

**TABLE OF CHANGES – FORM**  
**Form I-129CW, Petition for a CNMI-Only Nonimmigrant Transitional Worker**  
**OMB Number: 1615-0111**  
**09/27/2018**

**Reason for Revision: Minor revisions in support of Public Charge Rulemaking.**

Legend for Proposed Text:

- Black font = Current text
- Red font = Changes

Current Page Number and Section	Current Text	Proposed Text
<b>Page 3, Part 4. Processing Information</b>	<p>[Page 3]</p> <p>...</p> <p><b>3.</b> Does each beneficiary in this petition have a valid passport?  Yes  No. If no, type or print a brief explanation in <b>Part 9. Additional Information.</b>  Not Required to Have Passport</p> <p><b>4.</b> Are you filing any other petitions with this one?  Yes. If yes, how many?  No</p> <p><b>5.</b> Are applications for replacement/initial Form I-94's being filed with this petition?  Yes. If yes, how many?  No</p> <p><b>6.</b> Are applications by dependents being filed with this petition?  Yes. If yes, how many?  No</p> <p><b>7.</b> Is any beneficiary in this petition in removal proceedings?  Yes. If yes, explain in <b>Part 9. Additional Information.</b>  No</p> <p><b>8.</b> Have you ever filed an immigrant petition for any beneficiary in this petition?  Yes. If yes, explain in <b>Part 9. Additional Information.</b>  No</p> <p>If you indicated you were filing a new petition in <b>Part 2.</b>, has any beneficiary in this petition:</p>	<p>[Page 3]</p> <p>[no change]</p> <p><b>3.</b> Does each beneficiary in this petition have a valid passport?  Yes  No. If no, type or print a brief explanation in <b>Part 10. Additional Information.</b>  Not Required to Have Passport</p> <p><b>4.</b> Are you filing any other petitions with this one?  Yes. If yes, how many?  No</p> <p><b>5.</b> Are applications for replacement/initial Form I-94's being filed with this petition?  Yes. If yes, how many?  No</p> <p><b>6.</b> Are applications by dependents being filed with this petition?  Yes. If yes, how many?  No</p> <p><b>7.</b> Is any beneficiary in this petition in removal proceedings?  Yes. If yes, explain in <b>Part 10. Additional Information.</b>  No</p> <p><b>8.</b> Have you ever filed an immigrant petition for any beneficiary in this petition?  Yes. If yes, explain in <b>Part 10. Additional Information.</b>  No</p> <p>If you indicated you were filing a new petition in <b>Part 2.</b>, has any beneficiary in this petition:</p>

	<p><b>9.</b> Ever been given the classification you are now requesting? Yes. If yes, explain in <b>Part 9. Additional Information.</b> No</p> <p><b>10.</b> Ever been denied the classification you are now requesting? Yes. If yes, explain in <b>Part 9. Additional Information.</b> No</p> <p><b>11.</b> Have you ever previously filed a petition for this beneficiary? Yes. If yes, explain in <b>Part 9. Additional Information.</b> No</p>	<p><b>9.</b> Ever been given the classification you are now requesting? Yes. If yes, explain in <b>Part 10. Additional Information.</b> No</p> <p><b>10.</b> Ever been denied the classification you are now requesting? Yes. If yes, explain in <b>Part 10. Additional Information.</b> No</p> <p><b>11.</b> Have you ever previously filed a petition for this beneficiary? Yes. If yes, explain in <b>Part 10. Additional Information.</b> No</p>
<p><b>Page 4, Part 5. Basic Information About the Proposed Employment and Employer</b></p>	<p>[Page 4]</p> <p>...</p> <p><b>8.</b> Type of Petitioner (Select <b>only one</b> box):</p> <p>Business Organization Other (Type or print a brief explanation in <b>Part 9. Additional Information.</b>)</p> <p>...</p>	<p>[Page 4]</p> <p>[no change]</p> <p><b>8.</b> Type of Petitioner (Select <b>only one</b> box):</p> <p>Business Organization Other (Type or print a brief explanation in <b>Part 10. Additional Information.</b>)</p> <p>[no change]</p>
<p><b>New</b></p>		<p>[Page XX]</p> <p><b>Part 6. Information about the Proposed Employee’s (Primary Beneficiary) Public Benefits</b></p> <p><b>1.</b> Has the beneficiary <b>EVER</b> applied for or received any public benefits as listed in the instructions?</p> <p>Yes No</p> <p>If you answered “Yes,” provide information about the public benefits in the section below. If you need additional space to complete any Item Number in this Part, use the space provided in <b>Part 10. Additional Information.</b></p> <p><b>1.a.</b> Type of Benefit <b>1.b.</b> Amount of Benefit Weekly Monthly Annually Other [fillable field] <b>1.c.</b> Agency That Granted The Benefit <b>1.d.</b> Date Benefit Was Granted</p>

