's Daytime Telephone Number
7. Preparer's Mobile Telephone Number (if any)
8. Preparer's Email Address (if any)

Preparer's Statement

9. A. I am not an attorney or accredited representative but have prepared this request on behalf of the requestor and with the requestor's consent.
- B. I am an attorney or accredited representative and my representation of the requestor in this case extends does not extend beyond the preparation of this request.

NOTE: If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this request.

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor (continued)

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this request at the request of the requestor. The requestor then reviewed this completed request and informed me that he or she understands all of the information contained in, and submitted with, his or her request, including the **Applicant's Certification**, and that all of this information is complete, true, and correct. I completed this request based only on information that the requestor provided to me or authorized me to obtain or use.

Preparer's Signature

10. Preparer's Signature

Date of Signature (mm/dd/yyyy)

| | | |
|--|--|--|
|  | | |
|--|--|--|

Part 11. Additional Information

If you need extra space to provide any additional information within this request, 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 request or attach a separate sheet of paper. Include 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.

1. Family Name (Last Name) Given Name (First Name) Middle Name

2. A-Number (if any) ▶ A-

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 1 | 2 | 2 | 3 | 4 | 3 | 4 |
|---|---|---|---|---|---|---|---|---|

3. A. Page Number B. Part Number C. Item Number

D. _____

4. A. Page Number B. Part Number C. Item Number

D. _____

5. A. Page Number B. Part Number C. Item Number

D. _____

6. A. Page Number B. Part Number C. Item Number

D. _____



Supplement A, Application for Family Member of T-1 Recipient

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

USCIS
Form I-914
OMB No. 1615-0099
Expires 12/31/2023

START HERE - Type or print in ink. Use black ink. See Instructions for information about eligibility and how to complete and file this application. The recipient of the T nonimmigrant classification is referred to as the principal applicant. His or her family member(s) is referred to as a derivative applicant. **Form I-914, Supplement A, is to be completed by the principal applicant.**

PART 1. Family Member Relationship to You (the principal)
(Select only one box in either Part 1. or Part 2.)

1. The family member that I am filing for is my:
- Husband/Wife
 - Child
 - Parent
 - Unmarried Sibling Under 18 Years of Age

PART 2. Family Member Relationship to Your Derivative

1. The family member I am filing for is the adult or minor child of one of the family members listed in **Part 1., Item Number 1.** who faces a present danger of retaliation as a result of my escape from the severe form of trafficking in persons or my cooperation with law enforcement and is the adult or minor
(Select only one box in either **Part 1.** or **Part 2.**)
- Child of my spouse
 - Child of my child (my grandchild)
 - Child of my parent (my sibling over 18 years of age)
 - Child of my unmarried sibling under 18 years of age (my niece or nephew)

PART 3. General Information About You (the principal)

1. Your Full Legal Name
- | | | |
|-------------------------|-------------------------|----------------------|
| Family Name (Last Name) | Given Name (First Name) | Middle Name (if any) |
| Sample | Lily | |
2. Date of Birth (mm/dd/yyyy) 3. Alien Registration Number (A-Number)
- 12/12/70 ▶ A- 0 0 1 2 2 1 3 4 3
4. Status of your Form I-914, Application for T Nonimmigrant Status: (Select one)
- Filing this Form I-914, Supplement A, together
 - Pending
 - Approved

PART 4. Information About Your Family Member (the derivative)

1. Your Full Legal Name
- | | | |
|-------------------------|-------------------------|----------------------|
| Family Name (Last Name) | Given Name (First Name) | Middle Name (if any) |
| Sample | Mary | |

| For USCIS Use Only | |
|--|----------------|
| Returned | Receipt |
| Date | |
| Date | |
| Resubmitted | |
| Date | |
| Date | |
| Reloc Sent | |
| Date | |
| Date | |
| Reloc Rec'd | |
| Date | |
| Date | |
| Validity Dates | |
| From: _____ | |
| To: _____ | |
| Remarks | |
| | |
| Conditional Approval | |
| Stamp # _____ | Date _____ |
| Action Block | |
| | |
| To be fully completed by an attorney or accredited representative, if any. | |
| <input checked="" type="checkbox"/> Select this box if Form G-28 is attached. Attorney or Accredited Representative USCIS Online Account Number <div style="border: 1px solid black; padding: 5px; display: inline-block; color: red; font-weight: bold;">If you have one</div> | |

