

Attached is the Form I-918B, which needs to be completed and signed by the law enforcement agency. I have completed the parts I need to complete, but please make sure that the FBI completes the following:

1. Part 2. Agency Information:

- a. (questions 1-3) Please complete the full name and title of the FBI agent signing the Form.
- b. (questions 4.2.-5.h.) include the name of the Head of the FBI and the address for the FBI Office
- c. (question 9.) include the court case number for defendant Ghislaine Maxwell

2. Part 3. Criminal Acts:

- a. (question 1.-3) I listed sexual exploitation and trafficking as the criminal activity for parts 2.a.-2.d. please list the dates the criminal activity occurred as alleged in the Indictment and the section of the USC code she is charged with
- b. (question 4.b.) list the city and state where the violations occurred
- c. (question 6.) Please describe the criminal activity being investigated according to the charges and allegations in the indictment
- d. (question 7) describe the injury to Ms. [REDACTED]

3. Part 6. Certification

- a. Have the FBI agent sign, date and include his telephone and fax number



Supplement B, U Nonimmigrant Status Certification

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

USCIS
Form I-918
OMB No. 1615-0144
Expires 04/30/2024

For
USCIS
Use
Only

Remarks

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

Part 1. Victim Information

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

► A-

2.a. Family Name
(Last Name)

2.b. Given Name
(First Name)

2.c. Middle Name

Other Names Used (Include maiden names, nicknames, and aliases, if applicable.)

If you need extra space to provide additional names, use the space provided in Part 7. Additional Information.

3.a. Family Name
(Last Name)

3.b. Given Name
(First Name)

3.c. Middle Name

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

5. Gender Male Female

Part 2. Agency Information

1. Name of Certifying Agency

Federal Bureau of Investigations

Name of Certifying Official

2.a. Family Name
(Last Name)

2.b. Given Name
(First Name)

2.c. Middle Name

3. Title and Division/Office of Certifying Official

Name of Head of Certifying Agency

4.a. Family Name
(Last Name)

4.b. Given Name
(First Name)

4.c. Middle Name

Agency Address

5.a. Street Number
and Name

5.b. Apt. Ste. Flr.

5.c. City or Town

5.d. State

4.f. ZIP Code

5.f. Province

5.g. Postal Code

5.h. Country

Other Agency Information

6. Agency Type

Federal State Local

7. Case Status

On-going Completed

Other

8. Certifying Agency Category

Judge Law Enforcement Prosecutor

Other

9. Case Number

10. FBI Number or SID Number (if applicable)

Part 3. Criminal Acts

If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.

1. The petitioner is a victim of criminal activity involving a violation of one of the following Federal, state, or local criminal offenses (or any similar activity). (Select all applicable boxes)

- | | |
|---|---|
| <input type="checkbox"/> Abduction | <input type="checkbox"/> Manslaughter |
| <input type="checkbox"/> Abusive Sexual Contact | <input type="checkbox"/> Murder |
| <input type="checkbox"/> Attempt to Commit Any of the Named Crimes | <input type="checkbox"/> Obstruction of Justice |
| <input type="checkbox"/> Being Held Hostage | <input type="checkbox"/> Peonage |
| <input type="checkbox"/> Blackmail | <input type="checkbox"/> Perjury |
| <input type="checkbox"/> Conspiracy to Commit Any of the Named Crimes | <input type="checkbox"/> Prostitution |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Rape |
| <input type="checkbox"/> Extortion | <input type="checkbox"/> Sexual Assault |
| <input type="checkbox"/> False Imprisonment | <input checked="" type="checkbox"/> Sexual Exploitation |
| <input type="checkbox"/> Felonious Assault | <input type="checkbox"/> Slave Trade |
| <input type="checkbox"/> Female Genital Mutilation | <input type="checkbox"/> Solicitation to Commit Any of the Named Crimes |
| <input type="checkbox"/> Fraud in Foreign Labor Contracting | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Incest | <input type="checkbox"/> Torture |
| <input type="checkbox"/> Involuntary Servitude | <input checked="" type="checkbox"/> Trafficking |
| <input type="checkbox"/> Kidnapping | <input type="checkbox"/> Unlawful Criminal Restraint |
| | <input type="checkbox"/> Witness Tampering |

Provide the dates on which the criminal activity occurred.

