## I-914, Application for T Nonimmigrant Status

START HERE - Type or print. Use black ink. See Instructions for information	For USCIS Use Only	
about eligibility and how to complete and file this application.	Returned	Receipt
PART A. Purpose for Filing the Application	Date	
Check all that apply:	Date	
I am filing an application for T-1 nonimmigrant status, and have not previously filed for such status.	Resubmitted	
☐ I have a T-1 application pending. EAC No.:	Date	
I have received T-1 status.	Date	
☐ I am applying to bring family member(s) to the United States.	Reloc Sent	
PART B. General Information About You (Person filing this form as a victim)	Date	
Family Name (Last Name) Given Name (First Name) Middle Name (if any)		
	Date	
Other Names Used (Include maiden name/nickname)	Reloc Rec'd	
	Date	
Home Address - Street Number and Name Apt. No.	Date	
	Vali	idity Dates
City State/Province Zip/Postal Code	From:	
	To:	
Safe Mailing Address (if other than above) - Street Number and Name Apt. No.	R	Remarks
C/O (in care of):		
City State/Province Zip/Postal Code		
Home Telephone No. Safe Daytime Phone No. E-Mail Address (with area code) (optional)	Conditi	onal Approval
(with area code) (with area code) (optional)	Stamp Number	Date
A-Number (if any)  U.S. Social Security No. (if any) Gender	Act	tion Block
Male Female		
Marital Status:		
Single/Never Married Married Divorced Widowed		
Date of Birth (mm/dd/yyyy)         Country of Birth         Country of Citizenship		
Passport Number Place of Issuance Date of Issue (mm/dd/yyyy)		
		Completed by Representative, if any
Place of Last Entry Date of Last Entry (mm/dd/yyyy)	Select the box	if Form G-28 is
		present the applicant.
I-94 No. (Arrival/Departure Document) Current Immigration Status	ATTY State License No.	
	License IVO.	

## PART C. Additional Information

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. It is strongly encouraged that you attach a personal narrative statement describing the trafficking. If you are only applying for T derivative status for a family member subsequent to your (the principal applicant) initial filing, evidence supporting the original application is not required to be resubmitted with the new Form I-914.

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

1.	I am or have been	a victim of a severe	form of trafficking in pe	ersons. (Attach evi	idence to support your cla	aim.) Yes	☐ No
2.		Officer for Victim of			applement B, Declaration why you are not submitted		□ No
3.	Mariana Islands, or		tates, American Samoa, n account of traffickings claim.)			Yes	☐ No
4.			p involving unusual and ments supporting this cl		n removal. (If "Yes," expl	lain Yes	☐ No
5.	agency and office y	you have made the re	n claiming to be a victing eport, the address and pain the circumstances.)		tte to which law enforcem hat office, and the case	nent Yes	☐ No
	Law Enforcement	Agency and Office	Address		Phone Number	Case Number	
	Circumstances:						
6.	I am under the age	of 18 years. (If "Yes	," proceed to Question	8.)		Yes	☐ No
7.			deral, State, or local law rafficking. (If "No," exp		norities for assistance in thances.)	he Yes	☐ No
8.					ace of entry, and under wi umstances of your most re		☐ No
	Date of Entry	Place of Entry		Status			

PA	RT C. Additional Information (Cont	tinued)				
9.	My most recent entry was on account of the traff circumstances of your most recent arrival.)	icking that forms the	basis for my claim. (Explain t	the [	Yes	☐ No
10.	I want an Employment Authorization Document.				Yes	☐ No
11.	I am now applying for one or more eligible fami Supplement A, Application for Immediate Family you are now applying. You may also apply to br date.)	Member of T-1 Reci	pient, for each family member	for whom	Yes	□ No
PA	RT D. Processing Information					
foll atto <i>of p</i> tra <u>f</u>	swer the following questions about yourself. For powing questions, even if your records were sealed orney, told you that you no longer have a record. (paper. Additionally, explain if any of the acts or cifficking. Answering "Yes" does not necessarily means that it is status or register for permanent residence.)	l or otherwise cleared If your answer is "Ye rcumstances below an	or if anyone, including a judges" to any one of these question re related to you having been a	e, law enforce as, explain on a a victim of a se	ment of a separa evere for	ite sheet m of
1.	Have you <b>EVER</b> :					
	a. Committed a crime or offense for which you	have not been arrested	1?		Yes	☐ No
	<b>b.</b> Been arrested, cited, or detained by any law e officers) for any reason?	enforcement officer (in	ncluding DHS, former INS, an	d military [	Yes	☐ No
	<b>c.</b> Been charged with committing any crime or c	offense?			Yes	☐ No
	<b>d.</b> Been convicted of a crime or offense (even if	violation was subseq	uently expunged or pardoned)	?	Yes	☐ No
	<b>e.</b> Been placed in an alternative sentencing or a prosecution, withheld adjudication, deferred a		n (for example: diversion, defe	erred [	Yes	☐ No
	<b>f.</b> Received a suspended sentence, been placed of	on probation, or been	paroled?		Yes	☐ No
	g. Been in jail or prison?				Yes	☐ No
	<b>h.</b> Been the beneficiary of a pardon, amnesty, re	habilitation, or other	act of clemency or similar action	on?	Yes	☐ No
	i. Exercised diplomatic immunity to avoid prose	ecution for a criminal	offense in the United States?		Yes	☐ No
	If you answered "Yes" to any of the above quest of paper to give the same information.	ions, complete the fol	lowing table. If you need mor	re space, use a	separat	e sheet
	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, State, Country)	Outcome or (e.g., no char charges dism probation, et	rges file pissed, jo	d,