PART 4. Information About Your Family Member (the derivative) (continued)

2. Other Names Used

Provide any other names you have used since birth, including aliases, maiden names, and nicknames. If you need extra space to complete this section, use the space provided in **Part 9. Additional Information**.

| | | |
|-------------------------|-------------------------|----------------------|
| Family Name (Last Name) | Given Name (First Name) | Middle Name (if any) |
| | | |

3. U.S. Physical Address or Intended Physical Address

[\(USPS ZIP Code Lookup\)](#)

| | |
|---------------------------------------|--|
| Street Number and Name 123 Main St | Apt. Ste. Flr. Number <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5 |
| City or Town Minneapolis | State ZIP Code MI 55407 |

4. Safe U.S. Mailing Address

If you do not want U.S. Citizenship and Immigration Services (USCIS) to send notices about this application to your home address, you may provide an alternate safe mailing address.

In Care Of Name

Can use your work address

| | |
|------------------------|---|
| Street Number and Name | Apt. Ste. Flr. Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| City or Town | State ZIP Code 55407 |

5. Alien Registration Number (A-Number) (if any)

▶ A- if derivative has A#

6. USCIS Online Account Number

▶

7. U.S. Social Security Number (SSN) (if any)

▶

8. Gender or Sex

Male Female Other

9. Marital Status

Single/Never Married Married Divorced Widowed Annulled

10. If your family member was previously married, list names of prior spouses and dates of termination of marriage.

Documents such as divorce decrees or death certificates must be attached. If you need extra space to complete this section, use the space provided in **Part 9. Additional Information**.

A. Name of Former Spouse

| | | |
|-------------------------|-------------------------|-------------|
| Family Name (Last Name) | Given Name (First Name) | Middle Name |
| | | |

B. Date Marriage Ended (mm/dd/yyyy)

(mm/dd/yyyy)

PART 4. Information About Your Family Member (the derivative) (continued)

C. Where Marriage Ended

City or Town _____ State or Province _____ Country _____

D. How Marriage Ended

Annulled Divorced Separated Widowed

11. Date of Birth (mm/dd/yyyy)

09/21/04

12. Place of Birth

City or Town _____ State or Province _____ Country _____
Mexico **Guerrero** **Mexico**

13. Country of Citizenship or Nationality

Mexican

14. Passport or Travel Document Number

15. Country That Issued Your Passport or Travel Document

Mexico

16. Issued Date for Passport or Travel Document

(mm/dd/yyyy) **10/24/22**

17. Expiration Date for Passport or Travel Document

(mm/dd/yyyy) **10/24/28**

18. Current Immigration Status

UN

19. Is your family member currently living in the United States?

Yes No

20. If you answered "Yes" to Item Number 19., give the following information about your family member if he or she is currently in the United States.

A. Place of Last Entry

City or Town _____ State _____

B. Date of Last Entry (mm/dd/yyyy)

C. Form I-94 Arrival-Departure Record Number

▶ _____

21. If your family member is outside the United States, indicate the U.S. Consulate or inspection facility you want notified if this application is approved.

A. Type of Office (Select one):

Consulate Pre-flight Inspection Facility Port of Entry

B. City or Town

Temalac

C. U.S. State or Foreign Country

Mexico

PART 4. Information About Your Family Member (the derivative) (continued)

D. Foreign Address Where You Want Notification Sent

| | | |
|------------------------|---|---------------|
| Street Number and Name | Apt. Ste. Flr. | Number |
| 25 Main St | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | 500 |
| City or Town | State | ZIP Code |
| Temalac | | 93848 |
| Province | Postal Code | Country |
| Guerrero | | Mexico |

22. Give the following information about your family member if he or she has previously traveled to the United States.

A. Place of Entry

| | |
|--------------|-------|
| City or Town | State |
| | |

B. Date of Entry (mm/dd/yyyy)

C. Date Authorized Stay Expired

(mm/dd/yyyy)

