

**TABLE OF CHANGES –FORM**  
**Form I-907, Request for Premium Processing Service**  
**OMB Number: 1615-0048**  
**03/23/2018**

**Reason for Revision:**

Legend for Proposed Text:

- Black font = Current text
- Purple font = Standard language
- Red font = Changes

Current Page Number and Section	Current Text	Proposed Text
	<p>[Page 1]</p> <p>To be completed by and attorney or accredited representative (if any).</p> <p>Select this box if Form G-28 is attached.</p> <p>Attorney State Bar Number (if applicable)</p> <p>Attorney or Accredited Representative USCIS ELIS Account Number (if any)</p> <p>START HERE - Type or print in black ink.</p>	<p>[Page 1]</p> <p>[no change]</p> <p>Select this box if Form G-28 or Form G-28I is attached.</p> <p>[no change]</p> <p>Attorney or Accredited Representative USCIS Online Account Number (if any)</p> <p>START HERE - Type or print in black ink.</p>
<p><b>Page 1,</b></p> <p><b>Part 1. Information About the Person Filing This Request</b></p>	<p>[Page 1]</p> <p><b>Part 1. Information About the Person Filing This Request</b></p> <p><b>1. Alien Registration Number (A-Number)</b> (if any)</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></p> <p>In Care Of Name  Street Number and Name or PO Box Number  Apt. Ste. Flr. Number  City or Town  State</p>	<p>[Page 1]</p> <p><b>Part 1. Information About the Person Filing This Request</b></p> <p><b>1. Alien Registration Number (A-Number)</b> (if any)</p> <p><b>2. USCIS Online Account Number</b> (if any)</p> <p><b>3. Family Name (Last Name)</b>  <b>Given Name (First Name)</b>  <b>Middle Name</b></p> <p><b>4. Company or Organization Named in the Related Case:</b> (If filed on behalf of a company or organization)</p> <p><b>5. Mailing Address</b></p> <p>In Care Of Name  Street Number and Name  Apt. Ste. Flr. Number  City or Town  State</p>

	<p>ZIP Code Province Postal Code Country</p> <p>5. Is your current mailing address the same as your physical address? Yes/No</p> <p>If you answered "No," provide your physical address in <b>Item Number 6.</b></p> <p><b>6. Physical Address</b></p> <p>Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p><b>7. Request for Premium Processing Service:</b> (select <b>only one</b> box)</p> <p>I am the <b>petitioner</b> who is filing or has filed a petition eligible for Premium Processing Service.</p> <p>I am the attorney or accredited representative <b>for the petitioner</b> 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>I am the <b>applicant</b> who is filing or has filed an application eligible for Premium Processing Service.</p> <p>I am the attorney or accredited representative <b>for the applicant</b> 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>ZIP Code Province Postal Code Country</p> <p>6. Is your current mailing address the same as your physical address? Yes/No</p> <p>If you answered "<b>No</b>" to <b>Item Number 6.</b>, provide your physical address in <b>Item Number 7.</b></p> <p><b>[Page 2]</b></p> <p>7. Physical Address</p> <p>Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p>8. Request for Premium Processing Service (select <b>only one</b> box):</p> <p>[no change]</p> <p>I am the attorney or accredited representative <b>for the petitioner</b> who is filing or has filed a petition eligible for Premium Processing Service. (Complete and submit Form G-28, <b>Notice of Entry of Appearance as Attorney or Accredited Representative, or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States,</b> if Form G-28 or Form G-28I has not been submitted with the petition.)</p> <p>[no change]</p> <p>I am the attorney or accredited representative <b>for the applicant</b> who is filing or has filed an application eligible for Premium Processing Service. (Complete and submit Form G-28 or <b>Form G-28I,</b> if Form G-28 or <b>Form G-28I</b> has not been submitted with the application.)</p>
<p>Pages 2-3, <b>Part 2. Information About the Request</b></p>	<p><b>[Page 2]</b></p> <p><b>Part 2. Information About the Request</b></p> <p><b>1. Form Number of Related Petition or</b></p>	<p><b>[Page 2]</b></p> <p><b>Part 2. Information About the Request</b></p> <p>[no change]</p>