- 2.a. Date (mm/dd/yyyy) _____

2.b. Date (mm/dd/yyyy) _____

2.c. Date (mm/dd/yyyy) _____

2.d. Date (mm/dd/yyyy) _____

3. List the statutory citations for the criminal activity being investigated or prosecuted, or that was investigated or prosecuted.

- 4.a. Did the criminal activity occur in the United States (including Indian country and military installations) or the territories or possessions of the United States?

Yes No

- 4.b. If you answered "Yes," where did the criminal activity occur?

- 5.a. Did the criminal activity violate a Federal extraterritorial jurisdiction statute? Yes No

Yes No

- 5.b. If you answered "Yes," provide the statutory citation providing the authority for extraterritorial jurisdiction.

6. Briefly describe the criminal activity being investigated and/or prosecuted and the involvement of the petitioner named in **Part 1**. Attach copies of all relevant reports and findings.

7. Provide a description of any known or documented injury to the victim. Attach copies of all relevant reports and findings.

Part 4. Helpfulness Of The Victim

For the following questions, if the victim is under 16 years of age, incompetent or incapacitated, then a parent, guardian, or next friend may act on behalf of the victim.

1. Does the victim possess information concerning the criminal activity listed in **Part 3**? Yes No
 2. Has the victim been helpful, is the victim being helpful, or is the victim likely to be helpful in the investigation or prosecution of the criminal activity detailed above? Yes No
 3. Since the initiation of cooperation, has the victim refused or failed to provide assistance reasonably requested in the investigation or prosecution of the criminal activity detailed above? Yes No

If you answer "Yes" to **Item Numbers 1. - 3.**, provide an explanation in the space below. If you need extra space to complete this section, use the space provided in **Part 7**.

Additional Information.

4. Other. Include any additional information you would like to provide.

Part 5. Family Members Culpable In Criminal Activity

1. Are any of the victim's family members culpable or believed to be culpable in the criminal activity of which the petitioner is a victim? Yes No

If you answered "Yes," list the family members and their criminal involvement. (If you need extra space to complete this section, use the space provided in **Part 7. Additional Information.**)

2.a. Family Name (Last Name)	<input type="text"/>
2.b. Given Name (First Name)	<input type="text"/>
2.c. Middle Name	<input type="text"/>
2.d. Relationship	<input type="text"/>
2.e. Involvement	<input type="text"/>
<hr/>	
3.a. Family Name (Last Name)	<input type="text"/>
3.b. Given Name (First Name)	<input type="text"/>
3.c. Middle Name	<input type="text"/>
3.d. Relationship	<input type="text"/>
3.e. Involvement	<input type="text"/>
<hr/>	
4.a. Family Name (Last Name)	<input type="text"/>
4.b. Given Name (First Name)	<input type="text"/>
4.c. Middle Name	<input type="text"/>
4.d. Relationship	<input type="text"/>
4.e. Involvement	<input type="text"/>

Part 6. Certification

I am the head of the agency listed in **Part 2.** or I am the person in the agency who was specifically designated by the head of the agency to issue a U Nonimmigrant Status Certification on behalf of the agency. Based upon investigation of the facts, I certify, under penalty of perjury, that the individual identified in **Part 1.** is or was a victim of one or more of the crimes listed in **Part 3.** I certify that the above information is complete, 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 (USCIS), based upon this certification. I further certify that if the victim unreasonably refuses to assist in the investigation or prosecution of the qualifying criminal activity of which he or she is a victim, I will notify USCIS.

1. Signature of Certifying Official (sign in ink)



2. Date of Signature (mm/dd/yyyy)

3. Daytime Telephone Number

4. Fax Number

