



September 13, 2023

USCIS Vermont Service Center
ATTN: I-914
850 S St.
Lincoln, NE 68508-1225

VIA Courier


RE: I-914 Application for T Nonimmigrant Status
I-914, Supplement A, Petition for Derivative T Nonimmigrant Family Members
Client: Sample Joe CLIENT (01/01/1980)

Dear Sir or Madam:

Our office represents Sample Joe CLIENT *pro bono* in his I914 T-Visa application as victim of a severe form of trafficking in persons under the Trafficking Victims Protection Act and its reauthorizations (TVPRA). 8 U.S.C. §1101(a)(15)(T). Mr. CLIENT is applying for a T visa because he was recruited, transported, harbored, and obtained in the United States for the purposes of involuntary servitude through the use of force, fraud, and coercion by TRAFFICKER falling under the definition of “severe form of human trafficking”. 22 USC § 7102 (11)(B). Mr. CLIENT reported his case to the U.S. Department of Labor Wage and Hour Division as well as the FBI and HSI, and has complied with all reasonable requests for assistance. Mr. CLIENT would experience extreme hardship involving severe and unusual harm if returned to Countryville.

Enclosed, please find documents to establish Mr. CLIENT’s eligibility for a T-Visa. Additional documentation may be submitted at a future date as requested.

1. Form I-914, Application for T Nonimmigrant Status;
2. Form G-28, Notice of Appearance, executed by the undersigned and the applicant;
3. Evidence showing that Mr. CLIENT is in the U.S. on account of having been a victim of a severe form of trafficking in persons, including:
 - a. Emails to law enforcement,
 - b. Applicant’s personal statement,
 - c. Pay stubs,
 - d. Visa showing TRAFFICKER as sponsor and I-94 entry documents,
 - e. Contract with TRAFFICKER,
 - f. U.S. DOL Statement of Interest,
4. Evidence that applicant has complied with reasonable requests from law enforcement:
 - a. Applicant’s personal statement,
 - b. Emails with law enforcement,
 - c. US DOL Statement of Interest and Deferred Action Approval Notice,
5. Evidence that Applicant would suffer extreme hardship involving unusual and severe harm upon removal, including:
 - a. Applicant’s personal statement,
 - b. U.S. trafficking in persons report for Countryville showing no protections for victims of trafficking; and
6. Forms I-914 Supplement A for qualifying family members, complete with:
 - a. Birth Certificate showing familial relationship complete with Certified English Translation.

Pursuant to 8 U.S.C. §1101(a)(15)(T), the Attorney General  may grant non-immigrant alien status (T-visa) to an alien who the Attorney General determines –

- (I) Is or has been a victim of severe form of trafficking in persons, as defined section 103 of the Trafficking Victims Protection Act of 2000;
- (II) is in the U.S. on account of trafficking;
- (III) has complied with any reasonable request for assistance in the Federal, State, or local investigation or prosecution of acts of trafficking or the investigation of crime where acts of trafficking are at least one central reason for the commission of that crime; and
- (IV) who would suffer extreme hardship involving unusual and severe harm upon removal.

I. SAMPLE JOE CLIENT IS A VICTIM OF A SEVERE FORM OF TRAFFICKING

Section 103(8) of the Trafficking Act defines “severe forms of trafficking in persons” to include:

- (A) The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude peonage, debt bondage, or slavery.

Sample’s trafficker recruited him and transported him from Countryville on the promise of a good job in the U.S. Upon arrival, his trafficker harbored him on a remote farm in location where he knew Sample had no connections, language abilities or freedom to protest the working conditions. TRAFFICKER used further coercive tactics by threatening Sample and his colleagues that they would be deported and not allowed to return to the US if they complained or refused to work as TRAFFICKER directed. This coercion resulted in Sample and his colleagues working more than 90 hours per week—as early as 4am to as late as 1am with only a small break for lunch and only a few hours “off” every 14 days to go shopping, cash their checks and do laundry. While working, they were forced to stay in fields with inadequate or dirty drinking water on hot summer days and while pesticides were being sprayed, causing Sample to experience serious physical harms. Despite being on an H-2 visa, Sample was not provided adequate housing, sharing a small space, with inadequate bathrooms and kitchens for more than 20 men, and had to buy their own food and water that they consumed in the small moments Trafficker allowed. They had no heat in the cold and no air conditioning in the hot Midwest summer. Despite the long hours worked, Sample did not receive full pay for the entire time he worked, being forced to clock out at various times. Yet, because Trafficker knew the threat of being barred from returning to work in the US was powerful, he was able to keep Sample in this condition of servitude until he ultimately decided he had to report to law enforcement.

II. SAMPLE JOE CLIENT WAS TRAFFICKED WITHIN THE U.S. AND REMAINS IN THE U.S. ON ACCOUNT OF THAT TRFFICKING

Sample was recruited by his trafficker who transported him to the U.S. on a H-2 visa. He was kept in involuntary servitude by the trafficker in Location, USA. He escaped the trafficking situation in Location and has remained in the U.S. since then in order to assist with the investigation and access resources to overcome the trauma of trafficking.

III. SAMPLE JOE CLIENT REPORTED HIS TRAFFICKING TO THE U.S. DEPARTMENT OF LABOR AND OTHER AGENCIES, AND HAS COMPLIED WITH REASONABLE REQUESTS FOR ASSISTANCE IN THE INVESTIGATION

Sample reported his trafficking to the U.S. Department of Labor as well as the FBI and HSI through support of our office. He provided a statement and evidence to the Department of Labor and indicated to all agencies that he remains available should they need assistance. The Department of Labor has issued a

Statement of Interest based on their investigation—the second time they have investigated this employer—but have not required further assistance from Sample. The FBI and HSI have indicated that they are waiting for DOL to conclude its investigation before taking further action.

IV. **SAMPLE JOE CLIENT WOULD SUFFER UNUSUAL AND SEVERE HARM UPON REMOVAL**

Sample will suffer “extreme hardship involving unusual and severe harm upon removal” to Countryville. 8 U.S.C. § 1101(a)(15)(T)(i)(IV). Sample must stay in the U.S to obtain restitution, prevent further victimization, and continue to have access to the victim services he requires to recover from the abuse he experienced because of his trafficking. Sample is currently participating in an investigation against his trafficker as well as pursuing civil remedies through which he hopes to seek justice against the trafficker as well as obtain financial compensation for the harms he experienced. He is also accessing support services that are helping him recover from harms. If forced to return to Countryville, he would lose access to these services and be unable to continue to pursue the case against TRAFFICKER in the court.

