

Victim and Witness Assistance

318.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure that crime victims and witnesses receive appropriate assistance, that they are provided with information from government and private resources and that the department meets all related legal mandates.

318.2 POLICY

The Fargo Police Department is committed to providing guidance and assistance to the victims and witnesses of crime. The employees of the Fargo Police Department will show compassion and understanding for victims and witnesses, and will make reasonable efforts to provide the support and information identified in this policy.

318.3 DEFINITIONS

Crime: Includes all felony offenses; class A misdemeanors, excluding violations of section 6-08-16.1 for no-account checks; all violations of chapters 12.1-17 (Assaults) and 12.1-20 (Sex Offenses), including all corresponding violations of municipal ordinances; and any of the offenses that may result in adjudication of delinquency.

Victim: A natural person who has suffered direct or threatened physical, financial, or psychological harm as a result of the commission or attempted commission of a crime, delinquent act, or against whom the crime or delinquent act is committed. The term victim includes family members of a minor, incompetent, incapacitated, or deceased person. The term victim does not include the accused or a person whom the court finds would not act in the best interests of a deceased, incompetent, minor, or incapacitated victim.

Witness: A person who has been or is expected to be summoned to testify for the prosecution whether or not any action or proceeding has yet been commenced

318.4 CRIME VICTIM LIAISON

The Chief of Police may appoint a member of the Department to serve as the crime victim liaison; however, at this time the Department does not have a Victim's Advocate Office or program. Therefore, each officer/detective interacting with a victim will serve as a de facto crime victim liaison for City of Fargo offenses. Officers will serve as the point of contact for individuals requiring further assistance or information from the Fargo Police Department regarding crime victim resources. For state offenses the victim should be referred to the Cass County Victim Witness Coordinator.

318.4.1 NONIMMIGRANT VISAS

According to Homeland Security, the lack of immigration status in the U.S. may be one of the many reasons for some victims choosing not to come forward to work with law enforcement. A request for a nonimmigrant U visa or T visa, or for continued presence in the United States that is received by this department should be forwarded to the respective Criminal Investigations Unit commander

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for review. The case agent shall make notifications to the victim regarding application status as required by N.D.C.C. § 12.1-41-18.

In order to qualify for the U and T visa, the victim must prove to the U.S. Citizenship and Immigration Services (USCIS) that he or she cooperated with law enforcement, except if the victim is under the age of 18 or has suffered trauma. One of the primary ways a nonimmigrant victim may demonstrate cooperation with law enforcement is by submitting a signed statement from law enforcement as part of the application. In the U visa context, this statement is a required part of the petition and is known as the USCIS Form I-918, Supplement B, U Nonimmigrant Status Certification. In the T visa context, this statement is known as the USCIS Form I-914, Supplement B, Declaration of Law Enforcement Officer for Victim in Trafficking of Persons.

[See attachment: i-914supb.pdf](#)

[See attachment: i-918supb.pdf](#)

318.4.2 QUALIFYING CRIMES

The following table is a list of the criminal activities which qualify a victim for the U visa.¹

Abduction	Hostage	Sexual Assault
Abusive Sexual Contact	Incest	Sexual Exploitation
Blackmail	Involuntary Servitude	Slave Trade
Domestic Violence	Kidnapping	Stalking
Extortion	Manslaughter	Torture
False Imprisonment	Murder	Trafficking
Felonious Assault	Obstruction of Justice	Witness Tampering
Female Genital Mutilation	peonage	Unlawful Criminal Restraint
Fraud in Foreign Labor Contracting	Perjury	Related Criminal Activities ²
Prostitution	Rape	

¹ These are not specific crimes or citations to a criminal code; various federal, state, and local statutes could fall into these general categories of crime. Except "Fraud in Foreign Contracting," which is a federal offense defined in 18 USC 1351.

² Includes attempt, conspiracy, or solicitation to commit any of the above and other related crimes, as well as any similar activity where the elements of the crime are substantially similar.

318.4.3 CRIME VICTIM LIAISON DUTIES

The Administrative Division commander, or his/her designee shall develop procedures to ensure that the Department complies with the rights of crime victims as established by N.D. Const. art. 1, § 25, including:

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- (a) Officers/detectives shall provide each victim a Marsy's card to inform the victim in writing of his/her rights and that he/she may seek the advice of an attorney with respect to those rights. This information shall also be in a format available to the public.
- (b) If known, officers/detectives will notify the victim of the place and time of an offender's incarceration, if requested.
- (c) The Records Unit shall notify the victim as soon as practicable when a request is made for any confidential or privileged information about the victim, or any information that could be used to locate or harass the victim, or the victim's family.

