

# **Petition for U Nonimmigrant Status**

## **Department of Homeland Security**

U.S. Citizenship and Immigration Services

USCIS Form I-918 OMB No. 1615-0104 Expires 02/28/2026

For USCI		Remarks			Receipt					Action Block
Use										
Only	U.S.			nm/dd/yyyy)	Wait l	Listed				
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		10	/	<u> </u>	Stamp	Number	Date (mr	n/dd/yyyy)	1	
attor	e completed b	lited	Forn	ct this box in G-28 is	f	Attorne (if applie	-	ar Number		ttorney or Accredited Representative SCIS Online Account Number (if any)
repro	esentative (if a	any).	attached.						L	
► S7	TART HERE	- Type	e or print	in black or	blue i	nk.				
Part	1. Informa	tion	About Y	ou (Perso	n filin	g this	Saf	e Mailing	Ada	<b>Iress</b> (if other than Home Address)
petiti	on as a victi	m)					4.a.	In Care Of	Nam	ne
	Family Name Last Name)									
1.b. (	Given Name First Name)						4.b.	Street Number and Name	ber	
1.c. 1	Middle Name						4.c.	Apt.		te. 🗌 Flr.
	Names Used	•	e maiden r	name, nickna	ames, a	nd	4.d.	City or Tow	vn	
	, if applicable) Family Name						4.e.	State		<b>4.f.</b> ZIP Code
(	Last Name)						4.g.	Province		
	Given Name First Name)						4.h.	Postal Code	•	
2.c. 1	Middle Name						4.i.	Country		
Hom	e Address			(USPS Z	IP Code	Lookup)				
	Street Number			COLUZI	Zoue					
<b>J.a.</b> S	and Name						Oth	er Inform		
3.b. [	Apt. S	ste. [	Flr.				5.	Alien Regis	strati	ion Number (A-Number) (if any)  • A-
3.c. (	City or Town						_	*** 0 ~	~	
<b>3.d.</b> S	State	3.e.	ZIP Code	2			6.	U.S. Social	Sec	urity Number (if any)  ▶ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
<b>3.f.</b> I	Province						7.	USCIS Onl	ine 2	Account Number (if any)
3.g. I	Postal Code								▶	
3.h. (	Country						8.	Marital Stat	tus	
	<u> </u>							Single		Married Divorced Widowed

Par	et 1. Information About You (continued)	-	ou need extra space to complete <b>Part 2.</b> , use the space ided in <b>Part 8. Additional Information</b> .			
9. Gender Male Female Select "Yes" or "No," as appropriate, for each of the questions.						
<ul><li>10.</li><li>11.</li></ul>	Date of Birth (mm/dd/yyyy)  Country of Birth	1.	I am a victim of criminal activity listed in the INA at section $101(a)(15)(U)(iii)$ .			
12.	Country of Citizenship or Nationality	2.	I have suffered substantial physical or mental abuse as a result of having been a victim of this criminal activity.  Yes No			
13.	Form I-94 Arrival-Departure Record Number	3.	I possess information concerning the criminal activity of which I was a victim.   Yes No			
14. 15.	Passport Number  Travel Document Number	4.	I am submitting Form I-918, Supplement B, U Nonimmigrant Status Certification, from a certifying official.  Yes No			
16.	Country of Issuance for Passport or Travel Document	5.	The crime of which I am a victim occurred in the United States (including Indian country and military installations) or violated the laws of the United States.			
17.	Date of Issuance for Passport or Travel Document (mm/dd/yyyy)		Yes No			
18.	Expiration Date for Passport or Travel Document (mm/dd/yyyy)	6. 7.a.	I am under 16 years of age. Yes No  I was or am in immigration proceedings.			
	e and Date of Last Entry into the United States and Date norized Stay Expired		Yes No  wu answered "Yes," select the type of proceedings. If you e in proceedings in the past and are no longer in proceedings,			
	. City or Town	prov	ide the date of action. If you are currently in proceedings, or print "Current" in the appropriate date field. Select <b>all</b>			
19.b.	Date of Last Entry into the United States		<b>licable</b> boxes. Use the space provided in <b>Part 8. Additional rmation</b> to provide an explanation.			
21.	(mm/dd/yyyy)  Date Authorized Stay Expired (mm/dd/yyyy)	7.b.	Removal Proceedings Removal Date (mm/dd/yyyy)			
22.	Current Immigration Status	7.c.	Exclusion Proceedings Exclusion Date (mm/dd/yyyy)			
		7.d.	Deportation Proceedings Deportation Date (mm/dd/yyyy)			
Par	rt 2. Additional Information About You	7.e.	Rescission Proceedings			
expla docu	wering "Yes" to the following questions below requires anations and supporting documentation. Attach relevant aments in support of your claims that you are a victim of inal activity listed in the Immigration and Nationality Act	7.f.	Rescission Date (mm/dd/yyyy)  Judicial Proceedings  Judicial Date (mm/dd/yyyy)			

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(INA) section 101(a)(15)(U)(iii). You must also attach a personal narrative statement describing the criminal activity of which you are a victim. If you are only petitioning for U derivative status for qualifying family members subsequent to your (the principal petitioner) initial filing, you are not required to submit evidence supporting the original petition with the new

Form I-918.