PA	ART D. Proc	cessing Information (Continued)		
2.	Have you EV Government	TER received public assistance in the United States from any source, including the U.S. or any State, county, city or other municipality (other than emergency medical treatment), or are receive public assistance in the future?	Yes	☐ No
3.	Have you:			
		n prostitution or procurement of prostitution or do you intend to engage in prostitution or ent of prostitution?	Yes	☐ No
	b. EVER eng	gaged in any unlawful commercialized vice, including, but not limited to illegal gambling?	Yes	☐ No
	c. EVER know illegally?	owingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States	Yes	☐ No
		citly trafficked in any controlled substance, or knowingly assisted, abetted, or colluded in the ficking of any controlled substance?	Yes	☐ No
4.		TER committed, planned or prepared, participated in, threatened to, attempted to, or conspired to corror, or solicited funds for any of the following:	mmit, gatl	nered
	a. Hijacking	or sabotage of any conveyance (including an aircraft, vessel, or vehicle)?	Yes	☐ No
	compel a t	detaining, and threatening to kill, injure, or continue to detain, another individual in order to third person (including a governmental organization) to do or abstain from doing any act as an implicit condition for the release of the individual seized or detained?	Yes	☐ No
	c. Assassinat	tion?	Yes	☐ No
		f any firearm with intent to endanger, directly or indirectly, the safety of one or more individual e substantial damage to property?	Yes	☐ No
	or dangero	f any biological agent; chemical agent; or nuclear weapon or device; explosive; or other weapon ous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or ubstantial damage to property?	Yes	☐ No
5.		TER been a member of, solicited money or members for, provided support for, attended military training 39D(c)(1) of title 18, United States Code) by or on behalf of, or been associated with an organization		lefined
	a. Designate	d as a terrorist organization under section 219 of the Immigration and Nationality Act?	Yes	☐ No
		group of two or more individuals, whether organized or not, which has engaged in or has a which has engaged in:		
	1. Hijacki	ing or sabotage of any conveyance (including an aircraft, vessel, or vehicle)?	Yes	☐ No
	compel	g or detaining, and threatening to kill, injure, or continue to detain another individual in order to a third person (including a governmental organization) to do or abstain from doing any act as an tor implicit condition for the release of the individual seized or detained?	Yes	☐ No
	3. Assassi	ination?	Yes	☐ No
		e of any firearm with intent to endanger, directly or indirectly, the safety of one or more ual or to cause substantial damage to property?	Yes	☐ No
	5. Soliciti	ng money or members or otherwise providing material support to a terrorist organization?	Yes	☐ No

PA	RT D. Processing Information (Continued)	
	<b>6.</b> 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
6.	Do you intend to engage in the United States in:	
	a. Espionage?	☐ Yes ☐ No
	<b>b.</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
	<b>c.</b> 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
7.	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
8.	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
9.	Have you EVER been present or nearby when any person was:	
	a. Intentionally killed, tortured, beaten, or injured?	☐ Yes ☐ No
	<b>b.</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
10.	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
	<b>d.</b> Have you EVER been ordered to be removed, excluded, or deported from the United States?	Yes No
	<b>e.</b> Have you EVER been denied a visa or denied admission to the United States? ( <i>If a visa was denied, explain why on a separate sheet of paper.</i> )	Yes No
	<b>f.</b> 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
11.	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>b.</b> Killing any person?	Yes No
	c. Intentionally and severely injuring any person?	Yes No
	<b>d.</b> Engaging in any kind of sexual contact or relations with any person who was being forced or threatened?	Yes No
	<b>e.</b> Limiting or denying any person's ability to exercise religious beliefs?	Yes No

PA	RT D. Processing Information (Continued)	
12.	Have you EVER:	
	<b>a.</b> 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>b.</b> Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons?	Yes No
13.	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
14.	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
15.	Have you EVER received any type of military, paramilitary, or weapons training?	Yes No
16.	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
17.	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
18.	Have you EVER left the United States to avoid being drafted into the U.S. Armed Forces?	Yes No
19.	Have you EVER been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement and not yet complied with that requirement or obtained a waiver of such?	Yes No
20.	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
21.	Do you plan to practice polygamy in the United States?	Yes No
22.	Have you entered the United States as a stowaway?	Yes No
23.	a. Do you have a communicable disease of public health significance?	Yes No
	<b>b.</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

