

**TABLE OF CHANGES – FORM**  
**Form I-907, Request for Premium Processing Service**  
**OMB Number: 1615-0048**  
**Submission Date 10/06/2014**

**Reason for Revision: Reformat instructions to one column format**

Current Section and Page Number	Current Text	Proposed Text
		<p><input type="checkbox"/> <b>Select this box if Form G-28 is attached.</b></p> <p>Attorney State <b>Bar</b> Number (if applicable)</p> <p><b>Attorney or Accredited Representative USCIS ELIS Account Number (if any)</b></p>
<p><b>Page 1</b></p>	<p><b>Part 1. Information About You</b></p> <p>Family Name (<i>Last Name</i>)  Given Name (<i>First Name</i>)  Full Middle Name</p> <p><b>If filed on behalf of a company:</b> Company or Business Named in the Related Case</p> <p><b>Mailing Address</b> - Street Number and Name / P.O. Box Number</p> <p><b>Company Contact Information:</b></p> <p>Name of Company Contact  Title/Position  City  State/Province  Zip/Postal Code  Country  IRS Tax # (<i>if any</i>)</p>	<p><b>Part 1. Information About the Person Filing this Request</b></p> <p><b>1. Alien Registration Number (A-Number) (if any)</b></p> <p><b>2. Family Name (Last Name)</b>  <b>Given Name (First Name)</b>  <b>Middle Name</b></p> <p><b>3. Company or Organization Named in the Related Case:</b> If filed on behalf of a company or organization</p> <p><b>4. Mailing Address</b>  In Care of Name  <b>Street Number and Name or PO Box Number</b>  Apt. Ste. Flr.  Number  City or Town  State  <b>ZIP Code</b>  <b>Province</b>  <b>Postal Code</b>  <b>Country</b></p> <p><b>5. Is your mailing address the same as your physical address?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered "No," provide your physical address in <b>Item Number 6.</b></p> <p><b>6. Physical Address</b>  Street Number and Name  Apt. Ste. Flr.  Number  City or Town  State  <b>ZIP Code</b>  <b>Province</b></p>

	<p><b>You</b> (the person submitting this request):</p> <p><input type="checkbox"/> Are the petitioner who is filing or has filed a petition eligible for Premium Processing.</p> <p><input type="checkbox"/> Are the attorney or accredited representative for the petitioner who is filing or has filed a petition eligible for Premium Processing. (Complete and submit Form G-28, if Form G-28 has not been submitted with the petition.)</p> <p><input type="checkbox"/> Are the applicant who is filing or has filed an application eligible for Premium Processing.</p> <p><input type="checkbox"/> Are the attorney or accredited representative for the applicant who is filing or has filed an application eligible for Premium Processing. (Complete and submit Form G-28, if Form G-28 has not been submitted with the application.)</p> <p>Phone Number (Area/Country Code)</p> <p>Fax Number (Area/Country Code)</p> <p>E-Mail Address (if any)</p>	<p>Postal Code</p> <p>Country</p> <p><b>7. Request for Premium Processing Service:</b> (select <b>only one</b> box)</p> <p><input type="checkbox"/> <b>I am</b> the petitioner who is filing or has filed a petition eligible for Premium Processing Service.</p> <p><input type="checkbox"/> <b>I am</b> the attorney or accredited representative for the petitioner who is filing or has filed a petition eligible for Premium Processing Service. (Complete and submit Form G-28, if Form G-28 has not been submitted with the petition.)</p> <p><input type="checkbox"/> <b>I am</b> the applicant who is filing or has filed an application eligible for Premium Processing Service.</p> <p><input type="checkbox"/> <b>I am</b> the attorney or accredited representative for the applicant who is filing or has filed an application eligible for Premium Processing Service. (Complete and submit Form G-28, if Form G-28 has not been submitted with the application.)</p> <p>[Delete]</p> <p>[Delete]</p> <p>[Delete]</p>
<p><b>Page 1</b></p>	<p><b>Part 2. Information About Request</b></p> <ol style="list-style-type: none"> <li>1. Form Number of Related Petition/Application</li> <li>2. Receipt Number of Related Petition/Application</li> <li>3. Classification/Eligibility Requested</li> <li>4. Petitioner/Applicant in the Relating Case</li> <li>5. Beneficiary in the Relating Case</li> </ol>	<p><b>Part 2. Information About <b>The</b> Request</b></p> <ol style="list-style-type: none"> <li>1. <b>Form Number of Related Petition or Application</b></li> <li>2. <b>Receipt Number of Related Petition or Application</b></li> <li>3. <b>Classification or Eligibility Requested</b></li> <li>4. <b>Petitioner or Applicant in the Related Case</b> Family Name (Last Name) Given Name (First Name) Middle Name</li> <li>5. <b>Beneficiary in the Related Case</b> Family Name (Last Name) Given Name (First Name) Middle Name</li> <li>6. <b>Name of Point of Contact for the Company or Organization</b>  Family Name (Last Name) Given Name (First Name) Middle Name  Position Title</li> <li>7. <b>Company or Organization IRS Tax</b></li> </ol>

