

**Form I-854, Inter-Agency Alien  
Witness and Informant Record**

**Part A. To be completed by Law Enforcement Agencies** *(See instructions for specific information.)*  
**Information must be Typed or Printed clearly.**

1. Name of LEA/Requestor: \_\_\_\_\_

2. Requesting Agent: \_\_\_\_\_ Control Agent: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. *(Including Area Code)*: \_\_\_\_\_

\_\_\_\_\_ Fax No. *(Including Area Code)*: \_\_\_\_\_

**Check if applicable:**

3.  Alien will be placed in danger in  U.S.  abroad as a result of providing information, etc.  
 Alien poses no danger to people or property of the U.S.  
 If the alien poses a danger, the danger posed by the alien is outweighed by the assistance the alien will furnish.  
 Investigation.  Prosecution.  United States Attorney involvement.

4. Type of Request(s). *(Attach legal basis for request.)*

- S-5  S-6

Consular post at which visa will be sought: \_\_\_\_\_

Change of Status - If change of status is requested, current immigration status is \_\_\_\_\_

Adjustment of Status *(Go to Part F after completing information in items 5, 6 and 7 below.)*

Fees attached *(when applicable)*  Security concerns. State special instructions regarding security precautions.

**NOTE:** Provide a clear statement of the operations that form the basis of the request (e.g., Grand Jury subpoena), the objective of the request and any bargain the requestor wishes to make or has made with the alien. Attach a complete criminal history, FBI No. and U.S. Social Security Number.

<b>5. Alien's Name</b> <i>(Last Name, First and Middle)</i>				Other Names Used	
Alien's Address <i>(Street Number and Name)</i>				A #	I-94 #
City	State or Province	Zip/Postal Code	Current Location of Alien		
Marital Status	Date of Birth <i>(mm/dd/yyyy)</i>	Place of Birth <i>(City or Country)</i>	Citizenship/Nationality	Occupation	
Date of Last Entry into U.S. <i>(mm/dd/yyyy):</i>			<input type="checkbox"/> Form G-325 attached	<input type="checkbox"/> Form FD-258 attached	<input type="checkbox"/> Photos attached

6. On a separate application, provide all information requested in **item 5** above for each beneficiary who seeks derivative status - spouse, parents and all sons and daughters of the alien for whom an S classification is requested. *(Attach additional sheets of paper as necessary.)*

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**7a. The following information must be provided for each alien named in items 5 and 6 above.**

Has the alien, while outside of the United States, ever committed, ordered, incited, assisted, or otherwise participated in genocide, torture, or extrajudicial killing or participated in Nazi persecution?

- Yes       No      If yes please write a detailed statement below and attach any relevant documents. *(Attach additional sheets of paper as needed.)*

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**7b. For the above named alien, I request waiver(s) of the following grounds of inadmissibility. (Check all possible grounds and attach all relevant documents establishing the ground(s) of inadmissibility and why you feel a waiver is appropriate for this alien. This information must be provided for each alien named in items 5 and 6 above. Copy this check list of the grounds of inadmissibility for each derivative.)**