Part 2. Add (continued)	litional Information A	About You	(if ot	Foreign Address her than U.S. Conor of-Entry)			
which you ente	te of entry, place of entry ered the United States for preceding the filing of this	each entry during	12.a.	Street Number and Name	□ Ela		
<b>8.a.</b> Date of E	ntry (mm/dd/yyyy)			Apt. Ste	. Flr.		
Place of Entry i	nto the United States		12.c.	City or Town			
<b>8.b.</b> City or To	own		12.d.	Province			
8.c. State			12.e.	Postal Code [			
	he Time of Entry (for exan		12.f.	Country			
0 a Data of E	ntur (nama/dd/russa)		Par	t 3. Processing	g Informati	ion	
	ntry (mm/dd/yyyy)  nto the United States		purpo follo	ver the following obsess of this petition wing questions, if d or otherwise clean	n, you must an applicable, ev	nswer "Yes" to the en if your record	he ds were
9.c. State	/WII		enfor	d or otherwise clear cement officer, or a record.			
	the Time of Entry (for example, entered without inspection		provi	E: If you answer de an explanation tional Information	in the space p		
10.a. Date of E	ntry (mm/dd/yyyy)		Citize	E: Answering "Yenship and Immigon for U Nonimm	ration Services		
Place of Entry i	nto the United States		Have	you EVER:			
<b>10.b.</b> City or To <b>10.c.</b> State	own		1.a.	Committed a crir been arrested?	ne or offense f	for which you ha	ave not
<b>10.d.</b> Status at t	the Time of Entry (for exangular, entered without inspection	•	1.b.	Been arrested, cit officer (including former Immigrati military officers)	Department of on and Natural	f Homeland Sec lization Service	urity (DHS)
Consulate or in	ide of the United States, p aspection facility or a safe ant notified if this petition	e foreign mailing	1.c.	Been charged with	th committing	any crime or of	fense?
U.S.		): t Inspection	1.d.	Been convicted of violation was sub-		*	
11.b. City or To	of-Entry own		1.e.	Been placed in an program (for exa withheld adjudica	mple, diversio	n, deferred pros	
<b>11.c.</b> State						Yes	☐ No
11.d. Country							

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Par	t 3. Processing Information (continued)	Have	e you EVER:		
1.f.	Received a suspended sentence, been placed on probation, or been paroled? Yes No	4.a.	Engaged in, or do you intend to en procurement of prostitution?	ngage in, prost	titution or
1.g.	Been in jail or prison?	4.b.	Engaged in any unlawful commerce but not limited to, illegal gambling		including,
1.h.	Been the beneficiary of a pardon, amnesty, rehabilitation, or other act of clemency or similar action?  Yes No	4.c.	Knowingly encouraged, induced, a aided any alien to try to enter the U	assisted, abette	ed, or
1.i.	Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? Yes No	4.d.	Illicitly trafficked in any controlled assisted, abetted, or colluded in the controlled substance?	d substance or	knowingl
	rmation About Arrests, Citations, Detentions, or Charges				
the q	u answered "Yes" to any of the above questions, respond to uestions below to provide additional details. If you need space, use the space provided in <b>Part 8. Additional rmation</b> .	in, th	e you <b>EVER</b> committed, planned or nreatened to, attempted to, conspired rmation for, or solicited funds for an	d to commit, g	gathered
2.a	Why were you arrested, cited, detained, or charged?	5.a.	Hijacking or sabotage of any convaircraft, vessel, or vehicle)?	reyance (include Yes	ding an
	Date of arrest, citation, detention, or charge (mm/dd/yyyy)  re were you arrested, cited, detained, or charged?	5.b.	continue to detain, another individ third person (including a governm do or abstain from doing any act a condition for the release of the ind	lual in order to ental organiza s an explicit o	o compel a ation) to or implicit
2.c.	City or Town		detained?	Yes	☐ No
2.d.	State	5.c.	Assassination?	Yes	No No
2.e.	Country	5.d.	The use of any firearm with intent indirectly, the safety of one or more cause substantial damage to prope	re individuals	
2.f.	Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)	5.e.	The use of any biological agent, cl weapon or device, explosive, or ot dangerous device, with intent to er indirectly, the safety of one or more cause substantial damage to prope	ther weapon on andanger, direct re individuals	r tly or
3.a	Why were you arrested, cited, detained, or charged?		e you <b>EVER</b> been a member of, solid	cited money of	r members
3.b.	Date of arrest, citation, detention, or charge (mm/dd/yyyy)	section beha	provided support for, attended militar on 2339D(c)(1) of Title 18, United S If of, or been associated with any othe individuals, whether organized or	states Code) by ner group of tw	y or on wo or
Whe	re were you arrested, cited, detained, or charged?	desig	gnated as, or has engaged in or has a designated as, or has engaged in:		
3.c.	City or Town		A terrorist organization under sect	ion 219 of the	· INA?
3.d.	State			Yes	☐ No
3.e.	Country	6.b.	Hijacking or sabotage of any convaircraft, vessel, or vehicle)?	reyance (included Yes	ding an
3.f.	Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)				

