

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. De Georgiou

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. 1615-0104
Expires 04/30/2024

For USCIS Use Only	Remarks
-----------------------------	---------

▶ **START HERE - Type or print in black or blue ink.**

Part 1. Victim Information

- Alien Registration Number (A-Number) (if any)
▶ A-

--	--	--	--	--	--	--	--	--	--
- Family Name (Last Name)
- Given Name (First Name)
- 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.**

- Family Name (Last Name)
- Given Name (First Name)
- Middle Name
- Date of Birth (mm/dd/yyyy)
- Gender Male Female

Part 2. Agency Information

- Name of Certifying Agency
- Name of Certifying Official
- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name
- Title and Division/Office of Certifying Official

Name of Head of Certifying Agency

- Family Name (Last Name)
- Given Name (First Name)
- Middle Name

Agency Address

- Street Number and Name
- Apt. Ste. Flr.
- City or Town
- State 4.f. ZIP Code
- Province
- Postal Code
- Country

Other Agency Information

- Agency Type
 Federal State Local
- Case Status
 On-going Completed
 Other
- Certifying Agency Category
 Judge Law Enforcement Prosecutor
 Other
- Case Number
- FBI Number or SID Number (if applicable)

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)

2.b. Given Name (First Name)

2.c. Middle Name

2.d. Relationship

2.e. Involvement

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

3.d. Relationship

3.e. Involvement

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

4.d. Relationship

4.e. Involvement

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