318.5 CRIME VICTIMS

Officers shall provide crime victims with a Marsy's card. Officer should also provide crime victims with the more common victim information handouts such as a Rape and Abuse card, FirstLink card, and ND SAVIN card.

Officers should never guarantee a victim's safety from future harm, but may make practical safety suggestions to victims expressing fear of future harm or retaliation. Officers should never guarantee a person qualifies as a victim for purpose of compensation or restitution, but may direct him/her to the proper written department material or available victim resources.

318.6 VICTIM INFORMATION AND SERVICES

The designated Administration supervisor or designee, shall ensure that victim and witness information to include applicable handouts and forms are available and current. These shall include, as appropriate (N.D.C.C. § 12.1-34-02):

- (a) All available public or private programs that provide support, treatment, assistance programs, counseling, victim assistance hotlines, elderly victim services, and social service agencies.
- (b) Shelters and community resources for victims including domestic violence and sexual assault victims such as, but not limited to, the YWCA Shelter and Rape and Abuse information.
- (c) Assurance that sexual assault victims will not incur out-of-pocket expenses for forensic medical exams, and information about evidence collection, storage, and preservation in sexual assault cases (334 USC § 10449; 34 USC § 20109, N.D.C.C. § 12.1-34-07).
- (d) An advisement that a person who was arrested may be released on bond or some other form of release, and that the victim should not rely upon an arrest as a guarantee of safety.
- (e) A clear explanation of relevant court orders and how they can be obtained.
- (f) Information regarding available compensation for qualifying victims of crime under N.D.C.C. § 54-23.4-01 et seq. (N.D.C.C. § 12.1-34-02).
- (g) North Dakota Statewide Automated Victim Information and Notification (ND SAVIN) accessible through VINE® information (Victim Information and Notification Everyday), including the telephone number and whether this free service is available to allow

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victims to check on an offender's custody status and to register for automatic notification when a person is released from jail (N.D.C.C. § 12.1-34-02).

- (h) Notice regarding U visa and T visa application processes (N.D.C.C. § 12.1-41-18).
- (i) Resources available for victims of identity theft (N.D.C.C. § 51-31-04).
- (j) Notice of victim rights, Marsy's Card, prepared by the Department or North Dakota Attorney General (N.D.C.C. § 12.1-34-08).
- (k) An officer's business card, which includes the officer's name and any applicable case or incident number.
- (l) Information on how a victim of child sexual abuse who is over the age of 18 can, upon request, obtain a copy of the report related to his/her case.

318.7 WITNESSES

Officers should never guarantee a witness's safety from future harm or that his/her identity will always remain confidential. Officers may make practical safety suggestions to witnesses who express fear of future harm or retaliation.

Officers should investigate allegations of witness intimidation and take enforcement action when lawful and reasonable.

318.8 INVESTIGATIONS AND RECORDS UNIT

318.8.1 SPECIFIC REQUIREMENTS REGARDING CHILDREN

In order to protect a child victim or witness of a crime, except under N.D.C.C. Title 39 or equivalent ordinance, or the child victim of a fire, the name of the child and identifying biographical information may not appear on any public record. Instead, a Jane Doe/John Doe designation must appear or the child victim's information must be redacted from the document. Sealed confidential records containing the child's name and necessary biographical information must be kept in order to ensure that no defendant is charged twice (N.D.C.C. § 12.1-35-03).

318.8.2 INVESTIGATION STATUS

Victims and witnesses, upon request, must be informed of the status of the investigation, except where it is determined that disclosure of such information would unreasonably interfere with the investigation, until such time as the alleged offender is apprehended or the investigation is closed (N.D.C.C. § 12.1-34-02).

Upon the request of an alleged victim of a forced or coerced abortion, the investigating member shall notify the victim not less than 24 hours before initially contacting the suspect (N.D.C.C. § 12.1-41-21).

318.8.3 PRETRIAL RELEASE INVOLVING VIOLENCE

Victims and witnesses of crime must be afforded the following rights where applicable (N.C.C.C. § 12.1-34-02), if the victim invokes their Marsy's rights.

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Victims and witnesses in any case involving a crime of violence, who are not registered with the VINE network, must be given prompt notice by the handling officer/detective of any hearing in which the arrested person's pretrial release status will be determined (N.D.C.C. § 12.1-34-02).