D. Immigration Status

23. Has your family member ever been in immigration court proceedings?

Yes No

24. If you answered "Yes" to **Item Number 23.**, what type of proceedings? (Select **all** that apply)

| | |
|---|----------------------|
| A. <input type="checkbox"/> Removal Date (mm/dd/yyyy) | <input type="text"/> |
| B. <input type="checkbox"/> Exclusion Date (mm/dd/yyyy) | <input type="text"/> |
| C. <input type="checkbox"/> Deportation Date (mm/dd/yyyy) | <input type="text"/> |
| D. <input type="checkbox"/> Rescission Date (mm/dd/yyyy) | <input type="text"/> |
| E. <input type="checkbox"/> Next Hearing Date (mm/dd/yyyy) | <input type="text"/> |

25. Is your family member requesting an Employment Authorization Document?

Yes No

If you answered "Yes" to **Item Number 25.**, submit Form I-765, Application for Employment Authorization Document, with Form I-914, Supplement A, or separately.

NOTE: If your family member is living outside the United States, he or she is not eligible to receive employment authorization until he or she is lawfully admitted to the United States. Do not file Form I-765 for a family member living outside the United States.

PART 5. Processing Information

Answer the following questions about your family member. For the purposes of this application, if applicable, you must answer "Yes" to the following questions even if the records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney told you that your family member no longer has a record. (If your answer is "Yes" to any one of these questions, use the space provided in **Part 9. Additional Information** to explain your answer. Answering "Yes" does not necessarily mean that your family member will be denied T nonimmigrant status.)

1. Has the family member for whom you are filing EVER:

- A. Committed a crime or offense for which he or she has not been arrested? Yes No
- B. Been arrested, cited, or detained by any law enforcement officer (including Department of Homeland Security (DHS), former Immigration and Naturalization Service (INS), and military officers) for any reason? Yes No
- C. Been charged with committing any crime or offense? Yes No
- D. Been convicted of a crime or offense (even if violation was subsequently expunged or pardoned)? Yes No
- E. Been placed in an alternative sentencing or a rehabilitative program (for example, diversion, deferred prosecution, withheld adjudication, deferred adjudication)? Yes No
- F. Received a suspended sentence, been placed on probation, or been paroled? Yes No
- G. Been in jail or prison? Yes No
- H. Been the beneficiary of a pardon, amnesty, rehabilitation, or other act of clemency or similar action? Yes No
- I. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? Yes No

If you answered "Yes" to any part of **Item Number 1.**, complete the following table. If you need extra space to complete this section, use the space provided in **Part 9. Additional Information** to explain your answer.

| Why was the family member for whom you are filing arrested, cited, detained, or charged? | Date of arrest, citation, detention, charge (mm/dd/yyyy) | Where was the family member for whom you are filing arrested, cited, detained, or charged? (City or Town, State, Country) | Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation, etc.) |
|--|--|---|--|
| | | | |
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| | | | |
| | | | |
| | | | |

2. Has the family member for whom you are filing:

- A. Engaged in prostitution or procurement of prostitution or does he or she intend to engage in prostitution or procurement of prostitution? Yes No
- B. EVER engaged in any unlawful commercialized vice, including but not limited to illegal gambling? Yes No
- C. EVER knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally? Yes No
- D. EVER illicitly trafficked in any controlled substance, or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance? Yes No

PART 5. Processing Information (continued)

3. Has the family member for whom you are filing **EVER** committed, planned or prepared, participated in, threatened to, attempted to, or conspired to commit, gathered information for, or solicited funds for any of the following:
- A. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? Yes No
 - B. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained? Yes No
 - C. Assassination? Yes No
 - D. 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
 - E. The use of any biological agent; chemical agent; or nuclear weapon or device; explosive; or other weapon 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
4. Has the family member for whom you are filing **EVER** been a member of, solicited money or members for, provided support for, attended military training (as defined in section 2339D(c)(1) of title 18, United States Code) by or on behalf of, or been associated with an organization that is:
- A. Designated as a terrorist organization under the Immigration and Nationality Act section 219? Yes No
 - B. Any other group of two or more individuals, whether organized or not, which has engaged in or has a subgroup which has engaged in:
 - (1) Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? Yes No
 - (2) Seizing or detaining, and threatening to kill, injure, or continue to detain another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained? Yes No
 - (3) Assassination? Yes No
 - (4) 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) Soliciting money or members or otherwise providing material support to a terrorist organization? Yes No
 - (6) The use of any biological agent; chemical agent; or nuclear weapon or device; explosive; or other weapon 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
5. Does the family member for whom you are filing intend to engage in the United States in:
- A. Espionage? Yes No
 - B. Any unlawful activity, or any activity the purpose of which is in opposition, to control or overthrow of the Government of the United States? Yes No
 - C. Solely, principally, or incidentally in any activity related to espionage or sabotage or to violate any law involving the export of goods, technology, or sensitive information? Yes No
6. Has the family member for whom you are filing **EVER** been or does he or she continue to be a member of the Communist or other totalitarian party, except when membership was involuntary? Yes No
7. Has the family member for whom you are filing, during the period of March 23, 1933, to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever ordered, incited, assisted, or otherwise participated in the persecution of any person because of race, religion, nationality, membership in a particular social group, or political opinion? Yes No