As the US trafficking in Persons Report for Countryville Confirms, Sample as a victim of trafficking will not be able to receive ample support in Countryville. Countryville provides no victim assistance funds, with the US trafficking report determining that overall services for victims were inadequate. The report points out that victims’ services are particularly inadequate for male victims, forced labor victims, and victims in rural areas—all characteristics that apply to Sample.

Sample also fears that if he returns to Countryville, he may be subjected to harms due to the instability in the country and targeting by actors in his area.

V. **SAMPLE JOE CLIENT IS ADMISSIBLE TO THE U.S.**

Sample believes he may be inadmissible due to his manner of entry and remaining without status in the United States. He also has no passport because it was confiscated by his trafficker. He was forced to so enter by the direction of his Trafficker. Other than these actions, Sample has remained law abiding in the United States. He has no criminal history or negative immigration history. However, should USCIS believe other grounds of inadmissibility apply, he requests that USCIS further waive those grounds.

Based on the foregoing and enclosed, Mr. CLIENT has shown that he meets the requirements to be granted T nonimmigrant status. He is a victim of a severe form of human trafficking, is in the U.S. on account of such, has complied with reasonable requests from law enforcement to assist in that investigation, and would suffer a severe hardship if removed. Furthermore, he is submitting a request for a waiver of the few grounds of inadmissibility that apply to his case.

As such, we respectfully request that USCIS grant T nonimmigrant status to Sample Joe CLIENT, who meets the requirements to be granted such status, and approve the derivative family applications he includes herewith so that he can be reunited with family from whom he was separated by trafficking.

Should you require further information, please contact me.

Sincerely,

Pro Bono Lawyer, Esq.



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)

► N / A

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.
I-914, I-914A, I-192, I-765 
- 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)
▶

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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) CLIENT
- 6.b. Given Name (First Name) Sample
- 6.c. Middle Name Joe
- 7.a. Name of Entity (if applicable)
N/A
- 7.b. Title of Authorized Signatory for Entity (if applicable)
N/A
8. Client's USCIS Online Account Number (if any)
▶

N	/	A																	
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9. Client's Alien Registration Number (A-Number) (if any)
▶ A-

N	/	A																	
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Client's Contact Information

10. Daytime Telephone Number
N/A
11. Mobile Telephone Number (if any)
N/A
12. Email Address (if any)
N/A

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 123 Law St
- 13.b. ☐ Apt. ☒ Ste. ☐ Flr. 2
- 13.c. City or Town Minneapolis
- 13.d. State MN 13.e. ZIP Code 12345
- 13.f. Province N/A
- 13.g. Postal Code N/A
- 13.h. Country
USA

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 N/A

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



Application for T Nonimmigrant Status

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

USCIS
Form I-914
OMB No. 1615-0099
Expires 08/31/2026

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

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

1. Your Full Legal Name

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

CLIENT	Sample	Joe
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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)

SAMPLE	Pseudo	Nym
N/A	N/A	N/A

3. Physical Address

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

Street Number and Name Apt. Ste. Flr. Number

123 Unsafe St.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
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City or Town State ZIP Code

Minneapolis	MN	12345
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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

Attorney Name

Street Number and Name Apt. Ste. Flr. Number

123 Law St	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
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City or Town State ZIP Code

Minneapolis	MN	12345
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For USCIS Use Only

Returned

Date

Date

Resubmitted

Date

Date

Reloc Sent

Date

Date

Reloc Rec'd

Date

Date

Receipt

Validity Dates

From: _____

To: _____

Remarks

Waitlisted

Stamp #

Date

Action Block

To be fully completed by an attorney or accredited representative, if any.

☒ Select this box if Form G-28 is attached.



Attorney State License Bar Number

MN1234567

Attorney or Accredited Representative
USCIS Online Account Number


N/A

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

5. Alien Registration Number (A-Number) (if any)
▶ A-
6. USCIS Online Account Number (if any)
▶
7. U.S. Social Security Number (SSN) (if any)
▶
8. Sex
☒ Male ☐ Female
9. Marital Status
☒ Single/Never Married ☐ Married ☐ Divorced ☐ Widowed
10. Date of Birth (dd/mm/yyyy)
11. Place of Birth
City or Town State or Province
Country
12. Country of Citizenship or Nationality
13. Passport or Travel Document Number (if any)

14. Country That Issued Your Passport or Travel Document (if any)
15. Issue Date for Passport or Travel Document (if any)
(mm/dd/yyyy)
16. Expiration Date for Passport or Travel Document (if any)
(mm/dd/yyyy)
17. Place of Your Last Entry Into the United States
City or Town State
18. Date of Your Last Entry Into the United States, On or About
(mm/dd/yyyy)
19. Form I-94 Arrival-Departure Record Number (if any)
▶ 
20. Your Current Nonimmigrant Status

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. If you answer “Yes” to **Item Numbers 1. - 4.**, attach evidence and documents to support your claim. **You must** attach a signed 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
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. ☒ Yes ☐ No
4. I fear that I will suffer extreme hardship involving unusual and severe harm upon removal. ☒ 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 below.) ☒ Yes ☐ No

Law Enforcement Agency and Office

Street Number and Name

123 Safety St

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

Minneapolis

State

MN

ZIP Code

12345

Daytime Telephone Number

6126126122

Case Number

N/A

Circumstances

I reported to law enforcement through my attorney. I provided all the evidence I have and gave a detailed interview. They informed me that they would not be able to prosecute the case.

6. I was under 18 years of age at the time at least one of the acts of trafficking occurred. ☐ Yes ☒ No
7. I have complied with reasonable requests from Federal, State, Tribal, or local 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," and were over 18 years of age at the time one of the acts of trafficking occurred, 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) N/A

(2) Place of Entry

City or Town

N/A

State

N/A

(3) Status

N/A

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) when I am granted T nonimmigrant status. ☒ 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 Derivative T Nonimmigrant Status, 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.)

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.)
N/A	N/A	N/A	N/A

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 individuals 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 individuals 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 their 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**.

1. Information About your Spouse

- A.** Family Name (Last Name) Given Name (First Name) Middle Name (if any)
- B.** Date of Birth (mm/dd/yyyy) **C.** Country of Birth
- D.** Current Location
City or Town of Residence Country of Residence

2. Information About Your Children**A. Child 1**

- Family Name (Last Name) Given Name (First Name) Middle Name (if any)
- Date of Birth (mm/dd/yyyy) Country of Birth
- Current Location
City or Town State Country

B. Child 2

- Family Name (Last Name) Given Name (First Name) Middle Name (if any)
- Date of Birth (mm/dd/yyyy) Country of Birth
- Current Location
City or Town State Country

Part 5. Information About Your Family Members (continued)

C. Child 3

Family Name (Last Name)

N/A

Given Name (First Name)

N/A

Middle Name (if any)

N/A

Date of Birth (mm/dd/yyyy)

N/A

Country of Birth

N/A

Current Location

City or Town

N/A

State

N/A

Country

N/A

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.**

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 Safe Daytime Telephone Number

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 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 U.S.C. 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. Any disclosure will be in accordance with the confidentiality provisions at 8 U.S.C. section 1367 and 8 CFR 214.216.

