



# 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 02/28/2026

**START HERE - Type or print in ink.** This form should be completed by Federal, state, local, or tribal law enforcement agencies for victims under the Victims of Trafficking and Violence Protection Act (VTVPA), Public Law 106-386, as amended.

## PART 1. Victim Information

**1. Full Legal Name**

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

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

**4. Gender or Sex**

Male     Female     Other

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

▶ A-

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

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## Part 2. Agency Information

**1. Name of Certifying Agency**

**2. Name of Certifying Official**

**3. Title of Certifying Official**

**4. Division/Office of Certifying Official**

**5. Agency Mailing Address**

Street Number and Name

	Apt.	Ste.	Flr.	Number
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

City or Town

	State	ZIP Code

**6. Daytime Telephone Number**

**7. Fax Number**

### For USCIS Use Only

**Returned**

Date

Date

**Resubmitted**

Date

Date

**Reloc Sent**

Date

Date

**Reloc Rec'd**

Date

Date

**Receipt**

**Remarks**

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

**Part 2. Agency Information** (continued)

8. Agency Type

- Federal     State     Local     Tribal

9. Case Status

- On-going     Completed

10. Certifying Agency Category

- Judge     Law Enforcement     Prosecutor     Other \_\_\_\_\_

11. Case Number

12. FBI or SID Number

**Part 3. 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: (Select all that apply. Base your analysis on the victimization the applicant experienced 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, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act.

Sex trafficking and the victim is under 18 years of age.

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.

Other, specify on attached additional sheets.

2. Please describe the victimization the applicant's claim is based on and identify the relationship between that victimization and the crime investigated or prosecuted. Attach the results of any name or database inquiry performed in the investigation of the case, as well as any relevant reports and findings. Include relevant dates, etc. Attach additional sheets, if necessary.

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

**Part 3. Statement of Claim (Continued)**

4. Provide the date(s) on which the acts of trafficking occurred.

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

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

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

Date (mm/dd/yyyy)

7. Provide the date on which the investigation or prosecution was completed.

Date (mm/dd/yyyy)

**Part 4. Cooperation of Victim**

1. The applicant:

A.  Has complied with requests for assistance in the investigation/prosecution of the crime of trafficking. (If you select **Item A.**, provide an explanation below in **Item Number 2.**)

B.  Has failed to comply with requests to assist in the investigation/prosecution of the crime of trafficking. (If you select **Item B.**, provide an explanation below in **Item Number 2.**)

C.  Has not been requested to assist in the investigation/prosecution of any crime of trafficking.

D.  Has not yet attained the age of 18.

E.  Other, specify on attached additional sheets.

2. If you selected **Item A.** or **Item B.** above, provide an explanation for your selection.

**Part 5. Family Members Implicated In Trafficking**

1. Are any of the applicant's family members believed to have been involved in his or her trafficking to the United States?

Yes  No

If you answered "Yes" to **Item Number 1.**, list the relative(s) and describe the involvement. Attach additional sheets if necessary.

Full Name	Relationship	Involvement

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**Part 6. 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 (USCIS), based upon this certification. I further certify that if the victim refuses to comply with reasonable requests for assistance in the investigation or prosecution of the acts of trafficking of which he/she is a victim, I will notify USCIS.

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|----|--|--|
| 1. | Signature of Law Enforcement Officer (identified in <b>Part 2.</b> ) | Date of Signature (mm/dd/yyyy)                           |
|    | <input style="width: 550px; height: 25px;" type="text"/>             | <input style="width: 250px; height: 25px;" type="text"/> |
| 2. | Signature of Supervisor of Certifying Officer                        | Date of Signature (mm/dd/yyyy)                           |
|    | <input style="width: 550px; height: 25px;" type="text"/>             | <input style="width: 250px; height: 25px;" type="text"/> |
| 3. | Printed Name of Supervisor   |  |
|    | <input style="width: 550px; height: 25px;" type="text"/>             |  |