		<p><b>1.e.</b> Date Benefit Ended or Expires (mm/dd/yyyy)  <b>1.f.</b> Number of Household Members Receiving the Benefit</p> <p><b>2.a.</b> Type of Benefit  <b>2.b.</b> Amount of Benefit  Weekly  Monthly  Annually  Other [fillable field]  <b>2.c.</b> Agency That Granted The Benefit</p> <p><b>2.d.</b> Date Benefit Was Granted  <b>2.e.</b> Date Benefit Ended or Expires (mm/dd/yyyy)  <b>2.f.</b> Number of Household Members Receiving the Benefit</p> <p><b>3.a.</b> Type of Benefit  <b>3.b.</b> Amount of Benefit  Weekly  Monthly  Annually  Other [fillable field]  <b>3.c.</b> Agency That Granted The Benefit  <b>3.d.</b> Date Benefit Was Granted  <b>3.e.</b> Date Benefit Ended or Expires (mm/dd/yyyy)  <b>3.f.</b> Number of Household Members Receiving the Benefit</p> <p><b>4a.</b> Does the beneficiary anticipate applying for or receiving the public benefits, as listed in the instructions, in the future in the United States?  Yes  No</p> <p><b>4b.</b> Provide information you believe is relevant that would explain why the beneficiary anticipates applying for or receiving public benefits in the future. If you need additional space, you may use <b>Part 10. Additional Information.</b></p> <p>[Fillable Field]</p>
<p><b>Page 4, Part 6. Statement, Contact Information, Declaration, Certification, and Signature of the Petitioner or Authorized Signatory</b></p>	<p>[Page 4]</p> <p><b>Part 6. Statement, Contact Information, Declaration, Certification, and Signature of the Petitioner or Authorized Signatory</b></p> <p><b>NOTE:</b> Read the <b>Penalties</b> section of the Form I-129CW Instructions before completing this part. You, the petitioner, must file Form I-129CW while in the United States.</p> <p><i>Petitioner's or Authorized Signatory's Statement</i></p>	<p>[Page 4]</p> <p><b>Part 7. Statement, Contact Information, Declaration, Certification, and Signature of the Petitioner or Authorized Signatory</b></p> <p><b>NOTE:</b> Read the <b>Penalties</b> section of the Form I-129CW Instructions before completing this part. You, the petitioner, must file Form I-129CW while in the United States.</p> <p><i>Petitioner's or Authorized Signatory's Statement</i></p>

	<p><b>NOTE:</b> Select the box for either <b>Item Number 1.a.</b> or <b>1.b.</b> If applicable, select the box for <b>Item Number 2.</b></p> <p><b>1.a.</b> I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.</p> <p><b>1.b.</b> The interpreter named in <b>Part 7.</b> has read to me every question and instruction on this petition and my answer to every question in [fillable field] a language in which I am fluent. I understood all of this information as interpreted.</p> <p><b>2.</b> At my request, the preparer named in <b>Part 8.,</b> [Fillable field] prepared this petition for me based only upon information I provided or authorized.</p> <p><i>Petitioner's or Authorized Signatory's Contact Information</i></p> <p>...</p>	<p><b>NOTE:</b> Select the box for either <b>Item Number 1.a.</b> or <b>1.b.</b> If applicable, select the box for <b>Item Number 2.</b></p> <p><b>1.a.</b> I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.</p> <p><b>1.b.</b> The interpreter named in <b>Part 8.</b> has read to me every question and instruction on this petition and my answer to every question in [fillable field] a language in which I am fluent. I understood all of this information as interpreted.</p> <p><b>2.</b> At my request, the preparer named in <b>Part 9.,</b> [Fillable field] prepared this petition for me based only upon information I provided or authorized.</p> <p>[no change]</p>
<p><b>Page 5, Part 7. Interpreter's Contact Information, Certification, and Signature</b></p>	<p>[Page 5]</p> <p><b>Part 7. Interpreter's Contact Information, Certification, and Signature</b></p> <p>Provide the following information about the interpreter.</p> <p>...</p>	<p>[Page 5]</p> <p><b>Part 8. Interpreter's Contact Information, Certification, and Signature</b></p> <p>[no change]</p>
<p><b>Page 6, Part 8. Contact Information, Declaration, and Signature of the Person Preparing This Petition, if Other Than the Petitioner</b></p>	<p>[Page 6]</p> <p><b>Part 8. Contact Information, Declaration, and Signature of the Person Preparing This Petition, if Other Than the Petitioner</b></p> <p>Provide the following information about the preparer.</p> <p>...</p>	<p>[Page 6]</p> <p><b>Part 9. Contact Information, Declaration, and Signature of the Person Preparing This Petition, if Other Than the Petitioner</b></p> <p>[no change]</p>
<p><b>Page 7, Part 9. Additional Information</b></p>	<p>[Page 7]</p> <p><b>Part 9. Additional Information</b></p> <p>If you need extra space to provide any additional information within this petition, 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 petition 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,</b> and <b>Item Number</b> to which your</p>	<p>[Page 7]</p> <p><b>Part 10. Additional Information</b></p> <p>[no change]</p>