PART 5. Processing Information (continued)

8. Has the family member for whom you are filing **EVER** been present or nearby when any person was:
- A. Intentionally killed, tortured, beaten, or injured? Yes No
 - B. Displaced or moved from his or her residence by force, compulsion, or duress? Yes No
 - C. In any 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 the family member for whom you are filing? Yes No
- B. Have removal, exclusion, rescission, or deportation proceedings **EVER** been initiated against the family member for whom you are filing? Yes No
 - C. Has the family member for whom you are filing **EVER** been removed, excluded, or deported from the United States? Yes No
 - D. Has the family member for whom you are filing **EVER** been ordered to be removed, excluded, or deported from the United States? Yes No
 - E. Has the family member for whom you are filing **EVER** been denied a visa or denied admission to the United States? (If a visa was denied, use the space provided in **Part 9. Additional Information** to explain your answer.) Yes No
 - F. Has the family member for whom you are filing **EVER** been granted voluntary departure by an immigration officer or an immigration judge and failed to depart within the allotted time? Yes No
10. Has the family member for whom you are filing (or has any member of his or her family) **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:
- A. Acts involving torture or genocide? Yes No
 - B. Killing any person? Yes No
 - C. Intentionally and severely injuring any person? Yes No
 - D. Engaging in any kind of sexual contact or relations with any person who was being forced or threatened? Yes No
 - E. Limiting or denying any person's ability to exercise religious beliefs? Yes No
11. Has the family member for whom you are filing **EVER**:
- A. Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization? Yes No
 - B. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? Yes No
12. Has the family member for whom you are filing **EVER** been a member of, assisted in, or participated in any group, unit, or organization of any kind in which he or she or any other persons used any type of weapon against any person or threatened to do so? Yes No
13. Has the family member for whom you are filing **EVER** assisted or participated in selling or providing weapons to any person who to his or her knowledge used them against another person, or in transporting weapons to any person who to his or her knowledge used them against another person? Yes No
14. Has the family member for whom you are filing **EVER** received any type of military, paramilitary, or weapons training? Yes No
15. Is the family member for whom you are filing under a final order or civil penalty for violating INA section 274C (producing and/or using false documentation to unlawfully satisfy a requirement of the INA)? Yes No
16. Has the family member for whom you are filing **EVER**, by fraud or willful misrepresentation of a material fact, sought to procure, or procured, a visa or other documentation, for entry into the United States or any immigration benefit? Yes No

PART 5. Processing Information (continued)

- 17. Has the family member for whom you are filing **EVER** left the United States to avoid being drafted into the U.S. Armed Forces? Yes No
- 18. Has the family member for whom you are filing **EVER** detained, retained, or withheld the custody of a child, having a lawful claim to U.S. citizenship, outside the United States from a U.S. citizen granted custody? Yes No
- 19. Does the family member for whom you are filing plan to practice polygamy in the United States? Yes No
- 20. Did the family member for whom you are filing enter the United States as a stowaway? Yes No
- 21. **A.** Does the family member for whom you are filing have a communicable disease of public health significance? Yes No
- B.** Does the family member for whom you are filing have or has he or she had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated with the disorder which has posed or may pose a threat to the property, safety, or welfare of themselves or others? Yes No
- C.** Is the family member for whom you are filing now or has he or she been a drug abuser or drug addict? Yes No

PART 6. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-914 Instructions before completing this part.