		<p><b>Number</b> (if any)</p> <p><b>8. Address of Petitioner, Applicant, Company or Organization Named in Related Case</b></p> <p>Street Number and Name  Apt. Ste. Flr. Number  City or Town  State  ZIP Code  Province  Postal Code  Country</p>
<p><b>Page 2</b></p>	<p><b>Part 3. Original Signature</b></p> <p>I understand that U.S. Citizenship and Immigration Services (USCIS) will issue a refund of the Premium Processing fee to the addressee above in <b>Part 1</b> of this request if USCIS does not take an action on the relating premium processing eligible case within 15 calendar days after this request has been physically received at the appropriate USCIS office. Case actions include a referral for investigation of suspected fraud or misrepresentation, or:</p> <p>The issuance of:</p> <ol style="list-style-type: none"> <li>1. An approval notice;</li> <li>2. A request for evidence; or</li> <li>3. A notice of intent to deny.</li> </ol>	<p><b>Part 3. Requestor's Statement, Certification, Signature, and Contact Information</b></p> <p>I understand that U.S. Citizenship and Immigration Services (USCIS) will refund the Premium Processing <b>Service</b> fee to the <b>person listed in Part 1.</b> of this request if USCIS does not take an action on the <b>related</b> case within 15 calendar days after <b>the appropriate USCIS office</b> physically receives <b>this request.</b> <b>I understand that</b> case actions include a referral for investigation of suspected fraud or misrepresentation, or the issuance of:</p> <ol style="list-style-type: none"> <li>1. An approval notice;</li> <li>2. A request for evidence;</li> <li>3. A notice of intent to deny; or</li> <li>4. <b>A denial notice.</b></li> </ol> <p><b>Requestor's Statement</b> [sub-header]</p> <p><b>NOTE:</b> Select the box for either <b>Item A.</b> or <b>B.</b> in <b>Item Number 1.</b> If applicable, select the box for <b>Item Number 2.</b></p> <p><b>1. Requestor's Statement Regarding the Interpreter</b></p> <p><b>A.</b> <input type="checkbox"/> I can read and understand English, and have read and understand each and every question and instruction on this request, as well as my answer to each question.</p> <p><b>B.</b> <input type="checkbox"/> The interpreter named in <b>Part 4.</b> has read to me each and every question and instruction on this request, as well as my answer to each question, in [Fillable Field], a language in which I am fluent I understand each and every question and instruction on this request as translated to me by my interpreter, and have provided true and correct responses in the language indicated</p>

	<p>I certify, under penalty of perjury under the laws of the United States of America, that the information provided with this request is all true and correct. USCIS may obtain any information from the records of the related case that USCIS needs to determine eligibility for the benefit being sought.</p> <p><b>Signature</b>  <b>Title</b> (if applicable)  <b>Print Your Name</b>  <b>Date</b> (mm/dd/yyyy)  <b>Company Name and Address</b>  <b>Daytime Phone Number</b> (Area Code and Number)</p>	<p>above.</p> <p><b>2. Requestor's Statement Regarding the Preparer</b></p> <p><input type="checkbox"/> I have requested the services of and consented to [Fillable Field], <input type="checkbox"/> who is <input type="checkbox"/> is not an attorney or accredited representative, preparing this request for me.</p> <p><b>Requestor's Certification</b> [sub-header]</p> <p>I certify, under penalty of perjury under the laws of the United States of America, that the information in my request and any document submitted with my request is complete, true and correct.</p> <p>Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.</p> <p>I furthermore authorize release of information contained in this request and in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration of U.S. immigration laws.</p> <p><b>Requestor's Signature</b> [sub-header]</p> <p>3. Requestor's Signature  Date of Signature (mm/dd/yyyy)</p> <p><b>Requestor's Contact Information</b> [sub-header]</p> <p>4. Requestor's Daytime Telephone Number  5. Requestor's Mobile Telephone Number (if any)  6. Requestor's Email Address (if any)  7. Requestor's Fax Number (if any)</p>
<p><b>Page 2</b></p>	<p><b>Part 4. Original Signature of Attorney or Accredited Representative</b> (Note if attorney is signing above in Part 3)</p>	<p><b>Part 4. Interpreter's Contact Information, Certification, and Signature</b></p> <p><b>Provide the following information about the interpreter:</b></p> <p><b>Interpreter's Full Name</b> [sub-header]</p> <p>1. Interpreter's Family Name (Last Name)  Interpreter's Given Name (First Name)</p> <p>2. Interpreter's Business or Organization Name (if any)</p>