- |   |   |
|---|---|
| <input type="checkbox"/> Communicable disease   | <input type="checkbox"/> Controlled substance trafficker  |
| <input type="checkbox"/> Immigrant visa issued outside numerical limitation             | <input type="checkbox"/> Prostitute and/or Procurer of Prostitution   |
| <input type="checkbox"/> Crime involving moral turpitude                                | <input type="checkbox"/> Exercised diplomatic immunity to avoid prosecution   |
| <input type="checkbox"/> International child abduction                                  | <input type="checkbox"/> Unlawful activity related to National Security   |
| <input type="checkbox"/> Multiple criminal convictions                                  | <input type="checkbox"/> Terrorist activities   |
| <input type="checkbox"/> Engaged in unlawful commercialized vice                        | <input type="checkbox"/> Communist Party member   |
| <input type="checkbox"/> Entrance prejudicial to public                                 | <input type="checkbox"/> Public charge  |
| <input type="checkbox"/> Involved in espionage, sabotage or laws relating to technology | <input type="checkbox"/> Lacking labor certification  |
| <input type="checkbox"/> Coming to overthrow the U.S. Government                        | <input type="checkbox"/> Fraud/Misrepresentation  |
| <input type="checkbox"/> Foreign policy exclusion                                       | <input type="checkbox"/> Immigrant without a visa   |
| <input type="checkbox"/> Unqualified physician  | <input type="checkbox"/> Draft evader-was immigrant when left U.S.  |
| <input type="checkbox"/> Previously removed - aggravated felony                         | <input type="checkbox"/> Alien accompanying helpless inadmissible alien   |
| <input type="checkbox"/> Stowaway   | <input type="checkbox"/> Violator of section 274C   |
| <input type="checkbox"/> Nonimmigrant without a valid passport or visa                  | <input type="checkbox"/> Ordered, incited, assisted or otherwise participated in the commission of the acts of torture or extra judicial killing. |
| <input type="checkbox"/> Previously excluded and deported or removed                    | <input type="checkbox"/> Engaged in conduct relating to severe violations of religious freedoms   |
| <input type="checkbox"/> Alien smuggler   | <input type="checkbox"/> Weapons charges, domestic violence, and money laundering   |
| <input type="checkbox"/> Physical/mental disorder (dangerous)                           | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Drug abuser or addict  | <input type="checkbox"/> No waivers are requested/needed  |
| <input type="checkbox"/> Convicted of law pertaining to controlled substances           |   |

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## Part B. Certifications

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### 1. Alien Certification (*S classification request*)

I certify under penalty of perjury that I have reviewed with the LEA all the information in **Part A**, disclosed all information to the best of my ability, and disclosed all reasons for which I may be removed from the United States; that I shall report at least every three months my whereabouts and activities as the above LEA shall require; that I understand I am subject to removal for any grounds of inadmissibility (conduct or condition) not disclosed at this time or for conduct committed after admission to the United States; that I shall abide by all conditions, limitations and restrictions imposed upon my entry; that the classification I seek is temporary and will terminate within three (3) years; that I am restricted by the terms of my admission to very specific means by which I will be able to remain permanently in the United States; that I will pay Social Security and all applicable taxes on all employment in the United States; and that I hereby waive my right to a removal hearing and to contest, other than on the basis of an application for withholding of removal, any action for deportation instituted against me.

**Certification: I certify that I have read and understand all the questions and statements on this form. If I do not understand English, I further acknowledge that this has been read to me in a language I do understand. The answers I have furnished are true and correct to the best of my knowledge and belief.**

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Signature

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Date (mm/dd/yyyy)

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LEA Witness

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Title

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Date (mm/dd/yyyy)

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Translator

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Language Used

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Date (mm/dd/yyyy)

### 2. LEA Certification

I certify the above information is true and correct to the best of my knowledge; that I may make, have made, and will make no promises regarding the above alien's ability to adjust status or stay permanently in the United States other than those that comport with section 101(a)(15)(S) of the Act; that I will collect quarterly reports detailing the above alien's whereabouts and activities and forward required information to the Criminal Division; that I will immediately report to U.S. Immigration and Customs Enforcement, DHS if this alien fails to report quarterly or fails to comply or to cooperate with the terms and conditions of admission or if the alien commits any removable activity after the date of admission. I further certify that I assume complete law enforcement responsibility for control and continued stay in lawful status of the alien, including necessary monitoring, travel arrangements for arrival and departure, safety precautions and specified conditions of stay or departure; that I have provided a sworn declaration as to the basis of this application and checked all available database information on the above alien, and that I have carefully reviewed the above statements with the alien to ensure that all terms and conditions are understood.