	<p>answer refers; and sign and date each sheet.</p> <p>...</p>	
<p><b>Page 8, Part 10. Accommodations for Individuals With Disabilities and/or Impairments</b></p>	<p>[Page 8]</p> <p><b>Part 10. Accommodations for Individuals With Disabilities and/or Impairments</b></p> <p><b>NOTE:</b> Read the information in the Form I-129CW Instructions before completing this part.</p> <p>...</p>	<p>[Page 8]</p> <p><b>Part 11. Accommodations for Individuals With Disabilities and/or Impairments</b></p> <p>[no change]</p>
<p><b>Page 8, Part 11. Employer Attestation</b></p>	<p>[Page 8]</p> <p><b>Part 11. Employer Attestation</b></p> <p><b>Employer Attestation</b></p> <p>There are no qualified U.S. workers available to fill the position offered by the above named petitioning employer.</p> <p>...</p>	<p>[Page 8]</p> <p><b>Part 12. Employer Attestation</b></p> <p><b>Employer Attestation</b></p> <p>There are no qualified U.S. workers available to fill the position offered by the above named petitioning employer.</p> <p>[no change]</p>
<p><b>Form I-129CW Classification Supplement, New</b></p>	<p>New</p>	<p>[Page XX]</p> <p><b>Part 2. Information about the Proposed Beneficiary’s (Spouse or Child) Public Benefits</b></p> <p><b>1. Has the beneficiary EVER applied for or received any public benefits as listed in the instructions?</b></p> <p>Yes No</p> <p>If you answered “Yes,” provide information about the public benefits in the section below. If you need additional space to complete any Item Number in this Part, use the space provided in <b>Part 10. Additional Information.</b></p> <p><b>1.a. Type of Benefit</b> <b>1.b. Amount of Benefit</b> Weekly Monthly Annually Other [fillable field] <b>1.c. Agency That Granted The Benefit</b> <b>1.d. Date Benefit Was Granted</b> <b>1.e. Date Benefit Ended or Expires</b> (mm/dd/yyyy)</p> <p><b>2.a. Type of Benefit</b> <b>2.b. Amount of Benefit</b> Weekly Monthly</p>

		<p>Annually Other [fillable field]</p> <p><b>2.c. Agency That Granted The Benefit</b></p> <p><b>2.d. Date Benefit Was Granted</b> <b>2.e. Date Benefit Ended or Expires</b> (mm/dd/yyyy)</p> <p><b>3.a. Type of Benefit</b> <b>3.b. Amount of Benefit</b> Weekly Monthly Annually Other [fillable field]</p> <p><b>3.c. Agency That Granted The Benefit</b> <b>3.d. Date Benefit Was Granted</b> <b>3.e. Date Benefit Ended or Expires</b> (mm/dd/yyyy)</p> <p><b>4a. Does the beneficiary anticipate applying for or receiving the public benefits, as listed in the instructions, in the future in the United States?</b> Yes No</p> <p><b>4b. Provide information you believe is relevant that would explain why the beneficiary anticipates applying for or receiving public benefits in the future. If you need additional space, you may use <b>Part 10. Additional Information.</b></b></p> <p>[Fillable Field]</p>
<p><b>Page 10, Form I-129CW Classification Supplement, Part 2. Accommodations for Individuals With Disabilities and/or Impairments</b></p>	<p>[Page 10]</p> <p><b>Part 2. Accommodations for Individuals With Disabilities and/or Impairments</b></p> <p>NOTE: Read the information in the Form I-129CW Instructions before completing this part.</p> <p>...</p>	<p>[Page 10]</p> <p><b>Part 3. Accommodations for Individuals With Disabilities and/or Impairments</b></p> <p>[no change]</p>
<p><b>Page 11, Form I-129CW Classification Supplement, Part 3. Employer Attestation</b></p>	<p>[Page 11]</p> <p><b>Part 3. Employer Attestation</b></p> <p>Employer Attestation</p> <p>...</p>	<p>[Page 11]</p> <p><b>Part 4. Employer Attestation</b></p> <p>Employer Attestation</p> <p>[no change]</p>