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Par	t 3. Processing Information (c	continue	d)		e you <b>EVER</b> ordered, incited, called fo ed with, or otherwise participated in an				
6.c.	Seizing or detaining, and threatening continue to detain, another individual third person (including a government do or abstain from doing any act as a condition for the release of the individetained?	in order to al organiza n explicit o	o compel a ation) to or implicit	10.a. 10.b.	Acts involving torture or genocide?  Killing any person?  Intentionally and severely injuring ar	☐ Yes	No No		
6.d.	Assassination?	Yes	☐ No	10.d.	. Engaging in any kind of sexual cond				
6.e. 6.f.	The use of any firearm with intent to indirectly, the safety of one or more i substantial damage to property?  The use of any biological agent, chem weapon or device, explosive, or other device, with intent to endanger, direct	ndividuals  Yes  ical agent, weapon of	or to cause  No nuclear r dangerous		any person who was being forced or  Limiting or denying any person's abiteligious beliefs?  The persecution of any person because	Yes lity to exerce Yes se of race, 1	☐ No cise ☐ No religion,		
	safety of one or more individuals or to damage to property?	•	•		national origin, membership in a part or political opinion?	icular socia	al group,		
6.g.	Soliciting money or members or othe material support to a terrorist organiz		viding  No	10.g.	Displacing or moving any person fro force, threat of force, compulsion, or		idence by		
_	ou intend to engage in the United State	es in:	_	Num	TE: If you answered "Yes" to any que libers 10.a 10.g., please describe the 8. Additional Information.				
7.a. 7.b.	Espionage?  Any unlawful activity, or any activity which is in opposition to, or the contr the government of the United States?	ol, or over		11.	Have you <b>EVER</b> advocated that anot any of the acts described in the prece or encouraged another person, to con	ding questi	ion, urged,		
7.c.	Solely, principally, or incidentally in to espionage or sabotage or to violate the export of goods, technology, or se	any law i	nvolving		e you <b>EVER</b> been present or nearby w Intentionally killed, tortured, beaten,	• •			
8.	Have you <b>EVER</b> been or do you cont of the Communist or other totalitarian membership was involuntary?			12.b.	Displaced or moved from his or her recompulsion, or duress?	residence by	y force,		
9.	Have you <b>EVER</b> , during the period of to May 8, 1945, in association with electronic Government of Germany or any organization.	ither the N	lazi		In any way compelled or forced to ensexual contact or relations?	ngage in an	y kind of  No		
	government associated or allied with Government of Germany, ordered, in	the Nazi cited, assis	sted or	Have you <b>EVER</b> : <b>13.a.</b> Served in, been a member of, assisted in, or participat					
	otherwise participated in the persecution of any person because of race, religion, nationality, membership in a particular social group, or political opinion?				in any military unit, paramilitary unit, polic defense unit, vigilante unit, rebel group, gue militia, or other insurgent organization?				
		Yes	☐ No			Yes	☐ No		