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

Applicant's Signature

6. Applicant's Signature

Date of Signature (mm/dd/yyyy)

 	
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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)
SAMPLE	Interpreter
2. Interpreter's Business or Organization Name (if any)	
Amazing Interpreters, LLC	

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

Interpreter's Mailing Address

3. Street Number and Name	Apt. Ste. Flr.	Number
1 Language St	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
City or Town	State	ZIP Code
Minneapolis	MN	12345
Province	Postal Code	Country
N/A	N/A	USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number	5. Interpreter's Mobile Telephone Number (if any)
6126126123	N/A
6. Interpreter's Email Address (if any)	
interpreter@amazinginterpreters.com	

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 their answer to every question. The applicant informed me that he or she understood 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)
<input type="text"/>	<input type="text"/>

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)
SAMPLE	Attorney
2. Preparer's Business or Organization Name (if any)	
Pro Bono Lawyers, Inc.	

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
123 Law St	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	1
City or Town	State	ZIP Code
Minneapolis	MN	12345
Province	Postal Code	Country
N/A	N/A	USA

Preparer's Contact Information

4. Preparer's Daytime Telephone Number	5. Preparer's Mobile Telephone Number (if any)
6126126122	N/A
6. Preparer's Email Address (if any)	
attorney@probonolawyers.com	

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 ☒ ends ☐ 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 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 (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. Family Name (Last Name) Given Name (First Name) Middle Name
CLIENT Sample Joe

2. A-Number ► A- N / A

3. A. Page Number B. Part Number C. Item Number
6 4 8a

D. I was nearby when the manager at the farm beat-up one of the workers who complained about their paycheck and hours.

4. A. Page Number B. Part Number C. Item Number
3 3 9

D. I entered the U.S. through the border at McAllen, TX. The person who told me about the job in the U.S. coordinated a coyote and someone to pick me up to transport me to the farm.

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

D.

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

D.

COUNTY OF HENNEPIN)
)
)
CITY OF MINNEAPOLIS)

Affidavit of Sample Client

I, Sample Client, being first duly sworn do state and affirm the following:

1. My full name is Sample Joe Client. I was born on January 1, 1980 in Imaginary Place, Countryville.
2. I entered the United States in/around June 2016 through the Rio Grande. A friend from secondary school called me and told me that the boss at the farm he was working at needed an extra worker. I was told I would be working with animals for 8 hours every day and would receive \$10 an hour plus overtime. The manager, Bad Guy, told me that my ride to the farm would be paid for and that I could stay at the farm's housing for a reasonable rate. I had no other job prospects, so agreed.
3. I came to the farm in 2016 in a van. There were six other people in the van but they were all going to other farms to work. When I arrived at the farm my first job was to milk cows. Shortly after I arrived, they trained to me to be a vet. I learned how to diagnose illness in cows and examine if a cow fetus was healthy. I gave medicines to cows and also assisted with birthing. My supervisor told me to tell anyone who asked that my job was to feed the cows.
4. Once I arrived, I realized I was expected to work about 12+ hours a day. When I began giving medical assistance to cows, I worked the night shift from 7:00 PM to 7:00 AM. I was also expected to provide medical assistance at any point in the day as needed. When I was needed, someone would come to my room and wake me up to help the cows. Though I worked over 12 hours a day and was always on call, I did not receive overtime.

5. In addition to not receiving overtime, my paychecks would say that I only worked 144 hours every 15 days. In reality, I worked about 175 hours every 15 days. I was not receiving the overtime pay or pay for the 30 missing hours.
6. I worked in all types of weather conditions: rain, snow, and heat. My work was so busy that I did not usually have time to take a break and eat or use the bathroom. Usually, I was expected to wait to eat until after work. I felt like I was always working and barely slept. Yet, I did not feel I could reject these hours or complain because everyone who complained was told that ICE or the police would be called.
7. I only received one day off each month. I did not receive holiday breaks. One time, I was injured at work. I fell and my arm got dislocated. The manager told me to keep working even if I could not work as well as I usually do. When I asked if I could rest, she told me I could take a rest only if I wanted to ICE to come—this scared me. During my shift, the manager came at 2:00 AM and gave me medicine for the pain. I was not given a day off. When I had my one day off in the month, I was only allowed to go to a chiropractic five hours away who was able to put my arm back in place; the manager told me I was not allowed to go to another doctor or the hospital.
8. When people, including I, complained about their wages to the manager, she would tell them she would call the police and ICE on us if we continued to complain. After she threatened them she would tell them to continue working. After someone complained once, she would approach them while they worked and told them they had two hours to leave the ranch before she called police or ICE. When this happened, they would not receive payment for the days they worked before they were fired. Knowing about these

situations caused fear in me. I worried that if I complained or quit, they'd call ICE or the police. Workers were afraid to come back and ask for their payment because of this.

9. People were also fired if they spoke a little English—it seemed the farm wanted to keep people in these conditions by exploiting lack of language skills and fears of immigration. My friend who got me the job began to learn English while working there. The manager found out because another worker reported him. The manager told him he had two hours to leave, or the police and ICE would be called. He did not receive payment from the days he worked before his firing.
10. In 2019, I began to speak with a social worker. She told me that in the United States and in Minnesota workers have certain rights. That employers cannot withhold wages and need to give us breaks. I wanted to ask for my proper pay and for better working conditions. I told the other workers what she told me.
11. After I told the workers, some of them began to complain to the managers. One of the bosses, Bad Guy, came up to me one day and told me to stop organizing the workers. Bad told me that if I got an attorney I would be fired.
12. Shortly after, many people got fired for complaining about overtime and work conditions. During that time my work became harder because I had more tasks and jobs to do, I was not paid for these extra tasks. The increased work made me tired, but I had to keep working because I was afraid that I would be fired and ICE would be called on me. I am not sure why I was not fired or had ICE called, but I think it is because I was the only one who knew how to take care of the pregnant cows. Though I was not fired, I was forced to move from my current living situation to a different one that had worse

conditions. I knew this change in conditions was a punishment and additional way to keep me “behaving.”

13. During my time on the ranch I lived in two houses, both were owned by the ranch owner.

I first lived in “house A” with 11 other people. I shared a room with 2 other men. House A had a kitchen and no hot water. When I asked the manager about the living and work conditions I was moved to House B, which was a garage. I did not have a choice but to live in these conditions and in housing controlled by the ranch. This is because the farm was so far from any town, I knew no one, and the boss told me no one would rent to me without documents. I also wasn’t allowed to get a license or car, so I wouldn’t be able to get to the farm for work—especially at all hours to attend to the cows, as required.