If the alleged offender in a crime of violence is scheduled to be released before an appearance in court, the Cass County Jail staff shall give prompt notice to the victim and witness as long as the arresting officer provides to the Cass County Jail staff with all of the pertinent victim/witness information. The Cass County Jail fulfills this obligation to notify by registering the victim with the VINE network (N.D.C.C § 12.1-34-02(b)). However, if the arresting/booking officer fails to provide the victim and/or witness information to the Cass County Jail staff, whereas the Jail staff can't register the victim/witness in the VINE network, the Department will be responsible for any victim/witness notifications.

In the absence of the Cass County Jail or the Cass County Victim Witness Coordinator, the handling officer/detective should assist the victim or witness with registering in the VINE system to make sure that future information is received in a timely manner. A victim or witness who objects to registration may not be required to register with the system.

Attachments

i-918supb.pdf



Supplement B, U Nonimmigrant Status Certification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-918
OMB No. 1615-0104
Expires 02/28/2019

For USCIS Use Only	Remarks

► **START HERE - Type or print in black or blue ink.**

Part 1. Victim Information

1. Alien Registration Number (A-Number) (if any)

► A-

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2.a. Family Name
(Last Name)

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2.b. Given Name
(First Name)

--

2.c. Middle Name

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Other Names Used (Include maiden names, nicknames, and aliases, if applicable.)

If you need extra space to provide additional names, use the space provided in **Part 7. Additional Information**.

3.a. Family Name
(Last Name)

--

3.b. Given Name
(First Name)

--

3.c. Middle Name

--

4. Date of Birth (mm/dd/yyyy)

--

5. Gender ☐ Male ☐ Female

Part 2. Agency Information

1. Name of Certifying Agency

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Name of Certifying Official

2.a. Family Name
(Last Name)

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2.b. Given Name
(First Name)

--

2.c. Middle Name

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3. Title and Division/Office of Certifying Official

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Name of Head of Certifying Agency

4.a. Family Name
(Last Name)

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4.b. Given Name
(First Name)

--

4.c. Middle Name

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Agency Address

5.a. Street Number
and Name

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5.b. ☐ Apt. ☐ Ste. ☐ Flr.

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5.c. City or Town

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5.d. State

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5.f. ZIP Code

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5.g. Province

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5.h. Postal Code

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5.i. Country

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Other Agency Information

6. Agency Type

☐ Federal ☐ State ☐ Local

7. Case Status

☐ On-going ☐ Completed

☐ Other

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8. Certifying Agency Category

☐ Judge ☐ Law Enforcement ☐ Prosecutor

☐ Other

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9. Case Number

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10. FBI Number or SID Number (if applicable)

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Part 3. Criminal Acts

If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.

- 1.** The petitioner is a victim of criminal activity involving a violation of one of the following Federal, state, or local criminal offenses (or any similar activity). (Select **all applicable** boxes)

- | | |
|---|---|
| <input type="checkbox"/> Abduction | <input type="checkbox"/> Manslaughter |
| <input type="checkbox"/> Abusive Sexual Contact | <input type="checkbox"/> Murder |
| <input type="checkbox"/> Attempt to Commit Any of the Named Crimes | <input type="checkbox"/> Obstruction of Justice |
| <input type="checkbox"/> Being Held Hostage | <input type="checkbox"/> Peonage |
| <input type="checkbox"/> Blackmail | <input type="checkbox"/> Perjury |
| <input type="checkbox"/> Conspiracy to Commit Any of the Named Crimes | <input type="checkbox"/> Prostitution |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Rape |
| <input type="checkbox"/> Extortion | <input type="checkbox"/> Sexual Assault |
| <input type="checkbox"/> False Imprisonment | <input type="checkbox"/> Sexual Exploitation |
| <input type="checkbox"/> Felonious Assault | <input type="checkbox"/> Slave Trade |
| <input type="checkbox"/> Female Genital Mutilation | <input type="checkbox"/> Solicitation to Commit Any of the Named Crimes |
| <input type="checkbox"/> Fraud in Foreign Labor Contracting | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Incest | <input type="checkbox"/> Torture |
| <input type="checkbox"/> Involuntary Servitude | <input type="checkbox"/> Trafficking |
| <input type="checkbox"/> Kidnapping | <input type="checkbox"/> Unlawful Criminal Restraint |
| | <input type="checkbox"/> Witness Tampering |

Provide the dates on which the criminal activity occurred.

