



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