	<p>I declare that I prepared this application at the request of the above person, and it is based on all information of which I have knowledge.</p> <p><input type="checkbox"/> Same individual as signing above in <b>Part 3.</b> (If this box is checked, provide your firm name and address and daytime phone number below and submit Form G-28, if Form G-28 has not been submitted with the petition or application. If this box is not checked, provide the requested information below.)</p> <p><b>Signature</b>  <b>Print Your Name</b>  <b>Date</b> (mm/dd/yyyy)  <b>Firm Name and Complete Address</b>  <b>Daytime Phone Number</b> (Area Code and Number)</p>	<p><b>Interpreter's Mailing Address</b> [sub-header]</p> <p><b>3.</b> Street Number and Name  Apt. Ste. Flr. Number  City or Town  State  ZIP Code  Province  Postal Code  Country</p> <p><b>Interpreter's Contact Information</b> [sub-header]</p> <p><b>4.</b> Interpreter's Daytime Telephone Number</p> <p><b>5.</b> Interpreter's Email Address (if any)</p> <p><b>Interpreter's Certification</b> [sub-header]</p> <p><b>I certify that:</b>  I am fluent in English and [Fillable field], which is the same language provided in <b>Part 3., Item B. in Item Number 1.;</b></p> <p>I have read to this requestor each and every question and instruction on this request, as well as the answer to each question, in the language provided in provided in <b>Part 3., Item B. in Item Number 1.;</b> and</p> <p>The requestor has informed me that they understand each and every instruction and question on the request, as well as their answer to each question.</p> <p><b>Interpreter's Signature</b> [sub-header]</p> <p><b>6.</b> Interpreter's Signature  Date of Signature (mm/dd/yyyy)</p>
<p><b>NEW</b></p>		<p><b>Part 5. Name, Contact Information, Declaration, and Signature of the Person Preparing this Request, If Other Than the Requestor</b></p> <p><b>Provide the following information about the preparer:</b></p> <p><b>Preparer's Full Name</b> [sub-header]</p> <p><b>1.</b> Preparer's Family Name (Last Name)  Preparer's Given Name (First Name)</p> <p><b>2.</b> Preparer's Business or Organization Name (if any)</p> <p><b>3.</b> Street Number and Name  Apt. Ste. Flr. Number</p>

		<p>City or Town  State  ZIP Code  Province  Postal Code  Country</p> <p><b>Preparer's Contact information</b> [sub-header]</p> <p>4. Preparer's Telephone Number  5. Preparer's Fax Number  6. Preparer's Email Address (if any)</p> <p><b>Preparer's Statement</b> [sub-header]</p> <p>7.A. <input type="checkbox"/> I am not an attorney or accredited representative but have prepared this request on behalf of the requestor with the requestor's consent.</p> <p>7.B. <input type="checkbox"/> I am an attorney or accredited representative and my representation of the requestor in this case (choose one) <input type="checkbox"/> extends <input type="checkbox"/> does not extend beyond the preparation of this request.</p> <p><b>Preparer's Declaration</b> [sub-header]</p> <p>By my signature, I certify, swear or affirm, under penalty of perjury, that I prepared this request on behalf of, at the request of, and with the express consent of, the requestor. I completed the request based only on responses the requestor provided to me. After completing the request, I reviewed it and all of the requestor's responses with the requestor, who agreed with each and every answer provided for each question on the request and, when required, supplied additional information to respond to a question on the request</p> <p><b>Preparer's Signature</b> [sub-header]</p> <p>8. Preparer's Signature  Date of Signature (mm/dd/yyyy)</p>
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