- 2.a. Date (mm/dd/yyyy)
- 2.b. Date (mm/dd/yyyy)
- 2.c. Date (mm/dd/yyyy)
- 2.d. Date (mm/dd/yyyy)

3. List the statutory citations for the criminal activity being investigated or prosecuted, or that was investigated or prosecuted.

- 4.a.** Did the criminal activity occur in the United States (including Indian country and military installations) or the territories or possessions of the United States?

☐ Yes ☐ No

- 4.b.** If you answered "Yes," where did the criminal activity occur?

- 5.a.** Did the criminal activity violate a Federal extraterritorial jurisdiction statute? ☐ Yes ☐ No

☐ Yes ☐ No

- 5.b.** If you answered "Yes," provide the statutory citation providing the authority for extraterritorial jurisdiction.

6. Briefly describe the criminal activity being investigated and/or prosecuted and the involvement of the petitioner named in **Part 1**. Attach copies of all relevant reports and findings.

7. Provide a description of any known or documented injury to the victim. Attach copies of all relevant reports and findings.

Part 4. Helpfulness Of The Victim

For the following questions, if the victim is under 16 years of age, incompetent or incapacitated, then a parent, guardian, or next friend may act on behalf of the victim.

1. Does the victim possess information concerning the criminal activity listed in **Part 3**? ☐ Yes ☐ No
2. Has the victim been helpful, is the victim being helpful, or is the victim likely to be helpful in the investigation or prosecution of the criminal activity detailed above? ☐ Yes ☐ No
3. Since the initiation of cooperation, has the victim refused or failed to provide assistance reasonably requested in the investigation or prosecution of the criminal activity detailed above? ☐ Yes ☐ No

If you answer "Yes" to **Item Numbers 1 - 3**, provide an explanation in the space below. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information.**

4. Other. Include any additional information you would like to provide.

[illegible]

Part 5. Family Members Culpable In Criminal Activity

1. Are any of the victim's family members culpable or believed to be culpable in the criminal activity of which the petitioner is a victim? ☐ Yes ☐ No

If you answered "Yes," list the family members and their criminal involvement. (If you need extra space to complete this section, use the space provided in **Part 7. Additional Information.**)

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

2.d. Relationship

2.e. Involvement

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

3.d. Relationship

3.e. Involvement

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

4.d. Relationship

4.e. Involvement

Part 6. Certification

I am the head of the agency listed in **Part 2.** or I am the person in the agency who was specifically designated by the head of the agency to issue a U Nonimmigrant Status Certification on behalf of the agency. Based upon investigation of the facts, I certify, under penalty of perjury, that the individual identified in **Part 1.** is or was a victim of one or more of the crimes listed in **Part 3.** I certify that the above information is complete, true, and correct to the best of my knowledge, and that I have made and will make no promises regarding the above victim's ability to obtain a visa from U.S. Citizenship and Immigration Services (USCIS), based upon this certification. I further certify that if the victim unreasonably refuses to assist in the investigation or prosecution of the qualifying criminal activity of which he or she is a victim, I will notify USCIS.

1. Signature of Certifying Official (sign in ink)



2. Date of Signature (mm/dd/yyyy)

3. Daytime Telephone Number

4. Fax Number

Part 7. Additional Information

If you need extra space to complete any item within this supplement, use the space below or attach a separate sheet of paper; type or print the agency's name, petitioner's name, and the Alien Registration Number (A-Number) (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet. If you need more space than what is provided, you may also make copies of this page to complete and file with this supplement.

1. Agency Name

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Petitioner's Name

2.a. Family Name
(Last Name)

2.b. Given Name
(First Name)

2.c. Middle Name

3. A-Number (if any)

► A-

4.a. Page Number

4.b. Part Number

4.c. Item Number

4.d.

[illegible]

5.a. Page Number

5.b. Part Number

11

5.c. Item Number

11

5.d.

[illegible]

6.a. Page Number

□

6.b. Part Number

11

6.c. Item Number

11

6.d.

[illegible]

i-914supb.pdf



Supplement B, Declaration of Law Enforcement Officer for Victim of Trafficking in Persons

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-914
OMB No. 1615-0099
Expires 01/31/2019

START HERE - Type or print in blank ink. This form should be completed by Federal, State, or local law enforcement authorities for victims under the Victims of Trafficking and Violence Protection Act, Public Law 106-386, as amended.

