

TABLE OF CHANGES – INSTRUCTIONS
Form I-129CW, Petition for a CNMI-Only Nonimmigrant Transitional Worker
OMB Number: 1615-0111
09/23/2019

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
Page 1, General Instructions	<p>[Page 1]</p> <p>General Instructions</p> <p>USCIS provides forms free of charge through the USCIS website. In order to view, print, or fill out our forms, you should use the latest version of Adobe Reader, which you can download for free at http://get.adobe.com/reader/. If you do not have Internet access, you may call the USCIS National Customer Service Center at 1-800-375-5283 and ask that we mail a form to you. For TTY (deaf or hard of hearing) call: 1-800-767-1833.</p> <p>...</p> <p>[Page 2]</p> <p>How To Fill Out Form I-129CW</p> <ol style="list-style-type: none"> 1. Type or print legibly in black ink. 2. If you need extra space to complete any item within this petition, use the space provided in Part 9. Additional Information or attach a separate sheet of paper. Type or print your name and 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. 3. Answer all questions fully and accurately. If a question does not apply to 	<p>[Page 1]</p> <p>General Instructions</p> <p>USCIS provides forms free of charge through the USCIS website. In order to view, print, or fill out our forms, you should use the latest version of Adobe Reader, which you can download for free at http://get.adobe.com/reader/. If you do not have Internet access, you may call the USCIS Contact Center at 1-800-375-5283. The USCIS Contact Center provides information in English and Spanish. For TTY (deaf or hard of hearing) call: 1-800-767-1833.</p> <p>...</p> <p>[Page 2]</p> <p>How To Fill Out Form I-129CW</p> <ol style="list-style-type: none"> 1. Type or print legibly in black ink. 2. If you need extra space to complete any item within this petition, use the space provided in Part 10. Additional Information or attach a separate sheet of paper. Type or print your name and 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. <p>[no change]</p>

you (for example, if you have never been married and the question asks, “Provide the name of your current spouse”), type or print “N/A” unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, “How many children do you have” or “How many times have you departed the United States”), type or print “None” unless otherwise directed.

4. USCIS Online Account Number (if any). If you have previously filed an application or petition using the USCIS online filing system (previously called USCIS Electronic Immigration System (USCIS ELIS)), provide the USCIS Online Account Number you were issued by the system. You can find your USCIS Online Account Number by logging in to your account and going to the profile page. If you previously filed certain applications or petitions on a paper form through a USCIS Lockbox facility, you may have received a USCIS Online Account Access Notice issuing you a USCIS Online Account Number. You may find your USCIS Online Account Number at the top of the notice. If you were issued a USCIS Online Account Number, enter it in the space provided. The USCIS Online Account Number is not the same as an A-Number.

[New]

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5. Part 6. Information about the Beneficiary’s Public Benefits

In general, a condition on the approval of a request to extend the beneficiary’s stay or change the beneficiary’s status is that the beneficiary must demonstrate that, since obtaining the nonimmigrant status that you seek to extend or which you seek to change on behalf of the beneficiary, he or she has not received one or more public benefits as set forth in 8 CFR 212.21(b) (and listed below), for more than 12 months in the aggregate within any 36 month period (such that, for instance, receipt of two benefits in one month counts as two months). This condition only applies to beneficiaries who are seeking to change status or extend their stay while they are in

the CNMI. Therefore, you only have to complete the information in **Part 6**, if you are also requesting an extension of the beneficiary's stay in the CNMI or a change of the beneficiary's status with this petition. If you are filing this petition without a request for the beneficiary's change of status or extension of stay, you may skip **Part 6**.

Item Number 1. Public Benefits. Provide the information requested about the beneficiary's receipt or the beneficiary's current certification for receipt of public benefits, as defined in 8 CFR 212.21(b) (and which are listed below), unless the nonimmigrant classification is exempt from the public charge inadmissibility under INA section 212(a)(4). Provide the requested information and documentation. For additional beneficiaries, please respond to the questions in **Part 2. Information about the Additional Beneficiary's Public Benefits**, in the Form I-129CW Classification Supplement for each beneficiary.

Item Number 2. You must provide information about all public benefits as defined in 8 CFR 212.21(b) (and which are listed below) received by the beneficiary in his or her current nonimmigrant status regardless of how long the beneficiary received the public benefit, or the beneficiary's certification for receipt of public benefits. USCIS will calculate the duration of each public benefit to be considered. If the beneficiary received public benefits intermittently through the year, provide each instance separately. For example, if the beneficiary received Supplemental Nutrition Assistance Program (SNAP) from January to February and June to December, provide the information separately. If you require additional space, use the space provided in **Part 10. Additional Information**.

