

# **Inter-Agency Alien Witness and Informant Record**

## **Department of Homeland Security**

U.S. Citizenship and Immigration Services

**USCIS Form I-854A**OMB No. 1615-0046
Expires 11/30/2024

START HERE - Type or print in black ink.

Pa	rt 1	. To be completed by Law Er	nforceme	nt Agencies (See	instructions for	r specific information.)	
1.	Name of Law Enforcement Agency (LEA)/Requestor						
2.	Req	uesting Agent (Special Agent in Cha	rge, Chief o	of Police, etc.) Con	ntrol Agent		
3.	Mai	ling Address					
	Stree	et Number and Name				Apt. Ste. Flr.	
	City	or Town				State ZIP Code	
4.		tact Information					
	Day	time Telephone Number Fax	x Number		E-mail Address		
5.		ct all applicable boxes.				_	
		As a result of providing information,	the alien wi	Il be placed in dang	er: in the Unite	ed States or abroad.	
	<ul><li> The alien poses no danger to people or property of the United States.</li><li> If the alien poses a danger, the danger posed by the alien is outweighed by the assistance the alien will furnish.</li></ul>						
						e the alien will furnish.	
	☐ Investigation. ☐ Prosecution. ☐ United States Attorney involvement.						
6.	Тур	e of Requests. (Attach legal basis for	r request.)				
		S-5 S-6 S-7 Consul	ar post at w	hich visa will be sou	ıght:		
	NOTE: Provide a clear statement of the operations that form the basis of the request (e.g., Grand Jury subpoena), the objective of the request, and any bargain the LEA wishes to make or has made with the alien. Attach a complete criminal history, FBI Number, and U.S. Social Security Number (if applicable). Include any security concerns and special instructions regarding						
security precautions.							
7.	In the space below, provide all the requested information for the alien for whom an S classification is requested.						
	A. Alien's Current Legal Name (do not provide a nickname)						
		Family Name (Last Name)		Given Name (First	Name)	Middle Name	
	B.	Other Names Alien Has Used Since	Birth (incl	ude nicknames, alia	ases, and maiden na	me, if applicable)	
		Family Name (Last Name)		Given Name (First	Name)	Middle Name	

art 1	1. To be completed by Law Enforcement Agencies (continued)						
C.	Mailing Address						
	Street Number and Name Apt. Ste. Flr.						
	City or Town State ZIP Code Current Location of Alien (City, State)						
D.	Other Information						
	Alien Registration Number						
	S-Visa Number (A-Number) (if any) Form I-94 Number						
	Passport Number Travel Document Number						
	Country of Issuance for Passport or Travel Expiration Date for Passport or Document (mm/dd/yyyy)  Expiration Date for Passport or Travel Document (mm/dd/yyyy)  Date of Last Entry into the U.S. (mm/dd/yyyy)						
	Traver Document (min/dd/yyyy) (min/dd/yyyy)						
	Place of Last Entry into the U.S. (City, State)  Date of Birth (mm/dd/yyyy)  Class of Admission						
	Current Immigration Status						
	Current miningration Status						
	Place of Birth						
	Trace of Birth						
	Country of Origin Country of Citizenship or Nationality						
	Country of Cruzensinp of Nationality						
	Gender Marital Status						
	Male Female Married Never Married Separated Divorced Widowed						
	Occupation Select all documents attached:						
	Form G-325 Form FD-258 Photos						
<b>1</b> 7	www.st.ww.side.the.following.information.for.cock alice wound in Item Number 7						
	must provide the following information for each alien named in Item Number 7.  Has the alien ever committed, ordered, incited, assisted, or otherwise participated in genocide; the use, conscription, or						
Α.	recruitment of a child soldier; Nazi persecution; or while outside of the United States, committed torture or extrajudicial						
	killing? If "Yes," explain below.						
	☐ Yes ☐ No						

8.