PART A. Victim Information

Family Name (Last Name) Given Name (First Name) Middle Name (if any)

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Other Names Used (include maiden name/nickname)

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Date of Birth (mm/dd/yyyy)

Gender

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☐ Male ☐ Female

A # (if known)

Social Security # (if known)

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Part B. Agency Information

Name of Certifying Agency

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Name of Certifying Official

Title and Division/Office of Certifying Official

--	--

Agency Address - Street Number and Name

Suite #

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City

State/Province

Zip/Postal Code

--	--	--

Daytime Phone # (area code and/or extension)

Fax # (with area code)

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Agency Type

☐ Federal

☐ State

☐ Local

Case Status

☐ On-going

☐ Completed

☐ Local

Certifying Agency Category

☐ Judge

☐ Law Enforcement

☐ Prosecutor

☐ Other

Case Number

FBI # or SID # (if applicable)

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Part C. Statement of Claim

1. The applicant is or has been a victim of a severe form of trafficking in persons. Specifically, he or she is a victim of: (Check all that apply. Base your analysis on the practices to which the victim was subjected rather than on the specific violations charged, the counts on which convictions were obtained, or whether any prosecution resulted in convictions. Note that the definitions that control this analysis are not the elements of criminal offenses, but are those set forth at 8 CFR 214.11(a).)

☐ Sex trafficking in which a commercial sex act was induced by force, fraud, or coercion. Sex trafficking means the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act.

☐ Sex trafficking and the victim is under the age of 18.

For USCIS Use Only

Returned

Receipt

Date

Date

Resubmitted

Date

Date

Reloc Sent

Date

Date

Reloc Rec'd

Date

Date

Remarks

Part C. Statement of Claim (Continued)

- ☐ The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force, fraud, or coercion for subjection to involuntary servitude, peonage, debt bondage, or slavery.
- ☐ Not applicable.
- ☐ Other, specify on attached additional sheets.

2. Please describe the victimization upon which the applicant's claim is based and identify the relationship between that victimization and the crime under investigation/prosecution. Attach the results of any name or database inquiry performed in the investigation of the case, as well as any relevant reports and findings. Include relevant dates, etc. Attach additional sheets, if necessary.

3. Has the applicant expressed any fear of retaliation or revenge if removed from the United States? If yes, explain. Attach additional sheets, if necessary.

4. Provide the date(s) on which the acts of trafficking occurred.

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

5. List the statutory citation(s) for the acts of trafficking being investigated or prosecuted, or that were investigated or prosecuted.

6. Provide the date on which the investigation or prosecution was initiated.

Date (mm/dd/yyyy)

7. Provide the date on which the investigation or prosecution was completed (if any).

Date (mm/dd/yyyy)

Part D. Cooperation of Victim *(Attach additional sheets, if necessary)*

The applicant:

- ☐ Has complied with requests for assistance in the investigation/prosecution of the crime of trafficking. *(Explain below.)*
- ☐ Has failed to comply with requests to assist in the investigation/prosecution of the crime of trafficking. *(Explain below.)*
- ☐ Has not been requested to assist in the investigation/prosecution of any crime of trafficking.
- ☐ Has not yet attained the age of 18.
- ☐ Other, specify on attached additional sheets.

Part E. Family Members Implicated In Trafficking

- ☐ Yes ☐ No Are any of the applicant's family members believed to have been involved in his or her trafficking to the United States? If "Yes," list the relative(s) and describe the involvement. Attach additional sheets if necessary.

Full Name	Relationship	Involvement

Part F. Attestation

Based upon investigation of the facts, I certify, under penalty of perjury, that the above noted individual is or has been a victim of a severe form of trafficking in persons as defined by the VTVPA. I certify that the above information is true and correct to the best of my knowledge, and that I have made, and will make, no promises regarding the above victim's ability to obtain a visa from U.S. Citizenship and Immigration Services, based upon this certification. I further certify that if the victim unreasonably refuses to assist in the investigation or prosecution of the acts of trafficking of which he/she is a victim, I will notify USCIS.

Signature of Law Enforcement Officer (*identified in Part B*) (*sign in ink*)

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Date (*mm/dd/yyyy*)

Signature of Supervisor of Certifying Officer (*sign in ink*)

[illegible]**Date** (*mm/dd/yyyy*)

DATE (mm/dd/yyyy)

Printed Name of Supervisor

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