Receipt means when a benefit-granting agency provides a public benefit to the beneficiary whether in the form of cash, voucher, services, or insurance coverage. Only the benefits received by or attributable to the beneficiary will be considered.

		<p>Indicate whether the beneficiary has received or been certified to receive the following public benefits, since having obtained the nonimmigrant status that you seek to extend or that you seek to change on behalf of the beneficiary. (You need to respond even if the beneficiary falls within one of the categories of individuals for whom receipt of public benefits will not be considered – see table below for evidence that must be provided to document that the beneficiary qualified for the exclusion):</p> <ol style="list-style-type: none"> 1. Any Federal, state, local, or tribal cash assistance for income maintenance; 2. Supplemental Security Income (SSI); 3. Temporary Assistance for Needy Families (TANF); 4. Federal, state, or local cash benefit programs for income maintenance (often called “General Assistance” in the state context, but which may exist under other names); 5. Supplemental Nutrition Assistance Program (SNAP, formerly called “Food Stamps”); 6. Section 8 Housing Assistance under the Housing Choice Voucher Program; 7. Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation); 8. Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.; and 9. Federally-funded Medicaid. <p>NOTE: You need only to report public benefits received by the beneficiary on or after October 15, 2019, but not any received by the beneficiary before October 15, 2019.</p> <p>If the beneficiary has not received any of the public benefits listed above, please select that option.</p> <p>If the beneficiary is currently not certified to receive any of the public benefits listed above, please select that option.</p> <p>If the beneficiary has received or is certified to receive the public benefits but requested disenrollment, please provide, in addition to providing information about any exclusions below, evidence of the</p>
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		<p>disenrollment or the request to disenroll if the public benefit-granting agency has not processed the request.</p> <p>Unless the beneficiary qualifies for certain exclusions listed in the table below, the beneficiary is ineligible for extension of stay and change of status if the beneficiary has received, since obtaining the nonimmigrant status that you seek to extend or which you seek to change on behalf of the beneficiary, the public benefits listed above for more than 12 months in the aggregate within any 36-month period (such that, for instance, receipt of two public benefits in one month counts as two months).</p> <p>The following is a list of exemptions from the public benefits listed above. If the beneficiary belongs to one of the following categories, submit the evidence listed for the applicable categories.</p> <p>[Table]</p> <p>Exclusion U.S. Armed Forces Service Members</p> <p>Description At the time the public benefit was received, or at the time you file Form I-129CW, or at time of adjudication of Form I-129CW, the beneficiary is:</p> <ul style="list-style-type: none"> • An alien enlisted in the U.S. Armed Forces, or serving in active duty or in the Ready Reserve component of the U.S. Armed Forces; or • The spouse or child of the service member (listed above); or • The spouse or child of an individual enlisted in the U.S. Armed Forces, or serving in active duty or in the Ready Reserve component of the U.S. Armed Forces. <p>Evidence You Must Submit for the Beneficiary to Qualify for Exclusion</p> <ul style="list-style-type: none"> • Service Members: Certified evidence of alien's enlistment/service issued by the authorizing official of the executive department in which service member is serving. • Spouses and Children of Service Members:
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		<ul style="list-style-type: none"> o Copy of Form DD-1173, United States Uniformed Services Identification and Privilege Card (Dependent). <p>Exclusion Federally-funded Medicaid</p> <p>Description</p> <ul style="list-style-type: none"> • Receipt by an alien under 21 years of age; • The recipient of Medicaid payments for an “emergency medical condition”; • The receipt of Medicaid for services provided under the Individuals with Disabilities Education Act (IDEA); • The receipt of Medicaid for school-based non-emergency benefits for children who are of an age eligible for secondary education as determined under state law; or • Receipt during pregnancy and during the 60-Day period after the last day of the pregnancy. <p>Evidence You Must Submit for the Beneficiary to Qualify for Exclusion</p> <ul style="list-style-type: none"> • A statement with information regarding the “emergency medical condition” determination (if applicable); • Documentation of payments under the IDEA or school-based service; • Pregnancy verification letter from medical professional including estimated duration of pregnancy. <p>Exclusion Children Who Will Naturalize Under INA Section 322</p> <p>Description</p> <ul style="list-style-type: none"> • Child currently residing abroad who entered the United States with a nonimmigrant visa to attend N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322 interview. <p>Evidence You Must Submit to Qualify for Exemption</p> <ul style="list-style-type: none"> • A copy of the N-600K interview notice. <p>Exclusion Public Benefits While in an Immigration</p>
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Category Exempt from Public Charge

Description

- Received public benefits while in a category that is exempt from public charge inadmissibility; or
- Received public benefits while in a category for which the beneficiary had received a waiver for public charge inadmissibility.