Translation (*This serves to verify the alien's certification of translation. See Page 2, Part B.1. of this form.*)

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Signature of HQ Chief of LEA

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Title of Certifier

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Date (mm/dd/yyyy)

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Name of Agency Contact

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Phone No. (Including Area Code)

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**3. For United States Attorney Use Only** (if applicable)

Because the alien's presence is essential to the success of a Federal or State investigation or prosecution, the United States Attorney recommends the above request be granted and further certifies that there has not been and will not be any promises at all regarding the above alien's ability to adjust status or stay permanently in the United States, other than those that comport with section 101(a)(15)(S) of the Act.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Office

\_\_\_\_\_  
Phone No.(Including Area Code)

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**4. For U.S. Department of State/Rewards Committee - S6 Classification use only**

After checking all information, the U.S. Department of State:

- Certifies the alien is eligible to receive an award under 22 U.S.C 2708(a).
- Certifies the alien is not eligible for such award.

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Phone No.(Including Area Code)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Office

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**Part C. For Department of Justice, Criminal Division Use Only**

After checking and evaluating all waiver and other information available, the Department of Homeland Security, U.S. Immigration and Customs Enforcement and Department of Justice, Criminal Division:

- Certify that, pursuant to section 101(a)(15)(S) of the Act and the request of the above LEA, the above alien is recommended for the S classification requested, that the above request(s) for waivers of inadmissibility appear to warrant approval, that all conditions and limitations of the request for classification are attached, that this request falls within the numerical limitation for an S visa and that, therefore, this request is forwarded to the Assistant Secretary of Immigration and Customs Enforcement for approval.
- Deny request

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Phone No.(Including Area Code)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Office

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**Part D. For U.S. Immigration and Customs Enforcement Use Only**

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- Fee Received (If applicable)       Request Denied       Request Granted  
 Waiver(s) of Grounds of Inadmissibility

**Note all grounds waived and conditions attached thereto.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Phone No.(Including Area Code)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Office

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**Part E. For U.S. Citizenship and Immigration Services Use Only**

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- LEA Request:**       Granted       Forward to DOS/VO       Denied  
 Change of Classification Granted       Denied

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Phone No.(Including Area Code)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Office

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**Part F. For Department of State/Visa Office Use Only**

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- Forwarded to Consul by VO for Visa Approval       Not Forwarded

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Phone No.(Including Area Code)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Office

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Visa Granted

Visa Denied

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Office

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**Part G. Request to allow an S Nonimmigrant to file for adjustment of status to permanent resident**  
**(For Department of Justice, Criminal Division Use Only)**

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(Please attach all relevant documentation establishing (1) the information certified below; (2) the recommendations and reasons for the certified recommendations.)

1. Name of LEA: \_\_\_\_\_ **submitting request to allow an S nonimmigrant to file for adjustment of status.**

Date Submitted (mm/dd/yyyy) \_\_\_\_\_

**2. Criminal Division (Assistant Attorney General) Certifications.**

**I certify that (alien's name)** \_\_\_\_\_ **has -**

- If S-5:**       Supplied the information that formed the basis of entry;  
 The information substantially contributed to the success of an authorized criminal investigation or the prosecution of an individual as per terms of entry.

- If S-6:**       Supplied the information that formed the basis of entry;  
 The information substantially contributed to the prevention or frustration of an act of terrorism against a U.S. person or property or the success of an authorized criminal investigation of, or the prosecution of, an individual involved in such an act of terrorism.

- Has received a reward under section 36(a) of the State Department Basic Authorities Act of 1956;  
**If S-5 or S-6:**       Has abided by all the terms, conditions and specific 22 U.S.C. 2708(a) limitations of the S classification.

Other Comments:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Phone No.(Including Area Code)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Office

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**3. For U.S. Citizenship and Immigration Services Use Only**

- Adjustment       Other Action

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Phone No.(Including Area Code)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Office