



OFFICE OF  
THE DISTRICT ATTORNEY  
COUNTY OF RIVERSIDE

MICHAEL A. HESTRIN  
DISTRICT ATTORNEY

**I-918 SUPPLEMENT B VICTIM ACKNOWLEDGEMENT**

\_\_\_\_\_ acknowledges the following:  
Victim's Name

- The Form I-918 Supplement B certification is being provided pursuant to his/her request.
- Form I-918 supplement B certification confirms that \_\_\_\_\_ is the victim of a  
qualifying offense, to wit \_\_\_\_\_ in the case of \_\_\_\_\_  
Specify Offense Case Name and Number  
and has provided information and assistance consistent with California Penal Code section 679.10 and federal Victims of Trafficking and Violence Prevention Act (VTVPA), Pub. L. No. 106-386, 114 Stat. 1464-1548 (2000).
- The requested Form I-918 supplement B certification is not dependent upon the successful prosecution of the above referenced matter.
- The requested Form I-918 supplement B certification requires that \_\_\_\_\_ cooperate in  
the prosecution of the above referenced matter. Cooperation requires that, \_\_\_\_\_ appear in  
court and testify in obedience to a subpoena. \_\_\_\_\_ cooperation is not dependent on  
\_\_\_\_\_ testifying in a certain manner, all that is required is that  
\_\_\_\_\_ testify truthfully.  
Victim's Name  
Victim's Name
- Providing the requested Form I-918 supplement B certification by the District Attorney does not guarantee that a U Visa will issue. The Department of Homeland Security makes the sole determination regarding the issuance of a U Visa.

\_\_\_\_\_ acknowledges that he/she has read this form and fully understands the above.  
Victim's Name

It is acknowledged that there are no agreements or promises of any kind between the District Attorney and  
\_\_\_\_\_ which is not set forth in this form.  
Victim's Name

\_\_\_\_\_  
Victim's Signature

\_\_\_\_\_  
Date

*I-918 Petition for U Nonimmigrant Status (U-Visa); Supplement B Victim Acknowledgement*