



OFFICE OF
THE DISTRICT ATTORNEY
COUNTY OF RIVERSIDE

MICHAEL A. HESTRIN
DISTRICT ATTORNEY

I-914 SUPPLEMENT B VICTIM ACKNOWLEDGEMENT

_____ acknowledges the following:

Victim's Name

1. Form I-914 Supplement B certification is being provided pursuant to his/her request.

2. Form I-914 Supplement B certification confirms that _____ is the

Victim's Name

victim of human trafficking, to wit _____ in the case of _____

Specify Offense

Case Name & Number

and has provided information and assistance consistent with California Penal Code Section 679.11 and federal Victims of Trafficking and Violence Prevention Act (VTVPA), Pub. L. No. 106-386, 114 Stat. 1464-1548 (2000).

3. The requested Form I-914 Supplement B is not dependent upon the successful prosecution of the above referenced matter.

4. The requested Form I-914 Supplement B certification requires that _____

Victim's Name

cooperate in the prosecution of the above referenced matter or has qualified for an exception based on age or trauma. Cooperation requires that _____

Victim Name

appear in court and testify in obedience to a subpoena. _____

Victim's Name

cooperation is not dependent on _____ testifying in a certain manner, all

Victim's Name

that is required is that _____ testify truthfully.

Victim's Name

5. Providing the requested Form I-914 Supplement B by the District Attorney does not guarantee that a T visa will issue. The Department of Homeland Security makes the sole determination regarding the issuance of a T 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