## **U VISA CERTIFICATION FORM**

I,			,here	by affirm the following:
	(NAME		·	
1. I	am a: (c	heck one)		
	Feder	al official St	ate official	Local official (municipal, district, county)
	INS o	fficer* (see 2B below)		
$S_1$	pecificall	y, I am a: (check one)		
		Law Enforcement Office	er	Prosecutor;
	Judge	_	Other	Investigating Authority.
		(JOB TITLE)		
		(NAME OF EMPLOYER)		
		(STREET ADDRESS/LOCA	TION)	
		(CITY, STATE & ZIP CODE	E)	
		(TELEPHONE)		

- 2A. I am responsible or the agency for which I work is responsible for investigating (or overseeing the investigation of) criminal activity involving or similar to violations of (some or all of) the following types of offenses under Federal, State or local criminal laws: rape; torture; trafficking; incest; domestic violence; sexual assault; abusive sexual contact; prostitution; sexual exploitation; female genital mutilation; being held hostage; peonage; involuntary servitude; slave trade; kidnapping; abduction; unlawful criminal restraint; false imprisonment; blackmail; extortion; manslaughter; murder; felonious assault; witness tampering; obstruction of justice; perjury; or attempt, conspiracy or solicitation to commit any of these crimes OR
- \*2B. I am an INS officer with information not limited to immigration violations related to criminal activity described above or similar criminal activity.

3. The criminal activity at issue in this case may involve (but is not limited to) possible violations of the following criminal laws:				
(PROVIDE STATUTE OR CODE CITATION(S) AND OFFENSE NAME(S))				
and based on my expertise and understanding of these laws, I have determined that these laws fall within the list of offenses set forth in Question #2 or is similar activity violating Federal, State or local criminal law.				
4. It is suspected that this criminal activity occurred on or about: (SPECIFY AS MUCH AS POSSIBLE DATE(S) AND LOCATION(S) OF CRIMINAL ACTIVITY)				
5. I affirm that: (CHECK ALL THAT APPLY) (NAME OF U VISA APPLICANT)**				
has been helpful; is being helpful; is likely to be helpful				
in an/the investigation and/or prosecution of this criminal activity.				
6. I affirm that possesses relevant information (NAME OF U VISA APPLICANT)**				
relating to this criminal activity. This information includes (but is not limited to) the following: (PROVIDE BRIEF DESCRIPTION OF INFORMATION)				
** If the U visa applicant is under the age of 16, please certify that the applicant's parent, guardian or "next friend" meets these requirements.				

7. I affirm that	this criminal activity oc	curred: (CHECK ALL THAT APPLY)	
	in territories and possess	luding Indian country and military installations); sions of the United States; OR s, but violated United States' laws.	
	or applicant's spouse, chi	1	
8. This investig	gation and/or prosecutio	n would be harmed without the assistance of	
	(NAME OF APPLICANT'S SPOUSE, CHILD OR PARENT)		
who is the _	spouse child	parent of the applicant listed above.	
SIGNATURE		DATE	