В.	For the above named alien, I request waivers for any grounds of inadmissibility that may exist.				
	· · · · · · · · · · · · · · · · · · ·	dissibility. Refer to INA 212(a) for a complete list. (Specify all ed, cited, charged, indicted, convicted, fined or imprisoned, or for t with any law enforcement entity.)			
	<ul> <li>□ Crime involving moral turpitude [212(a)(2)(A)(I)]</li> <li>□ International child abduction [212(a)(10)(C)]</li> <li>□ Multiple criminal convictions [212(a)(2)(B)]</li> <li>□ Engage in unlawful commercialized vice [212(a)(2)(D)]</li> <li>□ Involved in espionage, sabotage or laws relating to technology [212(a)(3)(A)(i)]</li> <li>□ Coming to overthrow the U.S. Government [212(a)(3)(A)(iii)]</li> </ul>	<ul> <li>□ Prostitute and/or procurer of prostitution [212(a)(2)(D)]</li> <li>□ Unlawful activity related to national security [212(a)(3)(A)]</li> <li>□ Terrorist activities [212(a)(3)(B)]</li> <li>□ Communist Party member [212(a)(3)(D)]</li> <li>□ Fraud/Misrepresentation [212(a)(6)(C)(i)]</li> <li>□ Immigrant without a visa [212(a)(7)]</li> <li>□ Human trafficking [212(a)(2)(H)]</li> <li>□ Ordered, incited, assisted or otherwise participated in the</li> </ul>			
;	<ul> <li>Money laundering [212(a)(2)(I)]</li> <li>□ Previously removed-aggravated felony [212(a)(9)(A)(i)]</li> <li>□ Nonimmigrant without a valid passport or visas [212(a)(7)(B)(ii)]</li> <li>□ Previously excluded and deported or removed [212(a)(9)(A)]</li> <li>□ Alien smuggler [212(a)(6)(E)]</li> <li>□ Convicted of law pertaining to controlled substance [212(a)(2)(A)(i)(II)]</li> <li>Briefly explain below each ground of inadmissibility you sel above. If you need extra space to complete this item, attach A-Number (<i>if any</i>) at the top of each sheet; indicate the <b>Page</b> answer refers; and sign and date each sheet.</li> </ul>	commission of acts of torture or extra judicial killing [212(a)(3)(E)]  Controlled substance trafficker [212(a)(2)(C)]  Engaged in conduct relating to severed violations of religious freedoms [212(a)(2)(G)]  Drug abuser or addict [212(a)(1)(A)(iv)]  Other  No waivers are requested/needed			

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#### Part 2. Certifications

#### Alien Certification (S classification request)

I certify under penalty of perjury that I have reviewed with the LEA all the information in **Part 1.**, disclosed all information to the best of my ability, and disclosed all reasons for which I may be inadmissible to the United States or for which I may be removed from the United States; that I shall report at least every three months my whereabouts and activities as the LEA shall require; **that I understand I am subject to removal for any grounds of inadmissibility (conduct or condition) or removability not disclosed at this time or for conduct committed after admission to the United States;** that I shall abide by all conditions, limitations, and restrictions imposed upon my entry; that the classification I seek is temporary and will terminate within three years; that I am restricted by the terms of my admission to very specific means by which I will be able to remain permanently in the United States; that I will pay Social Security and all applicable taxes on all employment in the United States; that I understand that such ability to remain in the United States is not guaranteed or promised by the LEA; and that I hereby waive my right to a removal hearing and to contest, other than on the basis of a form for withholding of removal, any action for deportation instituted against me.

I also certify that I have read and understand all the questions and statements on this form. If I do not understand English, I further acknowledge that this has been read to me in a language I do understand. The answers I have furnished are true and correct to the best of my knowledge and belief.

Signature	Date (mm/dd/yyyy)
Name of Principal Alien	
Signature of LEA Witness	Date (mm/dd/yyyy)
Name of LEA Witness	Title
☐ Interpreter Services Used (This serves to verify the alien's cer	tification of interpretation.)
Signature of Interpreter	Date (mm/dd/yyyy)
Name of Interpreter	Language Used

### LEA Certification

I certify the above information is true and correct to the best of my knowledge; that I may make, have made, and will make no promises regarding the above alien's ability to adjust status or stay permanently in the United States, other than those that comport with section 101(a)(15)(S) of the INA; that I will, upon approval of S nonimmigrant status and until adjustment of status is granted or the S nonimmigrant status expires or terminates, collect quarterly and annual reports, pursuant to 8 CFR section 214.2(t), which detail the above alien's whereabouts and activities, and that I will forward required information to my headquarters entity, from which point it will be forwarded to the Department of Justice, Criminal Division; that I will immediately report to my headquarters, Department of Homeland Security, U.S. Immigration and Customs Enforcement, Homeland Security Investigations, and the Department of Justice, Criminal Division if this alien fails to report quarterly or fails to comply or to cooperate with the terms and conditions of admission or if the alien commits any removable activity after the date of admission. I further certify that I assume complete law enforcement responsibility for control and continued stay in lawful status of the alien, including necessary monitoring, travel arrangements for arrival and departure, safety precautions and specified conditions of stay or departure; that I have provided a sworn declaration as to the basis of this form and checked all available databases for derogatory information on the above alien; and that I have carefully reviewed the above statements with the alien to ensure that all terms and conditions are understood.