Evidence You Must Submit for the Beneficiary to Qualify for Exclusion

- Information that evidences the beneficiary's status or that the beneficiary received a waiver for the public charge ground of inadmissibility, such as:
 - o Approval notice (Form I-797, Notice of Action); or
 - o Form I-94, Arrival-Departure Record.

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Documentation

If the beneficiary has received or is currently certified to receive any of the public benefits listed above, submit evidence in the form of a letter, notice, certification, or other agency documents that contain the following:

1. Beneficiary name;
2. Name and contact information for the public benefit granting agency;
3. Type of public benefit;
4. Date the beneficiary started receiving the public benefit or, if certified, date the beneficiary will start receiving the public benefit; and
5. Date the benefit or coverage ended or expires (mm/dd/yyyy) (if applicable).

If the beneficiary has received or is currently certified to receive such public benefits, please indicate whether an exclusion applies to the beneficiary, in **Item Number 3.**, and provide the evidence listed in the chart above to demonstrate why the benefit should not be considered.

6. Part 7. Statement, Contact Information, Declaration, Certification, and Signature of the Petitioner or

	<p>5. Part 6. Statement, Contact Information, Declaration, Certification, and Signature of the Petitioner or Authorized Signatory. Select the appropriate box to indicate whether you read this petition yourself or whether you had an interpreter assist you. If someone assisted you in completing the petition, select the box indicating that you used a preparer. Further, you must sign and date your petition and provide your daytime telephone number, mobile telephone number (if any), and email address (if any). Every petition MUST contain the signature of the petitioner (or parent or legal guardian, if applicable). A stamped or typewritten name in place of a signature is not acceptable.</p> <p>6. Part 7. Interpreter’s Contact Information, Certification, and Signature. If you used anyone as an interpreter to read the Instructions and questions on this petition to you in a language in which you are fluent, the interpreter must fill out this section; provide his or her name, the name and address of his or her business or organization (if any), his or her daytime telephone number, his or her mobile telephone number (if any), and his or her</p>	<p>Authorized Signatory. Select the appropriate box to indicate whether you read this petition yourself or whether you had an interpreter assist you. If someone assisted you in completing the petition, select the box indicating that you used a preparer. Further, you must sign and date your petition and provide your daytime telephone number, mobile telephone number (if any), and email address (if any). Every petition MUST contain the signature of the petitioner (or parent or legal guardian, if applicable). A stamped or typewritten name in place of a signature is not acceptable.</p> <p>7. Part 8. Interpreter’s Contact Information, Certification, and Signature. If you used anyone as an interpreter to read the Instructions and questions on this petition to you in a language in which you are fluent, the interpreter must fill out this section; provide his or her name, the name and address of his or her business or organization (if any), his or her daytime telephone number, his or her mobile telephone number (if any), and his or her email address (if any). The interpreter must sign and date the petition.</p> <p>8. Part 9. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner. This section must contain the signature of the person who completed your petition, if other than you, the petitioner. If the same individual acted as your interpreter and your preparer, that person should complete both Part 8. and Part 9. If the person who completed this petition is associated with a business or organization, that person should complete the business or organization name and address information. Anyone who helped you complete this petition MUST sign and date the petition. A stamped or typewritten name in place of a signature is not acceptable. If the person who helped you prepare your petition is an attorney or accredited representative, he or she may be obliged to also submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with your petition.</p>
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	<p>email address (if any). The interpreter must sign and date the petition.</p> <p>7. Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner. This section must contain the signature of the person who completed your petition, if other than you, the petitioner. If the same individual acted as your interpreter and your preparer, that person should complete both Part 7. and Part 8. If the person who completed this petition is associated with a business or organization, that person should complete the business or organization name and address information. Anyone who helped you complete this petition MUST sign and date the petition. A stamped or typewritten name in place of a signature is not acceptable. If the person who helped you prepare your petition is an attorney or accredited representative, he or she may be obliged to also submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with your petition.