Applicant's Statement

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

- 1. Applicant's Statement Regarding the Interpreter
 - A.** I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
 - B.** The interpreter named in **Part 7.** read to me every question and instruction on this application and my answer to every question in , a language in which I am fluent, and I understood everything.
- 2. Applicant's Statement Regarding the Preparer
 - At my request, the preparer named in **Part 8.**, , prepared this application for me based only upon information I provided or authorized.

Applicant'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 6. Applicant's Statement, Contact Information, Declaration, Certification, and Signature
(continued)

Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that U.S. Citizenship and Immigration Services (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 for the family member for whom I am applying, to investigate my claim, and to investigate fraudulent claims. I further authorize USCIS to release information to law enforcement agencies and prosecutors investigating or prosecuting 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 Date of Signature (mm/dd/yyyy)
→ **06/29/22**

Applicant's Phone Number (if any) Applicant's Safe Phone Number

7. Signature of Derivative (your family member if physically present in the United States) 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.

PART 7. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

PART 7. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Mailing Address

3. Street Number and Name Apt. Ste. Flr. Number
City or Town State ZIP Code
Province Postal Code Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number 5. Interpreter's Mobile Telephone Number (if any)
6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 6., Item B. in Item Number 1.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7. Interpreter's Signature Date of Signature (mm/dd/yyyy)

PART 8. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name)
2. Preparer's Business or Organization Name (if any)

PART 8. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant (continued)

Preparer's Mailing Address

3. Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Province Postal Code Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any)
6. Preparer's Email Address (if any)

Preparer's Statement

7. A. I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
B. I am an attorney or accredited representative and my representation of the applicant in this case extends does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

8. Date of Signature (mm/dd/yyyy)

Part 9. Additional Information

If you need extra space to provide any additional information within this application, 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 application or attach a separate sheet of paper. Type or print your name and A-Number 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. Family Name (Last Name) Given Name (First Name) Middle Name

2. A-Number ▶ A-

3. A. Page Number B. Part Number C. Item Number

D.

4. A. Page Number B. Part Number C. Item Number

D.

5. A. Page Number B. Part Number C. Item Number

D.

6. A. Page Number B. Part Number C. Item Number

D.

**Notice of Entry of Appearance
as Attorney or Accredited Representative**

Department of Homeland Security

**DHS
Form G-28**
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)
▶

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

Address of Attorney or Accredited Representative

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code
(USPS ZIP Code Lookup)

3.f. Province

3.g. Postal Code

3.h. Country

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number

5. Mobile Telephone Number (if any)

6. Email Address (if any)

7. Fax Number (if any)

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

1.a. I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

1.b. Bar Number (if applicable)

1.c. I (select **only one** box) am not am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

2.a. I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

2.c. Date of Accreditation (mm/dd/yyyy)

3. I am associated with , the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate

Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

- 1.a. U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.
- 2.a. U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
- 3.a. U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
- 4. Receipt Number (if any)
- 5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):
 Applicant Petitioner Requestor
 Beneficiary/Derivative Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

- 6.a. Family Name (Last Name)
- 6.b. Given Name (First Name)
- 6.c. Middle Name
- 6.d. Name of Entity (if applicable)
- 7.b. Title of Authorized Signatory for Entity (if applicable)
- 8. Client's USCIS Online Account Number (if any)
- 9. Client's Alien Registration Number (A-Number) (if any)

Note the G28 is for the petitioner/victim on T derivatives. you may also have a G28 for the derivative if they are in the US, but it is not necessary

Client's Contact Information

- 10. Daytime Telephone Number
- 11. Mobile Telephone Number (if any)
- 12. Email Address (if any)

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

- 13.a. Street Number and Name
- 13.b. Apt. Ste. Flr.
- 13.c. City or Town
- 13.d. State
- 13.f. Province
- 13.g. Postal Code
- 13.h. Country

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

- 1.a. I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).
NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**
- 1.c. I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

- 2.a. Signature of Client or Authorized Signatory for an Entity
- 2.b. Date of Signature (mm/dd/yyyy)

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

- 1. a. Signature of Attorney or Accredited Representative
- 1.b. Date of Signature (mm/dd/yyyy)
- 2.a. Signature of Law Student or Law Graduate
- 2.b. Date of Signature (mm/dd/yyyy)