14. I lived in the garage for 2 years. The garage was split into two rooms, and there was an opening where air was let in. There was no furniture in the garage. I found a place that was donating mattresses and got a mattress. Me and my new roommate bought a small heater together since it would get very cold. I purchased a pillow and bedsheets too. These were my living conditions for the entire year, including freezing Minnesota winters. Yet, the farm did not care if we were freezing.

15. For both House A and House B, I paid \$300 each month. The money was taken directly from my paycheck by the manager and owner. I could not complain or move. The ranch did not allow us to live off the premises, but still required us to pay for these horrible conditions.

16. The manager would also come in and open a room to see if the room was clean. The manager would do this when most people were working in the afternoon. Other times the manager would just enter a room and say they were doing work. Sometimes the manager

or her husband would check on a room to see if the workers were there and ready to work. They would also make sure that no workers who had been fired remained at the ranch. This lack of privacy added to the culture of fear and control the ranch created. I did not feel I could keep personal belongings safely in the room without hiding them. I also did not get paid for work to keep the room clean.

17. When I first moved to the ranch there were no specific rules. Later, the manager told us that we were not allowed to do many things, including having visitors. To make sure we were following the rules the manager would come into our rooms randomly and check on us. If we had anyone with us we were threatened. Additionally, we had to make sure we were on time to work, which was about ½ hour before the start time—we weren't paid for these extra hours.

18. In December, I asked why I did not receive our full payments. I also requested overtime again. The boss told me that I should just take the money I was given and not complain. The next month, I asked again for my full payment. I was told "if you are here tomorrow, I will call the cops", then the boss tried to physically push me. I backed away, quickly gathered what I had and left the ranch. I did not receive any of my back earned wages. I am owed at least \$3000 from my last year of working.

19. Since then, I reported the trafficking to the Attorney General. I have worked to provide them my statement and all the information I know of. I have also helped them contact other victims and gain trust so that they have sufficient witnesses. As a result of my information and the other witnesses, the AG also provided information to the US Homeland Security Investigations, which I think are also looking into the case.

20. I have also generally tried to remain law abiding. Since coming to the US, I have not had any interactions with law enforcement except for a charge of driving without a license. I was forced to do this because I had no way of getting a license and had to have transportation to get to work and support my family. I regret that and have gotten my license now that I am eligible with Continued Presence. I also regret having to come back to the US after having been deported. I did this because I believe I would be persecuted and harmed in Countryville. I remained in the US since arriving here so that I could be safe from harm and because I was then trafficked to work and remain at the ranch without authorization to be in the US. Since I escaped, I have remained in the US so that I can assist the authorities in holding the ranch accountable for what they did to me as well as many other victims. I am working with them to build trust of others and see the ranch brought to justice.

Dangers of Returning to Countryville

21. If I return to Countryville, I face many dangers, both physical and mental. I am afraid to return to Countryville as I will not have access to social services and emotional support. Additionally, I want to stay in the United States to see justice be given to my traffickers. I am also afraid that if I return to Countryville I will be beaten and physically harmed.
22. In 2000 I tried to cross into the United States from the desert to seek safety from harms. I was deported to Countryville. There, the local police saw me and a few other migrants. We were offered a ride to a migration center where they said we would get food and a place to sleep. We were driven by the police to what looked like a regular house. When we entered the house, the police disappeared. We were locked in the house. I was told to call my family and get \$20,000.

23. I am afraid that if I go back to Countryville I will be held hostage again since the people know that my family will try to give money to have me freed. My family does not have a lot of savings. I came to the United States to help provide money for my family.
24. Besides my fears of physical harm if I return to Countryville, I also am worried that my son and I will not get adequate mental health assistance to recover from our trafficking. In Countryville, there are not many resources for survivors of human trafficking. I want to heal and move forward in the United States.
25. Additionally, I want to see justice delivered to my traffickers. I want to be able to assist in any investigation to bring justice for me and all the other workers. I cannot properly assist or see what happens if I am not in the United States.
26. My hope is to find safety and be able to support my son. I left Countryville to find financial and physical security but was forced into labor. Now that I am free, I want stay in the United States with my son and build a normal life.

This affidavit was read to me in Spanish, a language in which I am fluent, and I understood its contents to be true and correct to the best of my knowledge before signing.

AFFIANT SAYETH FURTHER NAUGHT

Signature Page

Signature

Date

I, ___Name of Interpreter___, certify that I am fluent in LANGUAGE. I have read this entire statement to ___Name of Applicant___, in LANGAUGE and the applicant informed me that he or she understood and verified the accuracy of each answer.

Signature of Interpreter

Date



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 03/31/2027

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
<div><input type="checkbox"/> INA 212(a)(1) _____</div> <div><input type="checkbox"/> INA 212(a)(2) _____</div> <div><input type="checkbox"/> INA 212(a)(3) _____</div> <div><input type="checkbox"/> INA 212(a)(4) _____</div> <div><input type="checkbox"/> INA 212(a)(6) _____</div> <div><input type="checkbox"/> INA 212(a)(7) _____</div> <div><input type="checkbox"/> INA 212(a)(8) _____</div> <div><input type="checkbox"/> INA 212(a)(9) _____</div> <div><input type="checkbox"/> INA 212(a)(10) _____</div> <div><input type="checkbox"/> Other: _____</div> <div><input type="checkbox"/> Granted, subject to revocation at any time, upon the following terms and conditions</div>		Benefits Category: <div><input type="checkbox"/> T Nonimmigrant/Advance Permission under INA 212(d)(3) and 8 CFR 212.16</div> <div><input type="checkbox"/> T Nonimmigrant/Waiver under INA 212(d)(13) and 8 CFR 212.16</div> <div><input type="checkbox"/> U Nonimmigrant/Waiver under INA 212(d)(14) and 8 CFR 212.17</div> <div><input type="checkbox"/> U Nonimmigrant/Advance Permission under INA 212(d)(3)(A) and 8 CFR 212.17</div> <div><input type="checkbox"/> Nonimmigrant other than T or U nonimmigrant/Advance Permission under INA 212(d)(3)(A) and 8 CFR 212.4</div>
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) N / A	Attorney State Bar Number (if applicable) NY1234567	Attorney or Accredited Representative USCIS Online Account Number (if any) N / A

► **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), 212(d)(13), or 212(d)(14).

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

- ☒ Status as a victim of trafficking (T nonimmigrant status) or a victim of qualifying criminal activity (U nonimmigrant status).
- ☐ Admission as a nonimmigrant (other than as a T or U nonimmigrant).