	<p><b>Application</b></p> <p><b>2. Receipt Number of Related Petition or Application</b></p> <p><b>3. Classification or Eligibility Requested</b></p> <p><b>4. Petitioner or Applicant in the Related Case</b></p> <p>Family Name (Last Name) Given Name (First Name) Middle Name</p> <p><b>5. Beneficiary in the Related Case</b></p> <p>Family Name (Last Name) Given Name (First Name) Middle Name</p> <p><b>6. Name of Point of Contact for the Company or Organization</b></p> <p>Family Name (Last Name) Given Name (First Name) Middle Name Position Title</p> <p><b>7. Company or Organization IRS Tax Number (if any)</b></p> <p>[Page 3]</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>7. Company or Organization IRS <b>Employer Identification Number (EIN)</b> (if any)</p> <p>[Page 3]</p> <p>8. Address of Petitioner, Applicant, Company, or Organization Named in Related Case</p> <p>[no change]</p>
<p><b>Pages 3-4,</b></p> <p><b>Part 3. Requestor’s Statement, Certification, Signature, and Contact Information</b></p>	<p>[Page 3]</p> <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 Service fee to the person listed in <b>Part 1.</b> of this request if USCIS does</p>	<p>[Page 3]</p> <p><b>Part 3. Requestor’s Statement, Contact Information, Declaration, Certification, and Signature</b></p> <p><b>NOTE:</b> Read the <b>Penalties</b> section of the Form I-907 Instructions before completing this section.</p> <p>I understand that U.S. Citizenship and Immigration Services (USCIS) will refund the Premium Processing Service fee to the person listed in <b>Part 1.</b> of this request if USCIS does</p>

	<p>not take an action on the related case within 15 calendar days after the appropriate USCIS office physically receives this request. I understand that 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. A denial notice.</li> </ol> <p><b>Requestor's Statement</b></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> 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> 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 , 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 above.</p> <p><b>2. Requestor's Statement Regarding the Preparer</b></p> <p>I have requested the services of and consented to, who is not an attorney or accredited representative, preparing this request for me.</p> <p>[Page 4]</p> <p><b>Requestor's Contact Information</b></p> <p><b>4. Requestor's Daytime Telephone Number</b></p> <p><b>5. Requestor's Mobile Telephone Number (if any)</b></p> <p><b>6. Requestor's Email Address (if any)</b></p> <p><b>7. Requestor's Fax Number (if any)</b></p>	<p>not take an action on the related case within 15 calendar days after the appropriate USCIS office physically receives this request. I understand that case actions include a referral for investigation of suspected <b>fraud, misrepresentation,</b> or the issuance of an approval <b>notice, a request for evidence, a notice of intent to deny, or a denial notice.</b></p> <p>[no change]</p> <p><b>A.</b> I can read and understand English, and <b>I have read and understand every</b> question and instruction on this <b>request and</b> my answer to every question.</p> <p><b>B.</b> The interpreter named in <b>Part 4.</b> read to me every question and instruction on this <b>request and my answer to every</b> question in [Fillable Field], a language in which I am fluent, <b>and I understood everything.</b></p> <p>[no change]</p> <p><b>At my request, the preparer named in Part 5., [Fillable field], prepared this request for me based only upon information I provided or authorized.</b></p> <p><b>Requestor's Contact Information</b></p> <p><b>3. Requestor's Daytime Telephone Number</b></p> <p><b>4. Requestor's Mobile Telephone Number (if any)</b></p> <p><b>5. Requestor's Email Address (if any)</b></p> <p>[deleted]</p>
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	<p><b>[Page 3]</b></p> <p><b><i>Requestor's Certification</i></b></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>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><b>[Page 4]</b></p> <p><b><i>Requestor's Signature</i></b></p> <p><b>3. Requestor's Signature</b> <b>Date of Signature</b> (mm/dd/yyyy)</p>	<p><b><i>Requestor's Declaration and Certification</i></b></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 any and all of 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, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.</p> <p><b>[Page 4]</b></p> <p>I certify, under penalty of perjury, that all of the information in my request and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my request and that all of this information is complete, true, and correct.</p> <p><b><i>Requestor's Signature</i></b></p> <p><b>6. Requestor's Signature</b> <b>Date of Signature</b> (mm/dd/yyyy)</p>
<p><b>Pages 4-5,</b></p> <p><b>Part 4. Interpreter's Contact Information, Certification, and Signature</b></p>	<p><b>[Page 4]</b></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><i>Interpreter's Full Name</i></b></p> <p><b>1. Interpreter's Family Name (Last Name)</b> <b>Interpreter's Given Name (First Name)</b></p> <p><b>2. Interpreter's Business or Organization Name (if any)</b></p> <p><b><i>Interpreter's Mailing Address</i></b></p> <p><b>3. Street Number and Name</b> <b>Apt. Ste. Flr.</b></p>	<p><b>[Page 4]</b></p> <p><b>Part 4. Interpreter's Contact Information, Certification, and Signature</b></p> <p>Provide the following information about the interpreter.</p> <p>[no change]</p>

