

**TABLE OF CHANGES – FORM**  
**Form I-129CW, Petition for a CNMI-Only Nonimmigrant Transitional Worker**  
**OMB Number: 1615-0111**  
**08/01/2019**

**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
<p><b>Page 2, Part 3.</b>  <b>Information About The Beneficiaries For Whom You Are Filing</b></p>	<p>[Page 2]</p> <p><b>Part 3. Information About the Beneficiaries For Whom You Are Filing</b></p> <p>Provide the requested information below. If you need additional space to complete this section, use the space provided in <b>Part 9. Additional Information.</b> If you need additional space to name each beneficiary included in this petition use Form I-129CW Classification Supplement.</p> <p>Provide all other names the beneficiary has ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in <b>Part 9. Additional Information.</b></p>	<p>[Page 2]</p> <p><b>Part 3. Information About the Beneficiaries For Whom You Are Filing</b></p> <p>Provide the requested information below. If you need additional space to complete this section, use the space provided in <b>Part 10. Additional Information.</b> If you need additional space to name each beneficiary included in this petition use Form I-129CW Classification Supplement.</p> <p>...</p> <p>Provide all other names the beneficiary has ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in <b>Part 10. Additional Information.</b></p> <p>...</p>
<p><b>Page 3, Part 4.</b>  <b>Processing Information</b></p>	<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</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</p>

	<p>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><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>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 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>New</p>		<p>[Page 4]</p> <p><b>Part 6. Information about the Beneficiary's Public Benefits</b></p>

		<p>This <b>Part 6.</b> only applies to beneficiaries who are seeking to change nonimmigrant status or extend their nonimmigrant stay while they are in the CNMI. If the beneficiary is not seeking a change of status or extension of stay, you may skip this <b>Part 6.</b></p> <p>Provide the requested information and submit documentation as outlined in the Instructions. For additional beneficiaries, please respond to the questions in <b>Part 2., Information about the Additional Beneficiary’s Public Benefits,</b> in the Form I-129CW Classification Supplement.</p> <p><b>1.</b> Has the beneficiary, since obtaining the nonimmigrant status that you seek to change on behalf of the beneficiary, received, or is the beneficiary currently certified to receive, any of the following public benefits? (Select all that apply)</p> <p><input type="checkbox"/> Yes, the beneficiary has received or is currently certified to receive the following benefits (select all that apply):</p> <p><input type="checkbox"/> Any Federal, State, local, or Tribal Cash Assistance For Income Maintenance</p> <p><input type="checkbox"/> Supplemental Security Income (SSI)</p> <p><input type="checkbox"/> Temporary Assistance for Needy Families (TANF)</p> <p><input type="checkbox"/> General Assistance (GA)</p> <p><input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP, formerly called “Food Stamps”)</p> <p><input type="checkbox"/> Section 8 Housing Assistance under the Housing Choice Voucher Program</p> <p><input type="checkbox"/> Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation)</p> <p><input type="checkbox"/> Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.</p> <p><input type="checkbox"/> Federally-funded Medicaid</p> <p><input type="checkbox"/> No, the beneficiary has not received any of the above listed public benefits.</p> <p><input type="checkbox"/> No, the beneficiary is not certified to receive any of the above listed public benefits.</p> <p><b>2.</b> If the beneficiary has received or is currently certified to receive any of the above public benefits, provide information about the public benefits below. If you need additional space to complete any <b>Item Number</b> in this <b>Part,</b> use the space provided in <b>Part 10. Additional Information.</b> Submit evidence as outlined in the Instructions.</p>
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**[Page 5]**

**A. Type of Benefit**

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)

Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)

**B. Type of Benefit**

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)

Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)

**C. Type of Benefit**

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)

Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)

**D. Type of Benefit**

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)

Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)

**3. If you answered "Yes" to Item Number 1., do any of the following apply to the beneficiary? Provide the evidence listed in the Form I-129CW Instructions.**

The beneficiary is enlisted in the U.S. Armed Forces, or is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.

The beneficiary is the spouse or the child of an individual who is enlisted in the U.S. Armed Forces, or who is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.

At the time the beneficiary received the public benefits, the beneficiary (or the beneficiary's spouse or parent) was enlisted in the U.S. Armed Forces, or was serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.