PA	RT	E. Information About You	ur Family Me	mbers					
		the following information about paper.	ut your spouse a	nd all of your sor	ns and daughte	ers. If you need	more space, attach an additional		
1.		Spouse							
	Fa	nmily Name (Last Name)	Given Name	(First Name)	Middle Nar	ne (if any)	Date of Birth (mm/dd/yyyy)		
	C	ountry of Birth		Current Locat	ion				
2.		Children							
	a. Family Name (Last Name) Given Name		Given Nam	me (First Name) Middle Nam		ame (if any)	Date of Birth (mm/dd/yyyy)		
		Country of Birth		Relationship Current I		Current Loca	Location		
	b.	Family Name (Last Name)	Given Nam	e (First Name)	Middle Na	me (if any)	Date of Birth (mm/dd/yyyy)		
		Country of Birth		Relationship		Current Loca	ntion		
	c.	Family Name (Last Name)	Given Nam	ne (First Name)	Middle Na	nme (if any)	Date of Birth (mm/dd/yyyy)		
		Country of Birth		Relationship		Current Location			

Complete Form I-914, Supplement A, Application for Immediate Family Member of T-1 Recipient, for each family member listed above for whom you are now applying to have join you in the United States, and attach it to this application.

## PART F. Attestation, Release, and Signature

After reading the information regarding penalties in the instructions, complete and sign below. If someone helped you prepare this application, he or she must complete **Part G**.

I have read, or had read to me, this form, the information provided on it and the evidence provided with it, and I certify, under penalty of perjury under the laws of the United States of America, that all of the information in this entire application package, including the documentary evidence submitted with it, is true and correct.

I authorize the release of any information from my record that U.S. Citizenship and Immigration Services (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 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).

PART F. Attestation, Release, and Signature (Continued)	
Applicant's Statement (Check one):	
I can read and understand English, and I have read and understand each and eve my answer to each question.	ery question and instruction on this form, as well as
Each and every question and instruction on this form, as well as my answer to elanguage, a language in which I	ach question, has been read to me in the am fluent, by the person named in <b>Interpreter's</b>
Statement and Signature. I understand each and every question and instruction	on this form, as well as my answer to each question.
I certify, under penalty of perjury under the laws of the United States of America, th all true and correct. I certify also that I have not withheld any information that would	
Signature of Applicant (the Person in Part A)	Date (mm/dd/yyyy)
PART G. Preparer and/or Interpreter Certification (To be completed an other than the applicant)	d signed if form is prepared by a person
Preparer's Statement and Signature (if applicable)	
I declare that I prepared this application at the request of the above person, and it is knowledge. I have not knowingly withheld any material information that would affect the control of the control o	
Attorney or Representative: In the event of a Request for Evidence, may USCIS of	contact you by fax or e-mail? Yes No
Preparer's Signature	Date (mm/dd/yyyy)
Preparer's Printed Name Preparer's Firm	Name (if applicable)
Preparer's Address	
reparer 5 radiress	
Daytime Phone Number (with area code) Fax Number (if any)	E-Mail Address (if any)
Interpreter's Statement and Signature (if applicable)	
I certify that I am fluent in English and the below-mentioned language.  Language Used (language in which applicant is fluent):	
Language Osea (tanguage in which applicant is fluent).	
I further certify that I have read each and every question and instruction on this form applicant in the above-mentioned language, and the applicant has understood each a well as the answer to each question.	•
Interpreter's Signature	Date (mm/dd/yyyy)
Interpreter's Printed Name	<b>Telephone Number</b> (with area code)

PA	RT H. Checklist
	I completely filled out and signed the form.
	I have attached evidence that:
	a. I am or have been a victim of a severe form of trafficking;
	<b>b.</b> 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;
	c. I am cooperating with Federal, State, or local law enforcement authorities in the investigation or prosecution of the traffickers (unless under age 18); and
	d. I would suffer extreme hardship involving unusual and severe harm upon removal from the United States.
	I have included three photographs of myself.
If I	I am applying for one or more family members:
	I have completed Form I-914, Supplement A for each member for whom I am now applying and, if he or she is in the United States, each family member has signed that Form I-914, Supplement A.
	☐ I have submitted the required evidence, including evidence of:
	a. My relationship to the family member for whom I am applying;
	<b>b.</b> My age, if I am applying for my parent or unmarried sibling under the age of 18;
	c. My child's age, if I am applying for my child; and
	<b>d.</b> My sibling's age, if I am applying for my unmarried sibling; and
	I have included three photographs of each family member for whom I am now applying.
	I have included Form I-765, Application for Employment Authorization, if I am requesting employment authorization for my family member, along with fee or request for fee waiver.

WARNING: Applicants who are in the United States illegally are subject to removal if their claims are not granted. Any information provided in completing this application may be used as a basis for the institution of, or as evidence in, removal proceedings even if the application is later withdrawn.