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Par	t 3. Processing Information (continued)	19.	Have you <b>EVER</b> been ordered to be removed, excluded, or deported from the United States?				
13.b.	Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons?  Yes No	20.	Have you <b>EVER</b> been denied a visa or denied admission to the United States? Yes No				
13.c.	Served in, been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons transported, possessed, or used any type of weapon?  Yes No	21.	Have you <b>EVER</b> been granted voluntary departure by an immigration officer or an immigration judge and failed to depart within the allotted time? Yes No				
Num	E: If you answered "Yes" to any question in Item bers 13.a 13.c., please describe the circumstances in 8. Additional Information.	22.	Are you <b>NOW</b> under a final order or civil penalty for violating section 274C of the INA (producing and/or using false documentation to unlawfully satisfy a requirement of the INA)?  Yes No				
Have	you EVER:	23.	Have you <b>EVER</b> , by fraud or willful misrepresentation of				
	Received any type of military, paramilitary, or weapons training?  Yes No	43.	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				
14.b.	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	24.	Have you <b>EVER</b> left the United States to avoid being drafted into the U.S. Armed Forces or U.S. Coast Guard?  Yes No				
14.c.	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	25.	Have you <b>EVER</b> been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and not yet complied with that requirement or obtained a waiver of such?  Yes No				
Num	E: If you answered "Yes" to any question in Item bers 14.a 14.c., please describe the circumstances in 8. Additional Information.	26.	Have you <b>EVER</b> detained, retained, or withheld the custody of a child, having a lawful claim to United States citizenship, outside the United States from a United States citizen granted custody?  Yes No				
Have	you EVER:	27.	Do you plan to practice polygamy in the United States?				
15.a.	Recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed force or group?		Yes No				
4	Yes No	28.	Have you <b>EVER</b> entered the United States as a stowaway?  Yes No				
15.D.	Used any person under 15 years of age to take part in hostilities, or to help or provide services to people in combat?  Yes No	29.a.	. Do you <b>NOW</b> have a communicable disease of public health significance?				
16.	Are you <b>NOW</b> in removal, exclusion, rescission, or deportation proceedings?	29.b	<ul> <li>Do you NOW have or have you EVER had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated with the disorder which</li> </ul>				
17.	Have you <b>EVER</b> had removal, exclusion, rescission, or deportation proceedings initiated against you?		has posed or may pose a threat to the property, safety, or welfare of yourself or others? Yes No				
	Yes No	29.c.	Are you <b>NOW</b> or have you <b>EVER</b> been a drug abuser or				
18.	Have you <b>EVER</b> been removed, excluded, or deported from the United States? Yes No		drug addict? Yes No				

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	t 4. Information About Your Spouse and/or ldren		Family Name (Last Name)
If you	need extra space to complete <b>Part 4.</b> , use the space	16.0.	Given Name (First Name)
	ded in Part 8. Additional Information.	16.c.	Middle Name
1.a.	Family Name (Last Name)	17.	Date of Birth (mm/dd/yyyy)
1.b.	Given Name (First Name)	18.	Country of Birth
1.c.	Middle Name		
2.	Date of Birth (mm/dd/yyyy)	19.	Relationship
3.	Country of Birth	20.	Current Location
4.	Relationship		
		21.a.	Family Name (Last Name)
5.	Current Location	21.b.	Given Name (First Name)
		21.c.	Middle Name
6.a.	Family Name (Last Name)	22.	Date of Birth (mm/dd/yyyy)
6.b.	Given Name (First Name)	23.	Country of Birth
6.c.	Middle Name		
7.	Date of Birth (mm/dd/yyyy)	24.	Relationship
8.	Country of Birth	25.	Current Location
9.	Relationship		
		Fili	ng On Behalf of Family Members
10.	Current Location	26.	I am petitioning for one or more qualifying family members.
11.a.	Family Name (Last Name)		<b>NOTE:</b> If you answered "Yes" to <b>26.</b> , you must complete and include Supplement A for each family
11.b.	Given Name (First Name)		member for whom you are petitioning.
11.c.	Middle Name		
12.	Date of Birth (mm/dd/yyyy)		
13.	Country of Birth		
14.	Relationship		
15.	Current Location		

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## Part 5. Petitioner's Statement, Contact Information, Declaration, and Signature

NOTE: Read the Penalties section of the Form I-918 Instructions before completing this part.

Petitioner'	c St	aton	ont
r ennomer	2 27	auen	I.P. TI.I.