If filing this form concurrently with a USCIS Form I-914/I-914A or Form I-918/I-918A (T or U nonimmigrant, respectively) or in relation to one that you previously filed, you should complete **Item Numbers 1. - 10.** and then skip to **Item Number 26.**

Part 2. Information About You

1. Your Full Legal Name (Do not provide a nickname)

Family Name (Last Name)

CLIENT

Given Name (First Name)

Sample

Middle Name (if applicable)

Joe

2. 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 6. Additional Information**.

Family Name (Last Name)

SAMPLE

Given Name (First Name)

Pseudo

Middle Name (if applicable)

Nym

Other Information

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

► A- N / A

4. USCIS Online Account Number (if any)

► N / A

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

01/01/1980

6. Place of Birth

City or Town

Imaginary

State or Province

Place

Country

Countryville

7. Country of Citizenship or Nationality

Countryville

8. Sex

☒ Male ☐ Female

9. Mailing Address (Safe address, if applicable)

Please provide an address where you can safely receive correspondence from USCIS.

In Care Of Name (if any)

Pro Bono Lawyers, LLC

Street Number and Name

123 Law St

Apt. Ste. Flr.

☐ ☒ ☐

Number

1

City or Town

Minneapolis

State

MN

ZIP Code

12345

Province

N/A

Postal Code

N/A

Country

USA

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 6. Additional Information**.

10. Physical Address 1 (current address)

Street Number and Name		Apt. Ste. Flr.		Number
123 Unsafe St		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		1
City or Town		State	ZIP Code	
Minneapolis		MN	12345	
Province	Postal Code	Country		
N/A	N/A	USA		
Dates of Residence				
From (mm/dd/yyyy)		To (mm/dd/yyyy)		
01/2024		PRESENT		

11. Physical Address 2

Street Number and Name		Apt. Ste. Flr.		Number
Various- shelters, homeless		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
City or Town		State	ZIP Code	
Minneapolis/St Paul		MN	12345	
Province	Postal Code	Country		
N/A	N/A	USA		
Dates of Residence				
From (mm/dd/yyyy)		To (mm/dd/yyyy)		
08/2021		01/2024		

Information About Your Marital History

12. What is your current marital status?

☒ Single, Never Married ☐ Married ☐ Divorced ☐ Widowed ☐ Legally Separated ☐ Marriage Annulled

☐ Other

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

0

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

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

14. Current Spouse's Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

15. Spouse's Alien Registration Number (A-Number) (if any) ▶ A-

N	/	A							
---	---	---	--	--	--	--	--	--	--

Part 2. Information About You (continued)

16. Date of Birth (mm/dd/yyyy) N/A

17. Date of Marriage (mm/dd/yyyy) N/A

18. Place of Birth

City or Town

N/A

State or Province

N/A

Country

N/A

19. Place of Marriage

City or Town

N/A

State or Province

N/A

Country

N/A

Information About Prior Marriages (if any)

If you have been married before, anywhere in the world, provide the information requested in **Item Numbers 20. - 25.** about your prior marriage. If you have had more than one previous marriage, use the space provided in **Part 6. Additional Information** to provide the answers to **Item Numbers 20. - 25.** for each additional marriage.

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

Family Name (Last Name)

N/A

Given Name (First Name)

N/A

Middle Name (if applicable)

N/A

21. Date of Birth (mm/dd/yyyy) N/A

22. Date of Marriage (mm/dd/yyyy) N/A

23. Place of Marriage

City or Town

N/A

State or Province

N/A

Country

N/A

24. Date Marriage Legally Ended (mm/dd/yyyy) N/A

25. Place Where Marriage Legally Ended

City or Town

N/A

State or Province

N/A

Country

N/A

Immigration and Criminal History

26. Explain the grounds of inadmissibility that may apply in your case.

I believe I may be inadmissible because I entered and remained in the U.S. without authorization at the urging of my traffickers. I also don't have a passport and request waiver for that and any other grounds that apply.

Part 2. Information About You (continued)

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.**

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

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

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

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

City or Town

State or Province

Country

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 6. 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. - 34.**

If you have (or somebody else on your behalf has) filed multiple applications or petitions for immigration benefits with the U.S. Government, use the space provided in **Part 6. Additional Information** to provide the answers to **Item Numbers 32. - 34.** for each of your additional applications or petitions.

32. Type of application or petition filed

33. Location the application or petition was filed (for example, USCIS office or Port of Entry)

34. Outcome of the application or petition (for example, approved, denied, or pending).

35. 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 35.**, provide an explanation the information in the space provided in **Part 6. Additional Information.**

36. 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 36.**, describe the incidents in detail and include all offenses where impaired driving may have been an issue in the space provided in **Part 6. Additional Information.**

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 37. - 43.**

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

37. City	38. State	39. Name of Port of Entry
N/A		N/A
40. How do you plan to travel to the United States? (For example, by plane, ship, car)	41. When do you plan to enter the United States? (mm/dd/yyyy)	
N/A	N/A	
42. Approximate Length of Stay in the United States		
N/A		
43. What is the purpose of your stay in the United States? Explain fully below.		
N/A		

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 6. Additional Information.**

44. Employer 1 (current or most recent)

Name of Employer or Company

Unemployed

Address of Employer or Company

Street Number and Name

N/A

Apt. Ste. Flr.

☐ ☐ ☐

Number

N/A

City or Town

N/A

State

ZIP Code

N/A

Province

N/A

Postal Code

N/A

Country

N/A

Your Occupation

N/A

Dates of Employment

From (mm/dd/yyyy)

01/2024

To (mm/dd/yyyy)

PRESENT

Part 2. Information About You (continued)

45. Employer 2

Name of Employer or Company

Various- construction and odd jobs

Address of Employer or Company

Street Number and Name

various

Apt. Ste. Flr.

☐ ☐ ☐

Number

N/A

City or Town

Various

State

MN

ZIP Code

various

Province

N/A

Postal Code

N/A

Country

USA

Your Occupation

Various

Dates of Employment

From (mm/dd/yyyy)

08/2021

To (mm/dd/yyyy)

01/2024

Part 3. Applicant's Statement, Contact Information, Certification, and Signature

Applicant's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number

N/A

2. Applicant's Mobile Telephone Number (if any)

N/A

3. Applicant's Email Address (if any)

N/A

Applicant's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 4.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information is complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature

Date of Signature (mm/dd/yyyy)

Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

SAMPLE

Interpreter's Given Name (First Name)

Interpreter

2. Interpreter's Business or Organization Name

Amazing Interpreters, LLC

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number

6126126123

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

N/A

5. Interpreter's Email Address (if any)

interpret@amazinginterp.com

Interpreter's Certification

I certify, under penalty of perjury, that I am fluent in English and Imagineese, and I have interpreted every question on the application and instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that he or she understood every instruction, question, and answer on the application.

