



## U-VISA CERTIFICATION APPLICATION FORM

Name:	
Mailing Address:	
Date of Birth:	
Name of Legal Representative:	
DCWP Complaint Number:	

The Department of Consumer and Worker Protection (DCWP) may certify a U-Visa application where:

- (a) the applicant was the victim of qualifying criminal activity;
- (b) the qualifying criminal activity is connected to a violation of laws or rules enforced by DCWP;
- (c) the applicant possesses information about qualifying criminal activity; and
- (d) the applicant has been, is being, or is likely to be helpful in DCWP's detection, investigation, or prosecution relating to qualifying criminal activity.

**Please provide all the information requested below and include with this application any supportive documents. Please email application and documents to [u-visa@dcwp.nyc.gov](mailto:u-visa@dcwp.nyc.gov)**

1. Have you been a victim of "qualifying criminal activity," as defined by 8 U.S.C § 1101(a)(15)(U)(iii)?
- Yes    No

2. If yes, identify the criminal activity and its connection to laws or rules enforced by DCWP.

3. What are/were the dates of the criminal activity?

4. Who is/was the perpetrator of the criminal activity?

5. Where did the criminal activity occur?

6. Describe any injuries you suffered as a result of the criminal activity.

7. Describe the information you possess regarding the criminal activity.

8. Describe how you have been helpful or will be helpful in the investigation or prosecution related to the criminal activity.

9. Provide any additional description regarding the criminal activity. You can add extra pages to this application to complete your answers, as necessary.

<i>Applicant Signature</i>	<i>Print Name</i>	<i>Date</i>
<i>Legal Representative Signature</i>	<i>Print Name</i>	<i>Date</i>