	E: Select the box for either <b>1.a.</b> or <b>1.b.</b> If applicable, the box for <b>2.</b>
1.a. [	I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.
1.b. [	The interpreter named in <b>Part 6.</b> read to me every question and instruction on this petition and my answer to every question in
	a language in which I am fluent, and I understood everything.
2.	At my request, the preparer named in <b>Part 7.</b> ,  prepared this petition for me based only upon information I provided or authorized.
Petit	ioner's Contact Information
3.	Petitioner's Daytime Telephone Number
4.	Petitioner's Mobile Telephone Number (if any)
5.	Petitioner's Email Address (if any)

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

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

I 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 provided or authorized all of the information contained in, and submitted with, my petition;
- 2) I reviewed and understood all of the information in, and submitted with, my petition; and
- 3) 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

or au	etition and any document submitted with it were provided thorized by me, that I reviewed and understand all of the mation contained in, and submitted with, my petition, and all of this information is complete, true, and correct.							
Pet	itioner's Signature							
6.a.	Petitioner's Signature							
<b>→</b>								
6.b.	Date of Signature (mm/dd/yyyy)							
fill o	NOTE TO ALL PETITIONERS: If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may deny your petition.							
<b>NOTE</b> : A parent or legal guardian may sign for a person who is less than 14 years of age. A legal guardian may sign for a mentally incompetent person.								
ment Par								
Par Cer	ally incompetent person.  t 6. Interpreter's Contact Information,							
Par Cer Prov	ally incompetent person.  t 6. Interpreter's Contact Information, tification, and Signature							
Par Cer Prov	ally incompetent person.  It 6. Interpreter's Contact Information, Itification, and Signature  ide the following information about the interpreter.							
Par Cer Prov	ally incompetent person.  It 6. Interpreter's Contact Information, Interpreter's Contact Information, Interpreter's Contact Information, Interpreter's Full Name							

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#### Part 6. Interpreter's Contact Information. Part 7. Contact Information, Declaration, and **Certification, and Signature** (continued) Signature of the Person Preparing this Petition, if Other Than the Petitioner Interpreter's Mailing Address Provide the following information about the preparer. 3.a. Street Number and Name Preparer's Full Name Apt. Ste. 3.b. Flr. **1.a.** Preparer's Family Name (Last Name) City or Town 3.e. ZIP Code State 3.d. **1.b.** Preparer's Given Name (First Name) 3.f. Province 2. Preparer's Business or Organization Name (if any) Postal Code **3.h.** Country Preparer's Mailing Address 3.a. Street Number Interpreter's Contact Information and Name **3.b.** Apt. Ste. Flr. 4. Interpreter's Daytime Telephone Number 3.c. City or Town 5. Interpreter's Mobile Telephone Number (if any) 3.e. ZIP Code 3.d. State **3.f.** Province 6. Interpreter's Email Address (if any) **3.g.** Postal Code **3.h.** Country Interpreter's Certification I certify, under penalty of perjury, that: I am fluent in English and Preparer's Contact Information which is the same language specified in Part 5., 1.b., and I have 4. Preparer's Daytime Telephone Number read to this petitioner in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner informed me that he or she understands 5. Preparer's Mobile Telephone Number (if any) every instruction, question, and answer on the petition, including the Petitioner's Declaration and Certification, and has verified the accuracy of every answer. 6. Preparer's Email Address (if any) Interpreter's Signature

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7.a. Interpreter's Signature (sign in ink)

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

Prep	parer's Statement						
7.a. [	I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent.						
7.b. [	I am an attorney or accredited representative and my representation of the petitioner in this case  ☐ extends ☐ does not extend beyond the preparation of this petition.						
	<b>NOTE:</b> If you are an attorney or accredited representative whose representation extends beyond preparation of this petition, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.						
Prep	parer's Certification						
prepare petition me the in, an <b>Petiti</b> information petition petition.	By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner. The petitioner then reviewed this completed petition and informed me that he or she understands all of the information contained in, and submitted with, his or her petition, including the <b>Petitioner's Declaration and Certification</b> , and that all of this information is complete, true, and correct. I completed this petition based only on information that the petitioner provided to me or authorized me to obtain or use.						
Prep	varer's Signature						
8.a.	Preparer's Signature (sign in ink)						
8.b.	Date of Signature (mm/dd/yyyy)						

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Par	t 8. Additio	nal In	formation			5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
withi space to co of pa of ea <b>Item</b>	n this petition, than what is pumplete and file per. Include you ch sheet; indicate	use the rovided with thour name the the H	rovide any addi space below. I l, you may make is petition or at ae and A-Numbe Page Number, I ar answer refers	f you n e copie tach a s er (if ar <b>Part N</b>	eed more s of this page separate sheet ny) at the top umber, and	5.d.					
	Family Name (Last Name) Given Name (First Name)										
1.c.	Middle Name										
2.	A-Number (if	any) 🕨	- A-								
3.a.	Page Number	3.b.	Part Number	3.c.	Item Number	6.a.	Page Number	6.b.	Part Number	6.c.	Item Number
3.d.						6.d.					
4.a. 4.d.	Page Number	4.b.	Part Number	4.c.	Item Number	7.a. 7.d.	Page Number	7.b.	Part Number	7.c.	Item Number
						7.44					
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