6. Interpreter's Signature

Date of Signature (mm/dd/yyyy)

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Preparer's Full Name

1. Preparer's Family Name (Last Name)

SAMPLE

Preparer's Given Name (First Name)

Attorney

2. Preparer's Business or Organization Name

Pro Bono Lawyers LLC

Preparer's Contact Information

3. Preparer's Daytime Telephone Number

6126126122

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

N/A

5. Preparer's Email Address (if any)

lawyer@probono.com

Preparer's Certification

I certify, under penalty of perjury, that I prepared this application for the applicant at his or her request and with express consent and that all of the responses and information contained in and submitted with the application is complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the application.

6. Preparer's Signature

Date of Signature (mm/dd/yyyy)

Part 6. 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. Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)
CLIENT Sample Jose

2. A-Number (if any) ► A- N / A

3. Page Number Part Number Item Number
5 2 30

I was forced to enter and remain without status by my traffickers who made promises and then would not let me leave the work location. Once I escaped, I remained in the U.S. because I had no resources to leave and wanted to access justice and resources.

4. Page Number Part Number Item Number
3 2 10

I stayed at my trafficker's farm from entry in 5/2020 to escape in 08/2021. I do not know the exact address, but it's in Badville, MN.

5. Page Number Part Number Item Number
7 2 45

I worked at my trafficker's farm, Mean Farmer, LLC, from arrival in May 2020 to escape in August 2021.

6. Page Number Part Number Item Number
n/A N/A N/A

N/A



Application For Employment Authorization

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

USCIS
Form I-765
OMB No. 1615-0040
Expires 09/30/2027

For USCIS Use Only	<input type="checkbox"/> Authorization/Extension Valid From _____	Fee Stamp	Action Block									
	<input type="checkbox"/> Authorization/Extension Valid Through _____											
	Alien Registration Number A- <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											
Remarks												

To be completed by an attorney or Board of Immigration Appeals (BIA)- 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 (if any)										
		<table border="1"><tr><td>N</td><td>Y</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td></td><td></td><td></td></tr></table>	N	Y	1	2	3	4	5	6	7	
N	Y	1	2	3	4	5	6	7				

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

Part 1. Reason for Applying

I am applying for (select **only one** box):



- 1.a. ☒ Initial permission to accept employment.
- 1.b. ☐ Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document **NOT DUE** to U.S. Citizenship and Immigration Services (USCIS) error.
- NOTE:** Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to **Replacement for Card Error** in the **What is the Filing Fee** section of the Form I-765 Instructions for further details.
- 1.c. ☐ Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Part 2. Information About You

Your Full Legal Name

- 1.a. Family Name (Last Name)

C	L	I	E	N	T
---	---	---	---	---	---
- 1.b. Given Name (First Name)

S	a	m	p	l	e
---	---	---	---	---	---
- 1.c. Middle Name

J	o	e
---	---	---

Other Names Used

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 6**.

Additional Information.

- 2.a. Family Name (Last Name)

S	A	M	P	L	E
---	---	---	---	---	---
- 2.b. Given Name (First Name)

P	s	e	u	d	o
---	---	---	---	---	---
- 2.c. Middle Name

N	y	m
---	---	---
- 3.a. Family Name (Last Name)

N	/	A
---	---	---
- 3.b. Given Name (First Name)

N	/	A
---	---	---
- 3.c. Middle Name

N	/	A
---	---	---
- 4.a. Family Name (Last Name)

N	/	A
---	---	---
- 4.b. Given Name (First Name)

N	/	A
---	---	---
- 4.c. Middle Name

N	/	A
---	---	---

Part 2. Information About You (continued)

Your U.S. Mailing Address

- 5.a. In Care Of Name (if any)
Attorney SAMPLE
- 5.b. Street Number and Name
123 Law St
- 5.c. ☐ Apt. ☒ Ste. ☐ Flr. 1
- 5.d. City or Town
Minneapolis
- 5.e. State MN 5.f. ZIP Code 12345
[\(USPS ZIP Code Lookup\)](#)
6. Is your current mailing address the same as your physical address?
☐ Yes ☒ No

NOTE: If you answered “No” to **Item Number 6.**, provide your physical address below.

U.S. Physical Address

- 7.a. Street Number and Name
123 Unsafe St
- 7.b. ☒ Apt. ☐ Ste. ☐ Flr. 2
- 7.c. City or Town
Minneapolis
- 7.d. State MN 7.e. ZIP Code 12345

Other Information

8. Alien Registration Number (A-Number) (if any)
▶ A- N / A
9. USCIS Online Account Number (if any)
▶ N / A
10. Sex ☒ Male ☐ Female
11. Marital Status
☒ Single ☐ Married ☐ Divorced ☐ Widowed
12. Have you previously filed Form I-765?
☐ Yes ☒ No
- 13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?
☐ Yes ☒ No

NOTE: If you answered “No” to **Item Number 13.a.**, skip to **Item Number 14.** If you answered “Yes” to **Item Number 13.a.**, provide the information requested in **Item Number 13.b.**

- 13.b. Provide your Social Security number (SSN) (if known).

▶ N / A

14. Do you want the SSA to issue you a Social Security card? (You must also answer “Yes” to **Item Number 15.**, **Consent for Disclosure**, to receive a card.)

☒ Yes ☐ No

NOTE: If you answered “No” to **Item Number 14.**, skip to **Part 2., Item Number 18.a.** If you answered “Yes” to **Item Number 14.**, you must also answer “Yes” to **Item Number 15.**

15. **Consent for Disclosure:** I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card.

☒ Yes ☐ No

NOTE: If you answered “Yes” to **Item Numbers 14. - 15.**, provide the information requested in **Item Numbers 16.a. - 17.b.**

Father's Name

Provide your father's birth name.

- 16.a. Family Name (Last Name)
CLIENT
- 16.b. Given Name (First Name)
Babbo

Mother's Name

Provide your mother's birth name.

- 17.a. Family Name (Last Name)
CLIENT
- 17.b. Given Name (First Name)
Mum

Your Country or Countries of Citizenship or Nationality

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in **Part 6. Additional Information.**

- 18.a. Country
Countryville

- 18.b. Country

Part 2. Information About You (continued)

Place of Birth

List the city/town/village, state/province, and country where you were born.