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Part 2. Certifications (contin	ued)					
Signature of Requesting Agent	Date (mm/dd/yyyy)					
Name of Requesting Agent		Title of	f Requesting A	agent		
Signature of Headquarters (HQ) Chie	f of LEA	Date (r	Date (mm/dd/yyyy)			
Name of Headquarters (HQ) Chief of	LEA	Title of Certifier				
Office Name and Mailing Address						
Office Name						
Street Number and Name					Apt. St	te. Flr.
					] LJ L	
City or Town					State	ZIP Code
Office Contact Information						
Daytime Telephone Number	Fax Number		E-mail Addre	SS		
Part 3. For U.S. Attorney Us	se Only (if applicable)					
Because the alien's presence is essenti recommends the above request be gra above alien's ability to adjust status of 101(a)(15)(S).	nted and further certifies that	there has	not been and	will not be any	promises	s at all regarding the
Signature of U.S. Attorney		Date (r	nm/dd/yyyy)			
Name of U.S. Attorney						
Office Name and Mailing Address						
Office Name						
Street Number and Name					Apt. S	te. Flr.
					j LJ L	
City or Town					State	ZIP Code

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Part 3. For United States Attorney Use Only (if applicable) (continued)					
Office Contact Information					
Daytime Telephone Number Fax Number	E-mail Address				
Part 4. For U.S. Department of State/Rewards Con	nmittee - S6 Classification use only				
After checking all information, the U.S. Department of State:					
Certifies the alien is eligible to receive an award under 22 U.S.	S.C 2708(a).				
Certifies the alien is not eligible for such award.					
Signature	Date (mm/dd/yyyy)				
Name	Title				
Office Name and Mailing Address					
Office Name					
Street Number and Name	Apt. Ste. Flr.				
City or Town	State ZIP Code				
Office Contact Information					
Daytime Telephone Number Fax Number	E-mail Address				
Part 5. For Department of Justice, Criminal Division	on Use Only				
After checking and evaluating all waivers and other information as	•				
Certifies that, pursuant to INA section 101(a)(15)(S) and the request of the above LEA, the above alien is recommended for the S classification requested, that the above requests for waivers of inadmissibility appear to warrant approval, that this request falls within the numerical limitation for an S visa, and that, therefore, this request is forwarded to the Director of U.S. Citizenship and Immigration Services for approval.					
Denies request.					
Signature	Date (mm/dd/yyyy)				
Name	Title				

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Part 5. For Department of Justice, Criminal Division Use Only (continued)					
Office Name and Mailing Address					
Office Name					
Street Number and Name			Apt. Ste. Flr.		
City or Town			State ZIP Code		
Office Contact Information					
Daytime Telephone Number	Fax Number	E-mail Address			
Part 6. For U.S. Citizenshi	p and Immigration Serv	vices Use Only			
		·			
<b>LEA Request:</b> Granted	Forwarded to DOS/Visa O	<u>—</u>			
Signature		Date (mm/dd/yyyy)			
N		Title			
Name					
Office Name and Mailing Addres	s				
Office Name					
Street Number and Name			Apt. Ste. Flr.		
C'A TO TO					
City or Town			State ZIP Code		
Office Contact Information					
Daytime Telephone Number	Fax Number	E-mail Address			

Part 7. For Department of State/Visa Office Use Only						
Forwarded to Consul by VO for	Visa Approval 🔲 Not	Forwarded				
Signature						
Name	Name Title					
Office Name and Mailing Address						
Office Name						
Street Number and Name			Apt. Ste. Flr.			
City or Town			State ZIP Code			
City of Town			State ZIF Code			
Office Contact Information	Fax Number	E-mail Addres				
Daytime Telephone Number	rax Number	E-man Addres	88			
☐ Visa Granted ☐ Visa Denie	ed					
Signature		Date (mm/dd/yyyy)				
No		l Title				
Name						
Office Name and Mailing Address Office Name						
Office Name						
Street Number and Name			Apt. Ste. Flr.			
City or Town			State ZIP Code			
Office Contact Information						
Daytime Telephone Number	Fax Number	E-mail Addres	SS			