Part 6. 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 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.a Family Name (Last Name)

1.b Given Name (First Name)

1.c Middle Name

2.a. Page Number 2.b. Part Number 2.c. Item Number

2.d. _____

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d. _____

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d. _____

5.a. Page Number 5.b. Part Number 5.c. Item Number

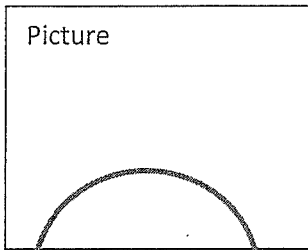
5.d. _____

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d. _____

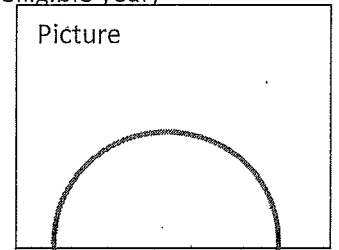
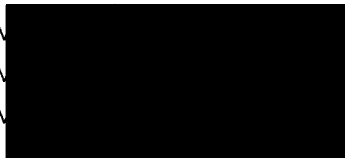
Include copy of the original, foreign language birth certificate or other evidence of relationship to family member

Date [REDACTED] (intelligible year)



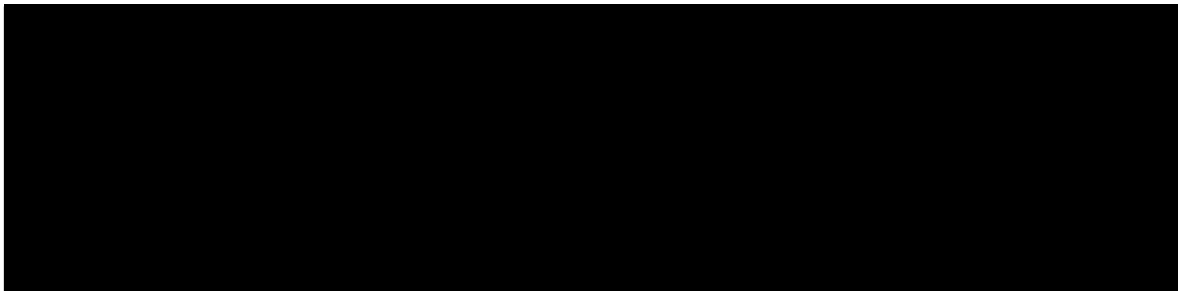
Judges

- 1. N
- 2. N
- 3. N

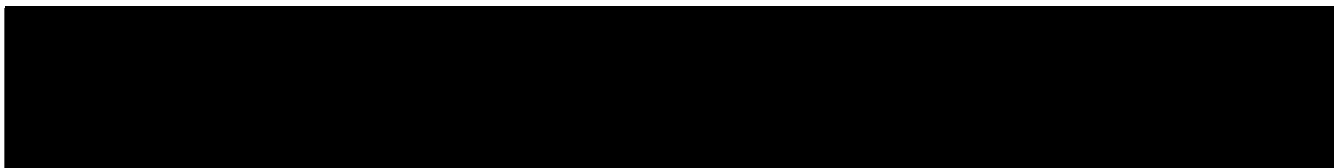


Based on applicant [REDACTED] provided application, she requested to be written that child [REDACTED] is her child and that she was born in [REDACTED] and her mother [REDACTED] [REDACTED]. In accordance to this, the courthouse requested that she provide 3 witnesses.

- 1.
- 2.
- 3.

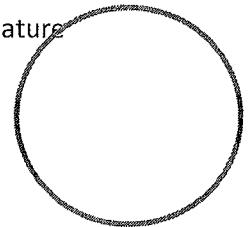


Decision



The judges' signature

- 1. Signature
- 2. Signature
- 3. Signature



CERTIFICATE OF TRANSLATION

I, [redacted] am competent to translate from
(name of translator)

[redacted] into English, and certify that the
(language)

translation of Birth Certificate
(names of documents)

(names of documents)

is true and accurate to the best of my abilities.

[redacted]
(signature of translator)

7/11/2019
(Date)

[redacted]
(typed/printed name of translator)

330 Second Ave. S, Suite 800, Minneapolis, MN 55401
(address of translator)

612.746.4665
(telephone number of translator)