	<p><b>Number</b>  <b>City or Town</b>  <b>State</b>  <b>ZIP Code</b>  <b>Province</b>  <b>Postal Code</b>  <b>Country</b></p> <p><i>Interpreter's Contact Information</i></p> <p><b>4. Interpreter's Daytime Telephone Number</b></p> <p><b>5. Interpreter's Email Address (if any)</b></p> <p><i>Interpreter's Certification</i></p> <p><b>I certify that:</b></p> <p>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 <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>[Page 5]</b></p> <p><i>Interpreter's Signature</i></p> <p><b>6. Interpreter's Signature</b>  <b>Date of Signature (mm/dd/yyyy)</b></p>	<p><i>Interpreter's Contact Information</i></p> <p><b>4. Interpreter's Daytime Telephone Number</b></p> <p><b>5. Interpreter's Mobile Telephone Number (if any)</b></p> <p><b>6. Interpreter's Email Address (if any)</b></p> <p><i>Interpreter's Certification</i></p> <p>I certify, <b>under penalty of perjury</b>, that:</p> <p>I am fluent in English and [Fillable Field], which is the same language specified in <b>Part 3., Item B. in Item Number 1.</b>, and I have read to this requestor in the identified language every question and instruction on this request and his or her answer to every <b>question</b>. <b>The</b> requestor informed me that he or she understands every instruction, question, and <b>answer</b> on the request, including the <b>Requestor's Declaration and Certification</b>, and has verified the accuracy of every answer.</p> <p><b>[Page 5]</b></p> <p><i>Interpreter's Signature</i></p> <p><b>7. Interpreter's Signature</b>  <b>Date of Signature (mm/dd/yyyy)</b></p>
<p><b>Pages 5-6,</b></p> <p><b>Part 5. Name, Contact Information, Declaration, and Signature of the Person Filing this Request, If Other Than the Requestor</b></p>	<p><b>[Page 5]</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><i>Preparer's Full Name</i></p> <p><b>1. Preparer's Family Name (Last Name)</b>  <b>Preparer's Given Name (First Name)</b></p> <p><b>2. Preparer's Business or Organization Name (if any)</b></p>	<p><b>[Page 5]</b></p> <p><b>Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor</b></p> <p><i>Provide the following information about the preparer.</i></p> <p>[no change]</p>

	<p><b><i>Preparer's Mailing Address</i></b></p> <p><b>3. Street Number and Name</b>  <b>Apt. Ste. Flr.</b>  <b>Number</b>  <b>City or Town</b>  <b>State</b>  <b>ZIP Code</b>  <b>Province</b>  <b>Postal Code</b>  <b>Country</b></p> <p><b><i>Preparer's Contact information</i></b></p> <p><b>4. Preparer's Telephone Number</b></p> <p><b>5. Preparer's Fax Number</b></p> <p><b>6. Preparer's Email Address (if any)</b></p> <p><b><i>Preparer's Statement</i></b></p> <p><b>7.A.</b> 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><b>7.B.</b> I am an attorney or accredited representative and my representation of the requestor in this case (choose one) extends does not extend beyond the preparation of this request.</p> <p><b>[Page 6]</b></p> <p><b><i>Preparer's Declaration</i></b></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><i>Preparer's Signature</i></b></p> <p><b>8. Preparer's Signature</b></p>	<p><b><i>Preparer's Contact Information</i></b></p> <p><b>4. Preparer's Daytime Telephone Number</b></p> <p><b>5. Preparer's Mobile Telephone Number (if any)</b></p> <p><b>6. Preparer's Email Address (if any)</b></p> <p><b><i>Preparer's Statement</i></b></p> <p><b>7.A.</b> 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><b>B.</b> I am an attorney or accredited representative and my representation of the requestor in this case <b>extends/does not extend</b> beyond the preparation of this request.</p> <p><b>NOTE:</b> If you are an attorney or accredited representative, you may need to submit a completed Form G-28 or Form G-28I with this request.</p> <p><b>[Page 6]</b></p> <p><b><i>Preparer's Certification</i></b></p> <p>By my signature, I <b>certify, under penalty of perjury, that I prepared this request at the request of the requestor. The requestor then reviewed this completed request and informed me that he or she understands all of the information contained in, and submitted with, his or her request, including the Requestor's Declaration and Certification, and that all of this information is complete, true, and correct. I completed this request based only on information that the requestor provided to me or authorized me to obtain or use.</b></p> <p><b><i>Preparer's Signature</i></b></p> <p><b>8. Preparer's Signature</b>  <b>Date of Signature (mm/dd/yyyy)</b></p>
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	Date of Signature (mm/dd/yyyy)	
<b>New</b>		<p><b>[Page 7]</b></p> <p><b>Part 6. Additional Information</b></p> <p>If you need extra space to provide any additional information within this request, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this request or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the <b>Page Number, Part Number, and Item Number</b> to which your answer refers; and sign and date each sheet.</p> <p><b>1. Family Name (Last Name) [Auto-populated field]</b>  Given Name (First Name) [Auto-populated field]  Middle Name [Auto-populated field]</p> <p><b>2. A-Number (if any) [Auto-populated field]</b></p> <p><b>3. A. Page Number</b>  <b>B. Part Number</b>  <b>C. Item Number</b>  <b>D. [Fillable field]</b></p> <p><b>4. A. Page Number</b>  <b>B. Part Number</b>  <b>C. Item Number</b>  <b>D. [Fillable field]</b></p> <p><b>5. A. Page Number</b>  <b>B. Part Number</b>  <b>C. Item Number</b>  <b>D. [Fillable field]</b></p>