</p> <p>We recommend that you print or save a copy of your completed petition to review in the future and for your records.</p> <p>...</p> <p>[Page 4]</p> <p>...</p> <p>All occupations must be from a legitimate business not engaging directly or indirectly in prostitution, trafficking of minors, or any other activity that is illegal under Federal or CNMI law.</p> <p>[New]</p> <p>Accommodations for Individuals With</p>	<p>[no change]</p> <p>All occupations must be from a legitimate business not engaging directly or indirectly in prostitution, trafficking of minors, or any other activity that is illegal under Federal or CNMI law.</p> <p>Part 2. Information about the Additional Beneficiary’s Public Benefits</p> <p>Provide the information requested in this Part 2. according to the Instructions provided in Part 6. Information about the Beneficiary’s Public Benefits of Form I-129CW, above.</p> <p>Accommodations for Individuals With Disabilities and/or Impairments</p> <p>If an employer is asking for an accommodation for a beneficiary with disabilities or impairments, they must fill out this section.</p> <p>USCIS is committed to providing reasonable accommodations for qualified individuals with disabilities and/or impairments that will help them fully participate in USCIS programs and benefits.</p> <p>Reasonable accommodations vary with each disability and/or impairment. They may involve modifications to practices or procedures. There are various types of reasonable accommodations that we may offer. Examples include but are not limited to:</p> <p>1. If the beneficiary is deaf or hard of hearing, USCIS may provide them with a sign-language interpreter at an interview or other immigration benefit-related appointment;</p>
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	<p>Americans with Disabilities Act, so you do not need to contact USCIS to request an accommodation for physical access to a domestic USCIS office. However, on Form I-129CW Part 10., or Form I-129CW Classification Supplement Part 2., you can indicate whether the beneficiary uses a wheelchair. This will allow USCIS to better prepare the beneficiary’s visit.</p> <p>NOTE: USCIS also ensures that limited English proficient (LEP) individuals are provided meaningful access at an interview or other immigration benefit-related appointment, unless otherwise prohibited by law. LEP individuals may bring a qualified interpreter to the interview.</p> <p>...</p>	
<p>Page 8, What Is the Filing Fee?</p>	<p>[Page 8]</p> <p>What Is the Filing Fee?</p> <p>...</p> <p>How To Check If the Fees Are Correct</p> <p>Form I-129 CW’s filing fee and biometric services fee are current as of the edition date in the lower left corner of this page. However, because USCIS fees change periodically, you can verify that the fees are correct by following one of the steps below.</p> <ol style="list-style-type: none"> 1. Visit the USCIS website at www.uscis.gov, select “FORMS,” and check the appropriate fee; or 2. Call the USCIS National Customer Service Center at 1-800-375-5283 and ask for fee information. For TTY (deaf or hard of hearing) call: 1-800-767-1833. 	<p>[Page 12]</p> <p>[No change]</p> <p>...</p> <p>How To Check If the Fees Are Correct</p> <p>Form I-129 CW’s filing fee and biometric services fee are current as of the edition date in the lower left corner of this page. However, because USCIS fees change periodically, you can verify that the fees are correct by following one of the steps below.</p> <ol style="list-style-type: none"> 1. Visit the USCIS website at www.uscis.gov, select “FORMS,” and check the appropriate fee; or 2. Visit the USCIS Contact Center at www.uscis.gov/contactcenter to get answers to your questions and connect with a live USCIS representative. The USCIS Contact Center provides information in English and Spanish. For TTY (deaf or hard of hearing) call: 1-800-767-1833.
<p>Page 8, Where To File?</p>	<p>[Page 8]</p> <p>Where To File?</p> <p>Please see our website at www.uscis.gov/I-129CW or call our National Customer Service Center at 1-800-375-5283 for the most current information about where to file this petition. For TTY (deaf or hard of</p>	<p>[Page 13]</p> <p>Where To File?</p> <p>Please see our website at www.uscis.gov/I-129CW or visit the USCIS Contact Center at www.uscis.gov/contactcenter to connect with a USCIS representative for the most current information about where</p>

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Page 9, USCIS Forms and Information	<p>[Page 9]</p> <p>USCIS Forms and Information</p> <p>To ensure you are using the latest version of this petition, visit the USCIS website at www.uscis.gov where you can obtain the latest USCIS forms and immigration-related information. If you do not have internet access, you may order USCIS forms by calling the USCIS Contact Center at 1-800-375-5283. The USCIS Contact Center provides information in English and Spanish. For TTY (deaf or hard of hearing) call: 1-800-767-1833.</p>	<p>[Page 14]</p> <p>USCIS Forms and Information</p> <p>To ensure you are using the latest version of this petition, visit the USCIS website at www.uscis.gov where you can obtain the latest USCIS forms and immigration-related information. If you do not have Internet access, you may order USCIS forms by calling the USCIS Contact Center at 1-800-375-5283. The USCIS Contact Center provides information in English and Spanish. For TTY (deaf or hard of hearing) call: 1-800-767-1833.</p>