19.a. City/Town/Village of Birth

Imaginary

19.b. State/Province of Birth

Place

19.c. Country of Birth

Countryville

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

01/01/1980

Information About Your Last Arrival in the United States

21.a. Form I-94 Arrival-Departure Record Number (if any)

► N / A

21.b. Passport Number of Your Most Recently Issued Passport

N/A

21.c. Travel Document Number (if any)

N/A

21.d. Country That Issued Your Passport or Travel Document

N/A

21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

N/A

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)

N/A

23. Place of Your Last Arrival Into the United States

Texas

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

No status

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)


No status

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

► N- N/A

Information About Your Eligibility Category

27. **Eligibility Category.** Refer to the **Who May File Form I-765** section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).

 (c) (14) ()

28. **(c)(3)(C) STEM OPT Eligibility Category.** If you entered the eligibility category (c)(3)(C) in **Item Number 27.**, provide the information requested in **Item Numbers 28.a - 28.c.**

28.a. Degree

N/A

28.b. Employer's Name as Listed in E-Verify

N/A

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

N/A

29. **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Item Number 27.**, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

► N / A

30. **(c)(8) Eligibility Category.** If you entered the eligibility category (c)(8) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

☐ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 30.**, refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** in the **Required Documentation** section of the Form I-765 Instructions for information about providing court dispositions.

31.a. **(c)(35) and (c)(36) Eligibility Category.** If you entered the eligibility category (c)(35) in **Item Number 27.**, please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in **Item Number 27.**, please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.

► N / A

31.b. If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

☐ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 31.b.**, refer to **Employment-Based Nonimmigrant Categories, Items 8. - 9.**, in the **Who May File Form I-765** section of the Form I-765 Instructions for information about providing court dispositions.

Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

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 4.** read to me every question and instruction on this application and my answer to every question in

Imagine

,
a language in which I am fluent, and I understood everything.
2. ☒ At my request, the preparer named in **Part 5.**,

Attorney Sample

,
prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

6126126122
4. Applicant's Mobile Telephone Number (if any)

N/A
5. Applicant's Email Address (if any)

N/A
6. ☐ Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

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 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

7.a. Applicant's Signature



7.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 4. 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)

SAMPLE

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

Interpreter

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

Amazing Interpreters, LLC

Part 4. Interpreter's Contact Information, Certification, and Signature

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 3., 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 5. 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 5. 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, 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 6. 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) CLIENT

1.b. Given Name (First Name) Sample

1.c. Middle Name	Joe
------------------	-----

2. A-Number (if any) ► A-

N	/	A							
---	---	---	--	--	--	--	--	--	--

3.a. Page Number	3.b. Part Number	3.c. Item Number
N/A	N/A	N/A

[illegible]

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

[illegible]

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

[illegible]

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

[illegible]



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

MI

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.

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]

[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.

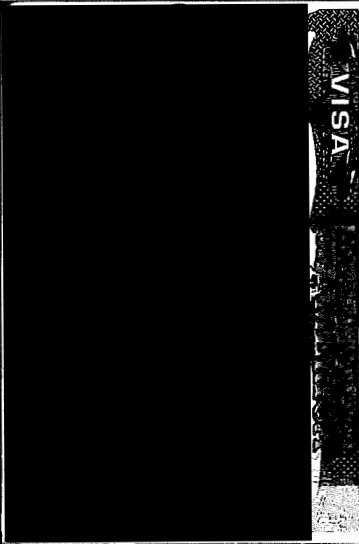
Signature of Law Enforcement Officer *(identified in Part B)* *(sign in ink)*

Date *(mm/dd/yyyy)*

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

Date *(mm/dd/yyyy)*

Printed Name of Supervisor



VISA



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



Supplement A to Form I-914, Application for Derivative T Nonimmigrant Status

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

USCIS
Form I-914
OMB No. 1615-0099
Expires 08/31/2026

START HERE - Type or print in 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. Their 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 For Whom You are Filing

- The family member that I am filing for is my (select **only one** box):
 - ☐ Spouse
 - ☒ Child
 - ☐ Parent
 - ☐ Unmarried Sibling Under 18 Years of Age
- The family member I am filing for is the adult or minor child of one of the family members listed in **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.)
 - ☐ 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 2. General Information About You (the principal)

- Your Full Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if any)
CLIENT	Sample	Joe
- Date of Birth (mm/dd/yyyy)

01/01/1980

- Alien Registration Number (A-Number)

▶ A-	N	/	A						
------	---	---	---	--	--	--	--	--	--
- Status of your Form I-914, Application for T Nonimmigrant Status: (Select one)
 - ☒ Filing this Form I-914, Supplement A, together
 - ☐ Pending
 - ☐ Approved

PART 3. Information About Your Family Member (the derivative)

- Your Full Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if any)
CLIENT	Child	Kiddo

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

Waitlisted

Stamp # _____ Date _____

Action Block

To be fully completed by an attorney or accredited representative, if any.

☒ Select this box if Form G-28 is attached.

Attorney State License Bar Number

NY1234567

Attorney or Accredited Representative
USCIS Online Account Number

N/A

PART 3. Information About Your Family Member (the derivative) (continued)**2. Other Names Used**

Provide any other names your family member has used since birth, including aliases, maiden names, and nicknames. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

Family Name (Last Name)	Given Name (First Name)	Middle Name (if any)
N/A	N/A	N/A

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

Street Number and Name	Apt. Ste. Flr.	Number
123 Dream St.	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1
City or Town	State	ZIP Code
Minneapolis	MN	12345

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		
Attorney Sample		
Street Number and Name	Apt. Ste. Flr.	Number
123 Law St	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	1
City or Town	State	ZIP Code
Minneapolis	MN	12345

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

► A- N / A

6. USCIS Online Account Number

► N / A

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

► N / A

8. Sex

☐ Male ☒ Female

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 8. Additional Information.****A. Name of Former Spouse**

Family Name (Last Name)	Given Name (First Name)	Middle Name
N/A	N/A	N/A

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

N/A

PART 3. Information About Your Family Member (the derivative) (continued)

C. Where Marriage Ended

City or Town

N/A

State or Province

N/A

Country

N/A

D. How Marriage Ended

☐

Annulled

☐

Divorced

☐

Separated

☐

Widowed

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

09/01/2010

12. Place of Birth

City or Town

Imaginary

State or Province

Place

Country

Countryville

13. Country of Citizenship or Nationality

Countryville

14. Passport or Travel Document Number

N/A

15. Country That Issued Passport or Travel Document

N/A

16. Issued Date for Passport or Travel Document

(mm/dd/yyyy) N/A

17. Expiration Date for Passport or Travel Document

(mm/dd/yyyy) N/A

18. Current Immigration Status

N/A

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

N/A

State

N/A

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

N/A

C. Form I-94 Arrival-Departure Record Number



N

/

A

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

Capitol

C. U.S. State or Foreign Country

Countryville

PART 3. Information About Your Family Member (the derivative) (continued)