At the time the beneficiary received the public benefits, the beneficiary was present in the United States in a status exempt from the public charge ground of inadmissibility and the

		<p>beneficiary received the public benefits during that time.</p> <p><input type="checkbox"/> At the time the beneficiary received the public benefits, the beneficiary was present in the United States after being granted a waiver of the public charge ground of inadmissibility.</p> <p><input type="checkbox"/> The beneficiary is a child currently residing abroad who entered the United States with a nonimmigrant visa to attend an N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322 interview.</p> <p><input type="checkbox"/> None of the above statements apply to the beneficiary.</p> <p><b>4.a.</b> Has the beneficiary received, applied for, or have been certified to receive federally-funded Medicaid in connection with any of the following (select all that apply):</p> <p><b>NOTE:</b> Submit evidence as outlined in the Instructions.</p> <p><input type="checkbox"/> An Emergency Medical Condition  <input type="checkbox"/> For a Service Under the Individuals with Disabilities Education Act (IDEA)  <input type="checkbox"/> Other School-based Benefits or Services Available Up to the Oldest Age Eligible for Secondary Education Under State Law  <input type="checkbox"/> While Under 21 Years of Age  <input type="checkbox"/> While Pregnant or During the 60-day Period Following the Last Day of Pregnancy</p> <p><b>4.b.</b> Provide the Applicable Dates  Start Date (mm/dd/yyyy)  End Date (mm/dd/yyyy)</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><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>[Page 6]</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>2. 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>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>2. 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><b>[no change]</b></p>
<p><b>Page 5, Part 7. Interpreter's Contact Information, Certification, and Signature</b></p>	<p><b>[Page 5]</b></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><i>Interpreter's Certification</i></p> <p>I certify, under penalty of perjury, that:</p> <p>I am fluent in English and [Fillable field] which is the same language specified in <b>Part 6., Item Number 1.b.</b>, and I have read to this petitioner or the authorized signatory in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner or authorized signatory informed me that he or she understands every instruction, question, and answer on the petition, including the <b>Petitioner's or Authorized Signatory's Declaration and Certification</b>, and has verified the accuracy of every answer.</p> <p>...</p>	<p><b>[Page 7]</b></p> <p><b>Part 8. Interpreter's Contact Information, Certification, and Signature</b></p> <p><b>[no change]</b></p> <p>...</p> <p><i>Interpreter's Certification</i></p> <p>I certify, under penalty of perjury, that:</p> <p>I am fluent in English and [Fillable field] which is the same language specified in <b>Part 7., Item Number 1.b.</b>, and I have read to this petitioner or the authorized signatory in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner or authorized signatory informed me that he or she understands every instruction, question, and answer on the petition, including the <b>Petitioner's or Authorized Signatory's Declaration and Certification</b>, and has verified the accuracy of every answer.</p> <p>...</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><b>[Page 6]</b></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><b>[Page 7]</b></p> <p><b>Part 9. Contact Information, Declaration, and Signature of the Person Preparing This Petition, if Other Than the Petitioner</b></p> <p><b>[no change]</b></p>
<p><b>Page 7, Part 9. Additional Information</b></p>	<p><b>[Page 7]</b></p> <p><b>Part 9. Additional Information</b></p>	<p><b>[Page 9]</b></p> <p><b>Part 10. 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</b>, <b>Part Number</b>, and <b>Item Number</b> to which your answer refers; and sign and date each sheet.</p> <p>...</p>	<b>[no change]</b>
<b>Page 8, Part 10. Accommodations for Individuals With Disabilities and/or Impairments</b>	<p><b>[Page 8]</b></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><b>[Page 10]</b></p> <p><b>Part 11. Accommodations for Individuals With Disabilities and/or Impairments</b></p> <p><b>[no change]</b></p>
<b>Page 8, Part 11. Employer Attestation</b>	<p><b>[Page 8]</b></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><b>[Page 10]</b></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><b>[no change]</b></p>
<b>Form I-129CW Classification Supplement, New</b>	<p>New</p>	<p><b>[Page 12]</b></p> <p><b>Part 2. Information about the Additional Beneficiary's Public Benefits</b></p> <p><b>1. Has the beneficiary, since obtaining the nonimmigrant status that you seek to extend or that you seek to change on behalf of the beneficiary, received, or is the beneficiary currently certified to receive, any of the following public benefits (select all that apply)?</b></p> <p><input type="checkbox"/> Yes, the beneficiary has received or is currently certified to receive the following benefits:</p> <p><input type="checkbox"/> Any Federal, State, Local, or Tribal Cash Assistance For Income Maintenance</p> <p><input type="checkbox"/> Supplemental Security Income (SSI)</p> <p><input type="checkbox"/> Temporary Assistance for Needy Families (TANF)</p> <p><input type="checkbox"/> General Assistance (GA)</p> <p><input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP, formerly called "Food Stamps")</p> <p><input type="checkbox"/> Section 8 Housing Assistance under the</p>

Housing Choice Voucher Program  
 Section 8 Project-Based Rental Assistance  
(including Moderate Rehabilitation)

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Public Housing under the Housing Act of  
1937, 42 U.S.C. 1437 et seq.

