

U-VISA Request Information

1. Please do not forward requests for certification on cases that are pending prosecution with this office unless there is an immigration emergency.
2. The San Mateo County District Attorney's Office will review certifications on cases that were prosecuted by this office. If the case was not referred for prosecution, or the case was rejected for prosecution, the certification request should be directed to the police agency that took the report on the offense.
3. Please include a self-addressed and stamped envelope with your certification request.
4. Do not send any pages double-sided.
5. I-918 Supplement B forms must be completely and accurately filled out with the exception of the signature line and date.
6. Information that may be needed for cases where the offender was an adult:
 - Name of Certifying Agency: San Mateo County District Attorney's Office
 - Name of Certifying Official: Karen M. Guidotti
 - Title & Division: Chief Deputy District Attorney
 - Name of Head of Certifying Agency: Stephen M. Wagstaffe, District Attorney
 - Agency Address: 400 County Center, 3rd Floor, Redwood City, CA 94063
 - Phone: (650) 363-4007
 - Fax: (650) 363-4873
 - Agency Type: Local
 - Certifying Agency Category: Prosecutor
7. Information that may be needed for cases where the offender was a juvenile:
 - Name of Certifying Agency: San Mateo County District Attorney's Office
 - Name of Certifying Official: James A. Wade
 - Title & Division: Deputy In Charge, Juvenile Division
 - Agency Address: 222 Paul Scannell Drive, 2nd Floor San Mateo, CA 94402
 - Phone: (650) 312-5303
 - Fax: (650) 312-5380
 - Agency Type: Local
 - Certifying Agency Category: Prosecutor
8. For misdemeanor prosecutions that are over two years old, and felony prosecutions that are over ten years old, please submit a copy of the police report with your request.
9. Contact kguidotti@smcgov.org or (650) 363-4007 for any questions.

**I-918 Supplement B,
U Nonimmigrant Status Certification**

START HERE - Please type or print in black ink.

For USCIS Use Only.

Part 1. Victim information.

Family Name Given Name Middle Name

Other Names Used (Include maiden name/nickname)

Date of Birth (mm/dd/yyyy) Gender Male Female

Returned	Receipt
Date	
Date	
Resubmitted	
Date	
Date	
Reloc Sent	
Date	
Reloc Rec'd	
Date	

Part 2. Agency information.

Name of Certifying Agency

Name of Certifying Official Title and Division/Office of Certifying Official

Name of Head of Certifying Agency

Agency Address - Street Number and Name Suite #

City State/Province Zip/Postal Code

Daytime Phone # (with area code and/or extension) Fax # (with area code)

Agency Type Federal State Local

Case Status On-going Completed Other _____

Certifying Agency Category Judge Law Enforcement Prosecutor Other _____

Case Number FBI # or SID # (if applicable)

Remarks

Part 3. Criminal acts.

1. The applicant is a victim of criminal activity involving or similar to violations of one of the following Federal, State or local criminal offenses. (Check all that apply.)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Abduction | <input type="checkbox"/> Female Genital Mutilation | <input type="checkbox"/> Obstruction of Justice | <input type="checkbox"/> Slave Trade |
| <input type="checkbox"/> Abusive Sexual Contact | <input type="checkbox"/> Hostage | <input type="checkbox"/> Peonage | <input type="checkbox"/> Torture |
| <input type="checkbox"/> Blackmail | <input type="checkbox"/> Incest | <input type="checkbox"/> Perjury | <input type="checkbox"/> Trafficking |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Involuntary Servitude | <input type="checkbox"/> Prostitution | <input type="checkbox"/> Unlawful Criminal Restraint |
| <input type="checkbox"/> Extortion | <input type="checkbox"/> Kidnapping | <input type="checkbox"/> Rape | <input type="checkbox"/> Witness Tampering |
| <input type="checkbox"/> False Imprisonment | <input type="checkbox"/> Manslaughter | <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Related Crime(s) |
| <input type="checkbox"/> Felonious Assault | <input type="checkbox"/> Murder | <input type="checkbox"/> Sexual Exploitation | <input type="checkbox"/> Other: (If more space needed, attach separate sheet of paper.) |
| <input type="checkbox"/> Attempt to commit any of the named crimes | <input type="checkbox"/> Conspiracy to commit any of the named crimes | <input type="checkbox"/> Solicitation to commit any of the named crimes | <input type="text"/> |

Part 3. Criminal acts. (Continued.)

2. Provide the date(s) on which the criminal activity occurred.

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

3. List the statutory citation(s) for the criminal activity being investigated or prosecuted, or that was investigated or prosecuted.

4. 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

a. Did the criminal activity violate a Federal extraterritorial jurisdiction statute?

Yes No

b. If "Yes," provide the statutory citation providing the authority for extraterritorial jurisdiction.

c. Where did the criminal activity occur?

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

6. 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.

The victim (or parent, guardian or next friend, if the victim is under the age of 16, incompetent or incapacitated.):

1. Possesses information concerning the criminal activity listed in **Part 3**.

Yes No

2. Has been, is being or is likely to be helpful in the investigation and/or prosecution of the criminal activity detailed above. (Attach an explanation briefly detailing the assistance the victim has provided.)

Yes No

3. Has not been requested to provide further assistance in the investigation and/or prosecution. (Example: prosecution is barred by the statute of limitation.) (Attach an explanation.)

Yes No

4. Has unreasonably refused to provide assistance in a criminal investigation and/or prosecution of the crime detailed above. (Attach an explanation.)

Yes No

Part 4. Helpfulness of the victim. (Continued.)

5. Other, please specify.

Part 5. Family members implicated in criminal activity.

1. Are any of the victim's family members believed to have been involved in the criminal activity of which he or she is a victim? Yes No

2. If "Yes," list relative(s) and criminal involvement. (Attach extra reports or extra sheet(s) of paper if necessary.)

Full Name	Relationship	Involvement

Part 6. Certification.

I am the head of the agency listed in **Part 2** or I am the person in the agency who has been specifically designated by the head of the agency to issue U nonimmigrant status certification on behalf of the agency. Based upon investigation of the facts, I certify, under penalty of perjury, that the individual noted in **Part 1** is or has been a victim of one or more of the crimes listed in **Part 3**. 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 the 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 qualifying criminal activity of which he/she is a victim, I will notify USCIS.

Signature of Certifying Official Identified in Part 2.

Date (mm/dd/yyyy)