D. Foreign Address Where You Want Notification Sent

Street Number and Name

1 Dirt Road

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

Imaginary

State

N/A

ZIP Code

N/A

Province

Place

Postal Code

654321

Country

Countryville

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

N/A

State

N/A

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

N/A

C. Date Authorized Stay Expired

(mm/dd/yyyy) N/A

D. Immigration Status

N/A

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. ☐ Removal Date (mm/dd/yyyy)

N/A

B. ☐ Exclusion Date (mm/dd/yyyy)

N/A

C. ☐ Deportation Date (mm/dd/yyyy)

N/A

D. ☐ Rescission Date (mm/dd/yyyy)

N/A

E. ☐ Next Hearing Date (mm/dd/yyyy)

N/A

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 4. Processing Information

Answer the following questions about your family member for whom you are filing. 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 8. 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 they 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 part of **Item Number 1.**, complete the following table. If you need extra space to complete this section, use the space provided in **Part 8. 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.)
N/A	N/A	N/A	N/A

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 4. 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 do they 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 4. 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 their 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 8. 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 their 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 they 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 their knowledge used them against another person, or in transporting weapons to any person who to their 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 4. 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 have they 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 have they been a drug abuser or drug addict? ☐ Yes ☒ No

PART 5. 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 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. Applicant's Statement Regarding the Preparer

- ☒ 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)

PART 5. 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 U.S.C. 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. Any disclosure shall be in accordance with the confidentiality provisions at 8 U.S.C. section 1367 and 8 CFR 214.216.


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.

NOTE: If your family member is in the United States, he or she must verify the accuracy of the information recorded on this supplement and must also complete this section of the supplement.

Applicant's Signature

6. Applicant's Signature	Date of Signature (mm/dd/yyyy)
 <input type="text"/>	<input type="text"/>
Applicant's Phone Number (if any)	Applicant's Safe Phone Number (if any)
<input type="text"/>	<input type="text"/>

7. Signature of Family Member (the family member for whom you are filing if he or she is physically present in the United States)	Date of Signature (mm/dd/yyyy)
<input type="text" value="Not in the U.S."/>	<input type="text"/>

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. Interpreter's Family Name (Last Name)	Interpreter's Given Name (First Name)
<input type="text" value="Sample"/>	<input type="text" value="Interpreter"/>
2. Interpreter's Business or Organization Name (if any)	
<input type="text" value="Amazing Interpreters, LLC"/>	

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

Interpreter's Mailing Address

3. Street Number and Name	Apt. Ste. Flr.	Number
123 Language St	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
City or Town	State	ZIP Code
Minneapolis	MN	12345
Province	Postal Code	Country
N/A	N/A	USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number	5. Interpreter's Mobile Telephone Number (if any)
6126126123	N/A
6. Interpreter's Email Address (if any)	
interpret@amazinginterp.com	

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and Imagineese, which is the same language specified in **Part 5., 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 their 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 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. Preparer's Family Name (Last Name)	Preparer's Given Name (First Name)
SAMPLE	Attorney
2. Preparer's Business or Organization Name (if any)	
Pro Bono Lawyers, LLC	

PART 7. 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
123 Law St	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	1
City or Town	State	ZIP Code
Minneapolis	MN	12345
Province	Postal Code	Country
N/A	N/A	USA

Preparer's Contact Information

4. Preparer's Daytime Telephone Number	5. Preparer's Mobile Telephone Number (if any)
6126126122	N/A
6. Preparer's Email Address (if any)	
lawyer@probono.com	

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 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 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-**

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

D.

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

D.

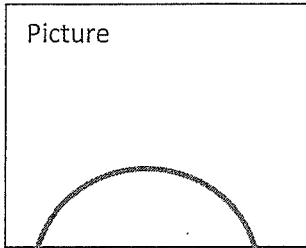
5. A. Page Number B. Part Number C. Item Number

D.

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

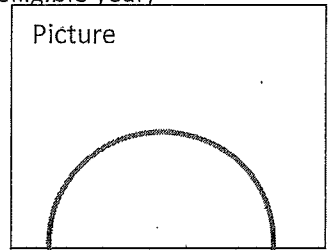
D.

Date [REDACTED] (intelligible year)



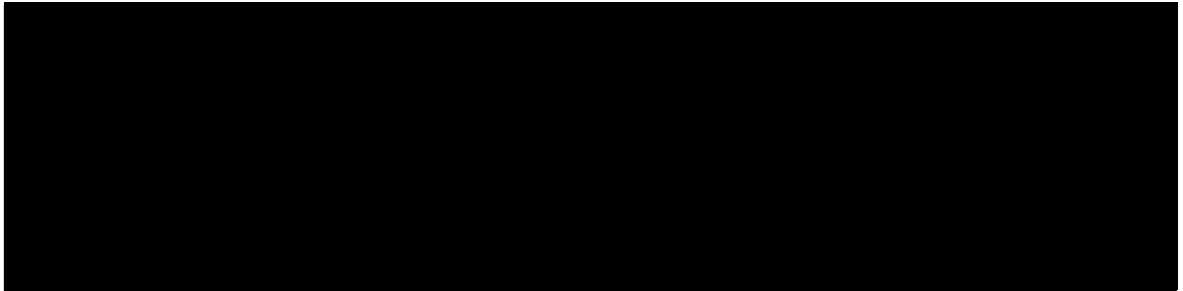
Judges

1. N
2. N
3. N

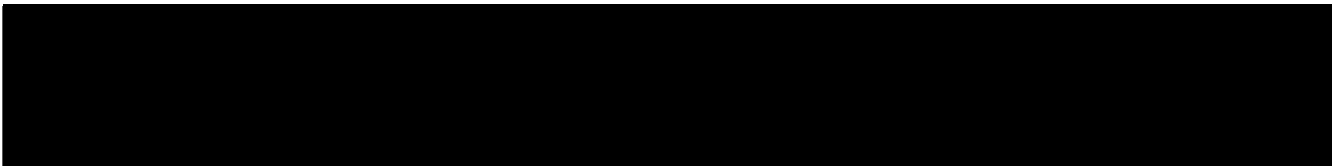


Based on applicant [REDACTED] provided application, she requested to be written that child [REDACTED] is her child and that she was born in [REDACTED] and her mother [REDACTED] [REDACTED]. In accordance to this, the courthouse requested that she provide 3 witnesses.

- 1.
- 2.
- 3.

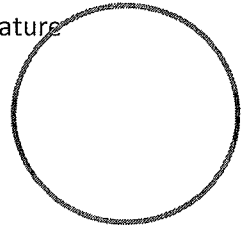


Decision



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)