Federally-Funded Medicaid

No, the beneficiary has not received any of  
the above listed public benefits.

No, the beneficiary is not certified to receive  
any of the above listed public benefits.

**2.** If the beneficiary has received or is currently  
certified to receive any of the above public  
benefits, provide information about the public  
benefits, below. If you need additional space to  
complete any **Item Number** in this **Part**, use  
the space provided in **Part 10. Additional  
Information**. Submit evidence as outlined in  
the Instructions.

**A. Type of Benefit**

Agency that Granted the Benefit  
Date the Beneficiary Started Receiving the  
Benefit or if Certified, Date the Beneficiary  
Will Start Receiving the Benefit (mm/dd/yyyy)  
Date Benefit or Coverage Ended or Expires  
(mm/dd/yyyy)

**B. Type of Benefit**

Agency that Granted the Benefit  
Date the Beneficiary Started Receiving the  
Benefit or if Certified, Date the Beneficiary  
Will Start Receiving the Benefit (mm/dd/yyyy)  
Date Benefit or Coverage Ended or Expires  
(mm/dd/yyyy)

**C. Type of Benefit**

Agency that Granted the Benefit  
Date the Beneficiary Started Receiving the  
Benefit or if Certified, Date the Beneficiary  
Will Start Receiving the Benefit (mm/dd/yyyy)  
Date Benefit or Coverage Ended or Expires  
(mm/dd/yyyy)

**D. Type of Benefit**

Agency that Granted the Benefit  
Date the Beneficiary Started Receiving the  
Benefit or if Certified, Date the Beneficiary  
Will Start Receiving the Benefit (mm/dd/yyyy)  
Date Benefit or Coverage Ended or Expires  
(mm/dd/yyyy)



**3.** If you answered “Yes” to **Item Number 1.**, do any of the following apply to the beneficiary? Provide the evidence listed in the Form I-129CW Instructions.

The beneficiary is enlisted in the U.S. Armed Forces, or is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.

The beneficiary is the spouse or the child of an individual who is enlisted in the U.S. Armed Forces, or who is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.

At the time the beneficiary received the public benefits, the beneficiary (or the beneficiary’s spouse or parent) was enlisted in the U.S. Armed Forces, or was serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.

At the time the beneficiary received the public benefits, the beneficiary was present in the United States in a status exempt from the public charge ground of inadmissibility.

At the time the beneficiary received the public benefits, the beneficiary was previously present in the United States after being granted a waiver of the public charge ground of inadmissibility.

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The beneficiary is a child currently residing abroad who entered the United States with a nonimmigrant visa to attend an N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322, interview.

None of the above statements apply to the beneficiary.

**4.a.** Has the beneficiary received, applied for, or has been certified to receive federally-funded Medicaid in connection with any of the following (select all that apply):

**NOTE:** Submit evidence as outlined in the Instructions.

- An Emergency Medical Condition
- For a Service Under the Individuals with Disabilities Education Act (IDEA)
- Other School-based Benefits or Services Available Up to the Oldest Age Eligible for Secondary Education Under State Law

		<input type="checkbox"/> While Under 21 Years of Age <input type="checkbox"/> While Pregnant or During the 60-day Period Following the Last Day of Pregnancy  <b>4.b.</b> Provide the Applicable Dates Start Date (mm/dd/yyyy) End Date (mm/dd/yyyy)
<b>Page 10, Form I-129CW Classification Supplement, Part 2. Accommodations for Individuals With Disabilities and/or Impairments</b>	<b>[Page 10]</b>  <b>Part 2. Accommodations for Individuals With Disabilities and/or Impairments</b>  <b>NOTE:</b> Read the information in the Form I-129CW Instructions before completing this part.  ...	<b>[Page 14]</b>  <b>Part 3. Accommodations for Individuals With Disabilities and/or Impairments</b>  <b>[no change]</b>
<b>Page 11, Form I-129CW Classification Supplement, Part 3. Employer Attestation</b>	<b>[Page 11]</b>  <b>Part 3. Employer Attestation</b>  <b>Employer Attestation</b>  ...	<b>[Page 14]</b>  <b>Part 4. Employer Attestation</b>  <b>Employer Attestation</b>  <b>[no change]</b>